

the monthly rent for the preceding term (without deduction of the Construction Credit) increased by the percentage of increase in the Index (as hereinafter defined) during the preceding term of this Lease. The Index shall be the Consumer Price Index - All Urban Consumers - U.S. City Average - All Items - (Base - 1982-84 = 100), published by the U.S. Department of Labor, Bureau of Labor Statistics. In determining the percentage of increase in the monthly rent, the Index for the first month of the preceding lease term will be compared to the Index for the last month of the preceding lease term. If the Index is not available for any month specified in this paragraph, the Index for the most closely corresponding month will be used. Until the percentage of increase is determined, Tenant will pay rent at the monthly rate (without deduction of the Construction Credit) for the preceding lease term. No deduction for the Construction Credit shall be made during any extension term. When the Index figures are available, Tenant will pay any deficiency to Landlord. In no event will the monthly rent for the extension term be less than the monthly rent for the immediately preceding lease term (without deduction of the Construction Credit). If no Index is published by any United States government agency measuring increases in the Consumer Price Index, the parties will use a responsible private publication, designated by Landlord, which reports upon the increase in the cost-of-living during the period involved.

29. Guaranty. This Lease shall be unconditionally guaranteed by Trinity Christian Center of Santa Ana, Inc. d/b/a/

Trinity Broadcasting Network, Inc. by its execution and delivery of the guaranty attached hereto as Exhibit C.

30. Deposit; Conditions.

(a) Upon the execution of this Lease, National shall pay KOIN the sum of \$5,000. If any of the conditions set forth in paragraph 30(b) are not satisfied within the time periods set forth therein and National or KOIN elects to terminate this Lease on account thereof, then KOIN shall retain said \$5,000 free of any claim by National. If the conditions set forth in paragraph 30(b) are satisfied within the time periods set forth therein, then said \$5,000 shall be applied toward National's obligations under paragraph 3(b) hereof.

(b) Either party shall have the right to terminate this Lease by giving the other party written notice thereof if, within 365 days from the date hereof, National has failed to receive "final authority" from the Federal Communications Commission and all required state and local governmental authorizations, if any, to construct and operate the Station on the Leased Property. National shall, after the execution of this Lease, promptly apply for and prosecute the required applications and authorization requests with the above noted authorities, and shall diligently and in good faith prosecute the same. For the purposes of this paragraph, "final authority"

means authorizations issued by the above authorities which are no longer subject to administrative or judicial review.

IN WITNESS WHEREOF, the parties have executed this Lease as of the day and year first above written.

KOIN-TV, INC.

NATIONAL MINORITY TV, INC.

By 
Title VP/GM

By 
Title V.P.

GUARANTY

In order to induce KOIN-TV, Inc. (Landlord) to enter into the foregoing lease (the Lease) to National Minority TV, Inc. (Tenant), the undersigned, hereby guarantees that Tenant will well and truly make all payments and perform each and every term, promise, condition and agreement to be paid or performed by Tenant pursuant to the terms of the Lease, promptly and before the same or any part thereof, are in default. If Tenant shall fail to make any of said payments or to perform any of said terms, promises, conditions and agreements, the undersigned shall, forthwith and without notice or proof of demand, make such payments or perform or cause Tenant to perform such terms, promises, conditions and agreements that are then in default, and shall pay all damages that Landlord may sustain by reason of the failure or default of Tenant under the Lease. The undersigned consents to any and all extensions of time, to any amendment to or change in the terms or conditions of the Lease agreed upon by Tenant, and to any waiver of breach or default which Landlord shall grant to Tenant. The undersigned hereby waives notice of any default by Tenant in payment or performance of the Lease and of any amendment to or change in the Lease. If any suit or action is brought by Landlord against the undersigned, the undersigned shall pay to Landlord all costs thereof, including attorney fees in the trial court and in any appellate court as fixed by the court in which said suit or action shall be tried or appeal heard. The obligation of the undersigned under this Guaranty is a primary obligation and may be enforced against the undersigned without having first made demand upon or institute action against Tenant; or, at the election of Landlord, the undersigned may be joined as a defendant in any suit or action which Landlord may commence against Tenant. The undersigned agrees that any action hereon may be brought in a state or federal court in Oregon and consents to the jurisdiction thereof. Any claim the undersigned may have against Tenant shall be subordinate to any claim of Landlord against Tenant. The amount of any payment made by Tenant to Landlord that Landlord is subsequently required to return to Tenant by reason of applicable bankruptcy or similar laws shall be paid by the undersigned to Landlord.

