

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0003015971
 File Number:
 0000110569
 Submit Date:
 03/31/2020
 Call Sign:
 WCVK
 Facility ID:
 6569
 City:

 BOWLING GREEN
 State:
 KY

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 Date:
 03/31/2020
 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.	CFMM MARCH 2020 EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
CHRISTIAN FAMILY MEDIA MINISTRIES, INC. Doing Business As: CHRISTIAN FAMILY MEDIA MINISTRIES, INC.	Bridget Kehrt-Groce PO Box 539 BOWLING GREEN, KY 42104 United States	+1 (270) 781-7326	mail@christianfamilyradio. com	NFP

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Bridget Kehrt-Groce Executive Director CHRISTIAN FAMILY MEDIA MINISTRIES, INC.	Bridget Kehrt-Groce PO Box 539 BOWLING GREEN, KY 42104 United States	+1 (270) 781- 7326	mail@christianfamilyradio. com	Technical Representative

Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
	6569	WCVK	BOWLING GREEN	KY	No
	172311	WZVK	GLASGOW	KY	No
	81648	WJVK	OWENSBORO	KY	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			
	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	03/31 /2020		
	Certified Title	Executive Director		
	Authorized Party Name	Bridget Kehrt- Groce		

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO-2018-19.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion
EEO Narrative Statement 2019.pdf	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion
EEO Narrative Statement 2020.pdf	Applicant	Narrative Statement		Done with Virus Scan and/or Conversion
WCVK WJVK WZVK EEO-2019- 20.pdf	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion