

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0003004066** | File Number: **0000114402** | Submit Date: **05/27/2020** | Call Sign: **WRKZ** | Facility ID: **49107** | City: **COLUMBUS** | State: **OH**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/27/2020** | 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.	2020 Form 2100 Schedule 396
<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>NORTH AMERICAN BROADCASTING COMPANY, INC.</b> Doing Business As: North American Broadcasting Co, Inc.	Matthew Mnich 1458 Dublin Road Columbus, OH 43215 United States	+1 (614) 481-7800	mmnich@nabco-inc.com	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Gerald J Mosko VP Treasurer North American Broadcasting Co, Inc.	Gerald J Mosko 1458 Dublin Road Columbus, OH 43215 United States	+1 (614) 481-7800	gmosko@nabco-inc.com	VP of Licensee

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
60099	WJKR	WORTHINGTON	OH	No
49107	WRKZ	COLUMBUS	OH	No
49110	WMNI	COLUMBUS	OH	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
<b>Full-time Employees</b>	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

**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
Matthew Mnich	President CEO

**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	05/27 /2020
Certified Title	VP Treasurer
Authorized Party Name	Gerald J Mosko

**Attachments**

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