DATED this 21 day of July, 1988.

TRINITY CHRISTIAN CENTER
OF SANTA ANA, INC.
d/b/a TRINITY BROADCASTING
NETWORK, INC.

By: [Signature]

Its: [Signature]

00517

BROADCAST STATION
ANNUAL EMPLOYMENT REPORT 1991

Approved by OMB
3060-0390
Expires 9/30/93

(For FCC Use Only)
Code No. 33278

SECTION I

A. Name of Licensee or Permittee KMLM TV 42	B. Address 10715 E. BROWDER GARDENDALE, TX 79758
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SECTION II

A. TYPE OF RESPONDENT (check ONLY one)

COMMERCIAL BROADCAST STATION		NONCOMMERCIAL BROADCAST STATION		HEADQUARTERS
AM <input type="checkbox"/>	AM	TV <input checked="" type="checkbox"/>	TV	ER <input type="checkbox"/> Educational AM or FM Radio
FM <input type="checkbox"/>	FM	LP <input type="checkbox"/>	Low Power TV	ET <input type="checkbox"/> Educational TV
AF <input type="checkbox"/>	Combined AM & FM in same area (must file a combined report)	IN <input type="checkbox"/>	International	HQ <input type="checkbox"/>

B. List call letters and location(s) of included stations. AM station is to be listed first in a combined report. Provide former call letters for each station if changed since last 395-B report.

CURRENT CALL LETTERS	LOCATION(S)	FORMER CALL LETTERS
KMLM-TV	10715 E. BROWDER	

SECTION III

A. PAY PERIOD COVERED BY THIS REPORT (DATE)

4/6/91

3. CHECK APPLICABLE BOX

Fewer than five full-time employees during the selected payroll period (Complete page one only and certification statement and return to FCC)

Five or more full-time employees during selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT.
U.S. CODE, TITLE 18, SECTION 1001.

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Jayne Faltus Title Manager

Print Name Jayne Faltus Date 4/6/91 Telephone No. (915) 5634242

SECTION V - EMPLOYEE DATA

A. FULL-TIME PAID
EMPLOYEE DATA

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	1						1				
PROFESSIONALS											
TECHNICIANS	1	1									
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)	6	1		4	3		1		1		
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	8	2		3			2		1		

J. PART-TIME PAID
EMPLOYEE DATA

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL											

GRID G 04

BROADCAST BUREAU
395 FULL RECORD PRINT

DATE 92/09/17

BEE025-01

CALL SIGN	CLASS	YEAR	FILE NO.	RESPONDENT NAME	TYPE	CITY	ST
KMLM	TV	1990	33278		EMPLOYMENT UNIT		TX
COMMUNITY-NAME		MARKET CODE		METRO/MARKET AREA		STATUS CODE	
ODESSA		0800		ODESSA, TEXAS			

FULL-TIME EMPLOYEES JOB CATEGORIES	TOTAL	TOTAL		BLACK	ASIAN	MALE			BLACK	ASIAN	FEMALE		
		MALE	FEMALE			AMER INDIAN	HISPANIC	WHITE			AMER INDIAN	HISPANIC	WHITE
MANAGERS	1		1										1
PROFESSIONALS	1	1						1					
TECHNICIANS	3	1	2					1					2
SALES WORKERS													
CLERICAL													
CRAFTSMEN													
OPERATIVES													
LABORERS													
SERVICE WORKERS													
TOTAL	5	2	3					2					3
PREVIOUS REPORT													
PART-TIME EMPLOYEES													
MANAGERS													
PROFESSIONALS													
TECHNICIANS	3	1	2					1					2
SALES WORKERS													
CLERICAL													
CRAFTSMEN													
OPERATIVES													
LABORERS													
SERVICE WORKERS													
TOTAL	3	1	2					1					2
PREVIOUS REPORT													
ON THE JOB TRAINING													
WHITE COLLAR													
PRODUCTION													
TOTAL				TOTAL FULL-TIME EMPLOYEES				5					
LABOR FORCE % MINORITY % FEMALE				% MINORITY % FEMALE				000.0 060.0					

