

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0001712819** File Number: **0000130313** Submit Date: **01/04/2021** Call Sign: **KMFS** Facility ID: **50165** City:

GUTHRIE State: OK

Service: Full Power AM Purpose: EEO Report Status: Received Status Date: 01/04/2021 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.	2021 Renewal EEO Report
Attachments	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
FAMILY WORSHIP CENTER CHURCH, INC. Doing Business As: FAMILY WORSHIP CENTER CHURCH, INC.	Tyson Evans, Engineer 8919 WORLD MINISTRY AVE BATON ROUGE, LA 70810 United States	+1 (225) 768-8300	kingbroadcasting@gmail. com	NFP

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
John C. Trent , Esq . Counsel	John C. Trent, Esq. 200 South Church	+1 (540) 459- 7646	fccman3@shentel.	Legal Representative
Putbrese Hunsaker & Trent, P. C.	Street Woodstock, VA 22664 United States			

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
77089	KSSO	NORMAN	ОК	No
106561	KNBE	BEATRICE	NE	No
86319	KBDD	WINFIELD	KS	No
5218	KREK	BRISTOW	ОК	No
91196	KNFA	GRAND ISLAND	NE	No
81301	KAJT	ADA	ОК	No
50165	KMFS	GUTHRIE	ОК	No

Program Report Questions

Section	Question	Response
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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	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?	Yes

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	01/04 /2021
Certified Title	President
Authorized Party Name	Jimmy Swaggart

Attachments

No Attachments.