

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0019584531** File Number: **0000132230** Submit Date: **01/25/2021** Call Sign: **KVDM** Facility ID: **177158** City:

HAYS State: KS

Service: Full Power FM Purpose: EEO Report Status: Received Status Date: 01/25/2021 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.	KVDM KMDG 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
DIVINE MERCY RADIO, INC.	Donetta Robben 108 E. 12th Street, Suite 1 Hays, KS 67601 United States	+1 (785) 621-4110	donetta@dvmercy.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Dennis J. Kelly	Post Office Box 41177	+1 (202) 293-	dkellyfcclaw1@comcast.	Legal
Attorney	Washington, DC 20018-	2300	net	Representative
Law Office of Dennis J.	0577			
Kelly	United States			

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
164239	KMDG	HAYS	KS	No
177158	KVDM	HAYS	KS	No

Program Report Questions

Section	Question	Response
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

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	01/25 /2021
Certified Title	President
Authorized Party Name	Lester J. Robben

The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner,

Attachments

No Attachments.