GRID H 04

BROADCAST BUREAU
395 FULL RECORD PRINT

DATE 92/09/17

BEE025-01

CALL SIGN	CLASS	YEAR	FILE NO.	RESPONDENT NAME	TYPE	CITY	ST
KNDA	AM	1990	10146		EMPLOYMENT UNIT		TX
COMMUNITY-NAME		MARKET CODE		METRO/MARKET AREA		STATUS CODE	
ODESSA		0800		ODESSA			

FULL-TIME EMPLOYEES JOB CATEGORIES	TOTAL	TOTAL		BLACK	ASIAN	MALE			BLACK	ASIAN	FEMALE		
		MALE	FEMALE			AMER INDIAN	HISPANIC	WHITE			AMER INDIAN	HISPANIC	WHITE
MANAGERS	1		1										1
PROFESSIONALS	2	2						2					
TECHNICIANS	1	1						1					3

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3F ADCAST BUREAU
395 FULL RECCRD PRINT

DATE 90/05/24 BEE025-01

CALL SIGN KMLM	CLASS TV	YEAR 1989	FILE NO. 33278	RESPONDENT NAME	TYPE	CITY	ST
COMMUNITY-NAME				MARKET CODE	NETRO/MARKET AREA	STATUS CODE	
ODESSA				0800	ODESSA, TEXAS		TX

JOB CATEGORIES	TOTAL		BLACK	ASIAN	MALE		HISPANIC	WHITE	BLACK	ASIAN	FEMALE		HISPANIC	WHITE
	MALE	FEMALE			MALE	FEMALE					MALE	FEMALE		
MANAGERS	1	1						1						
PROFESSIONALS														
TECHNICIANS	4	2						2						2
SALES WORKERS														
CLERICAL	1													1
CRAFTSMEN														
OPERATIVES														
LABORERS														
SERVICE WORKERS														
TOTAL	6	3						3						3
PREVIOUS REPORT														
PART-TIME EMPLOYEES														
MANAGERS														
PROFESSIONALS														
TECHNICIANS	3	1						1					1	1
SALES WORKERS														
CLERICAL														
CRAFTSMEN														
OPERATIVES														
LABORERS														
SERVICE WORKERS														
TOTAL	3							1					1	1
PREVIOUS REPORT														
ON THE JOB TRAINING														
WHITE COLLAR														
PRODUCTION														

TOTAL LABOR FORCE & MINORITY & FEMALE

TOTAL FULL-TIME EMPLOYEES 6
& MINORITY & FEMALE
000.0 050.0

BROADCAST STATION
ANNUAL EMPLOYMENT REPORT 1993

Approved by OMB
3080-0390
Expires 9/30/93

(For FCC Use Only)
Code No.

SECTION I

A. Name of Licensee or Permittee National Minority Television, Inc.	B. Address 432 Northeast 74th Street, Portland, OR 97213
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SECTION II

A. TYPE OF RESPONDENT (check ONLY one)

COMMERCIAL BROADCAST STATION

NONCOMMERCIAL BROADCAST STATION

HEADQUARTERS

AM AM

TV TV

ER Educational AM or FM Radio

HQ

FM FM

LP Low Power TV

ET Educational TV

AF Combined AM & FM
in same area (must file
a combined report)

IN International

RECEIVED

MAY 21 1993

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

B. List call letters and location(s) of included stations. AM station is to be listed first in a combined report. List call letters for each station if changed since last 395-B report.

