

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0001788959** | File Number: **0000109314** | Submit Date: **03/25/2020** | Call Sign: **WRNZ** | Facility ID: **27548** | City: **LANCASTER** | State: **KY**  
Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **03/25/2020** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Application Description</b>	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	WRNZ 396 2020 License Renewal
<b>Attachments</b>	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>HOMETOWN BROADCASTING OF LANCASTER, INC.</b> Doing Business As: WRNZ	Robert Wagner 2063 Shakertown Road Danville, KY 40422 United States	+1 (859) 236- 2711	robert. wagner@hometownlive. net	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Robert Wagner General Manager HOMETOWN BROADCASTING OF LANCASTER, INC	Robert Wagner 2063 Shakertown Road Danville, KY 40422 United States	+1 (859) 236- 2711	robert. wagner@hometownlive. net	General Manager

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
22084	WHBN	HARRODSBURG	KY	No
27548	WRNZ	LANCASTER	KY	No
52308	WHIR	DANVILLE	KY	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No

Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	No
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Additional  
Program Report  
Questions

Responsibility for Implementation

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Robert Wagner	General Manager

Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information,and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	03/25 /2020
Certified Title	President
Authorized Party Name	Phillip Leslie

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">EEO 2018-19 Report.pdf</a>	Applicant	EEO Public File Report	EEO Report 2018-2019	Done with Virus Scan and/or Conversion
<a href="#">EEO 2019-20 Report.pdf</a>	Applicant	EEO Public File Report	EEO Report 2019-2020	Done with Virus Scan and/or Conversion
<a href="#">WRNZ EEO Narrative Statement.pdf</a>	Applicant	Narrative Statement	WRNZ EEO Narrative Statement	Done with Virus Scan and/or Conversion