

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0015904147 File Number: 0000190545 Submit Date: 05/12/2022 Call Sign: WGNA-FM Facility ID: 72118 City: ALBANY State: NY Status Date: 05/12/2022 Service: Full Power FM Purpose: EEO Report Status: Received Filing Status: Active

General Information	Section	Question	Response	
	Application Description	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.	Amended Albany EEO Program Report for 2022 Renewal	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
Townsquare Media of Albany, Inc.	1 Manhattanville Road Suite 202 Purchase, NY 10577 United States	+1 (203) 861- 0900	fcccontact@townsquaremedia. com	COR

Contact Representatives	Contact Name	Address		Phone	Emai	il	Contact Type
	Howard Liberman Wilkinson Barker Knauer, LLP	1800 M Stre Suite 800N Washingtor 20036 United State	n, DC	+1 (202) 383- 3373	hlibe com	rman@wbklaw.	Legal Representative
Common Stations	Facility Identifier	Call Sign	City		State	Time Brokerage	Agreement
	72118	WGNA-FM	ALBANY		NY	No	
	40769	WQSH	COBLES	SKILL	NY	No	
	22004	WTMM-FM	MECHA	NICVILLE	NY	No	
	6613	WQBK-FM	MALTA		NY	No	
	40767	WPBZ-FM	RENSSE	LAER	NY	No	

Program Report	Section	Question	Response	
Questions	Discrimination Complaints	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	full-time e	mployees	? Consider as "f	employ fewer than five ull-time" employees all ore hours a week?	No		
Program Report	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:							
Questions	Name Title							
	Butch Nelson	1	Finance & Accounting 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						05/12 /2022	
	Certified Title						Senior Vice President and General Counsel	
	Authorized Party Name						Allison Zolot	
Attachments	File Name	Ur By		Attachment Type	Description	Upload Statu	IS	
	Albany 2020-2021 EEO Public Report.pdf	<u>File</u> A	pplicant	EEO Public File Report	2020-2021 EEO Public Fil Report	le Done with Vi and/or Conve		
	Albany 2021-2022 EEO Public Report - Amended.pdf	<u>File</u> A	pplicant	EEO Public File Report	2021-2022 EEO Public Fil Report - Amended	le Done with Virus Scan and/or Conversion		
	Albany EEO Narrative Stateme	nt.pdf A	pplicant	All Purpose	Albany EEO Narrative Statement	Done with Vi and/or Conve		