CURRENT CALL LETTERS	LOCATION(S)	FORMER CALL LETTERS
KNMT	Portland, Oregon	KTDZ

SECTION III

1. PAY PERIOD COVERED BY THIS REPORT (DATE)

pay week including March 1, 1993

2. CHECK APPLICABLE BOX

Fewer than five full-time employees during the selected payroll period (Complete page one only and certification statement and return to FCC)

Five or more full-time employees during selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, or a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Jane Duff
Print Name Jane Duff

Title Director
Date 5-26-93 Telephone No. (714) 832-2950

SECTION V - EMPLOYEE DATA

**A. FULL-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-p)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	2	2									
PROFESSIONALS											
TECHNICIANS	5	2	2						1		
SALES WORKERS											
OFFICE & CLERICAL	2					1			1		
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	9	4	2			1			2		

**B. PART-TIME PAID
EMPLOYEE DATA**

JOB CATEGORIES	TOTAL (a-p)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS	9	6	2			1					
SALES WORKERS											
OFFICE & CLERICAL	1					1					
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	10	6	2			2					

BROADCAST STATION
ANNUAL EMPLOYMENT REPORT 1992

RECEIVED

Approved by OMB
3080-0390
Expires 9/30/93

MAY 26 1992
FCC Use Only
Code No. 15735

SECTION I

A. Name of Licensee or Permittee NATIONAL MINORITY T.V., INC.	B. Address 432 NE 74TH ST, PORTLAND, OR 97213
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SECTION II

A. TYPE OF RESPONDENT (check ONLY one)

COMMERCIAL BROADCAST STATION		NONCOMMERCIAL BROADCAST STATION		HEADQUARTERS
AM <input type="checkbox"/>	AM	TV <input checked="" type="checkbox"/>	TV	ER <input type="checkbox"/> Educational AM or FM Radio
FM <input type="checkbox"/>	FM	LP <input type="checkbox"/>	Low Power TV	ET <input type="checkbox"/> Educational TV
AF <input type="checkbox"/>	Combined AM & FM in same area (must file a combined report)	IN <input type="checkbox"/>	International	HQ <input type="checkbox"/>

B. List call letters and location(s) of included stations. AM station is to be listed first in a combined report. Provide former call letters for each station if changed since last 395-B report.

CURRENT CALL LETTERS	LOCATION(S)	FORMER CALL LETTERS
KNMT	PORTLAND, OREGON	KTDZ

SECTION III

A. PAY PERIOD COVERED BY THIS REPORT (DATE) PAY WEEK INCLUDING MARCH 1, 1992

B. CHECK APPLICABLE BOX

Fewer than five full-time employees during the selected payroll period (Complete page one only and certification statement and return to FCC)

Five or more full-time employees during selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

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I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Jane P. Duff Title DIRECTOR

Print Name JANE P. DUFF Date 5-22-92 Telephone No. (714) 832-2950

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
JOB CATEGORIES	TOTAL (a-p)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	2	2									
PROFESSIONALS											
TECHNICIANS	4	1	2						1		
SALES WORKERS											
OFFICE & CLERICAL	1						1				
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	7	3	2				1		1		

PART-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
JOB CATEGORIES	TOTAL (a-p)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS	4	1	1			1	1				
SALES WORKERS											
OFFICE & CLERICAL	1						1				
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	5	1	1			1	2				

BROADCAST STATION ANNUAL EMPLOYMENT REPORT 1991

Approved by OMB
3060-0390
Expires 9/30/93

(For FCC Use Only)
Code No. 15735

SECTION I

A. Name of Licensee or Permittee National Minority Television, Inc.	B. Address 432 Northeast 74th Street Portland, OR 97213
--	---

SECTION II

A. TYPE OF RESPONDENT (check ONLY one)

COMMERCIAL BROADCAST STATION		NONCOMMERCIAL BROADCAST STATION		HEADQUARTERS
AM <input type="checkbox"/> AM	TV <input checked="" type="checkbox"/> TV	ER <input type="checkbox"/> Educational AM or FM Radio	HQ <input type="checkbox"/>	
FM <input type="checkbox"/> FM	LP <input type="checkbox"/> Low Power TV	ET <input type="checkbox"/> Educational TV	RECEIVED MAY 28 1991	
AF <input type="checkbox"/> Combined AM & FM in same area (must file a combined report)	IN <input type="checkbox"/> International			

B. List call letters and location(s) of included stations. AM station is to be listed first in a combined report. List call letters for each station if changed since last 395-B report.

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

CURRENT CALL LETTERS	LOCATION(S)	FORMER CALL LETTERS
KNMT - TV	Portland, Oregon	KTDZ

SECTION III

A. PAY PERIOD COVERED BY THIS REPORT (DATE) pay week including March 1, 1991

B. CHECK APPLICABLE BOX

Fewer than five full-time employees during the selected payroll period (Complete page one only and certification statement and return to FCC)

Five or more full-time employees during selected payroll period (Complete all sections of form and certification statement and return to FCC)

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**WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT.
U.S. CODE, TITLE 18, SECTION 1001.**

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Jane Duff
Print Name Jane Duff

Title Director
Date May 10, 1991 Telephone No. (714) 665-2113

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
JOB CATEGORIES	TOTAL (a-p)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	2	2									
PROFESSIONALS											
TECHNICIANS	4	1	2						1		
SALES WORKERS											
OFFICE & CLERICAL	1						1				
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	7	3	2				1		1		

PART-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
JOB CATEGORIES	TOTAL (a-p)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS	3		1				2				
SALES WORKERS											
OFFICE & CLERICAL	1						1				
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	4		1				3				

TOTAL LABOR FORCE % MINORITY % FEMALE

TOTAL FULL-TIME EMPLOYEES % MINORITY % FEMALE
000.0 000.0

GRID E 06

BROADCAST BUREAU
395 FULL RECORD PRINT

DATE 92/09/17

BEE025-01

CALL SIGN	CLASS	YEAR	FILE NO.	RESPONDENT NAME	TYPE	CITY	ST
KNMT	TV	1990	15735		EMPLOYMENT UNIT		OR
COMMUNITY-NAME			MARKET	METRO/MARKET AREA		STATUS	
PORTLAND			CODE 0440	PORTLAND, OR		CODE	

FULL-TIME EMPLOYEES

JOB CATEGORIES	TOTAL	MALE						FEMALE					
		TOTAL MALE	TOTAL FEMALE	BLACK	ASIAN	AMER INDIAN	HISPANIC	WHITE	BLACK	ASIAN	AMER INDIAN	HISPANIC	WHITE
MANAGERS	1	1						1					
PROFESSIONALS	4	4		1				3					
TECHNICIANS													
SALES WORKERS													2
CLERICAL	2		2										
CRAFTSMEN													
OPERATIVES													
LABORERS													
SERVICE WORKERS				1				4					
TOTAL	7	5	2	1				4					2
PREVIOUS REPORT													

PART-TIME EMPLOYEES

MANAGERS													
PROFESSIONALS													
TECHNICIANS	3	3		1				2					
SALES WORKERS													
CLERICAL													
CRAFTSMEN													
OPERATIVES													
LABORERS													
SERVICE WORKERS													
TOTAL	3	3		1				2					
PREVIOUS REPORT													

ON THE JOB TRAINING
WHITE COLLAR
PRODUCTION

TOTAL LABOR FORCE % MINORITY % FEMALE

TOTAL FULL-TIME EMPLOYEES 7
% MINORITY 014.3 % FEMALE 028.6

GRID F 06

BROADCAST BUREAU
395 FULL RECORD PRINT

DATE 92/09/17

BEE025-01

CALL SIGN	CLASS	YEAR	FILE NO.	RESPONDENT NAME	TYPE	CITY	ST
KOIN	TV	1990	00181		EMPLOYMENT UNIT		OR
COMMUNITY-NAME			MARKET	METRO/MARKET AREA		STATUS	
PORTLAND			CODE 0440	PORTLAND, OR		CODE	

FULL-TIME EMPLOYEES

JOB CATEGORIES	TOTAL	MALE						FEMALE					
		TOTAL MALE	TOTAL FEMALE	BLACK	ASIAN	AMER INDIAN	HISPANIC	WHITE	BLACK	ASIAN	AMER INDIAN	HISPANIC	WHITE
MANAGERS	24	15	9					15					9
PROFESSIONALS	55	32	23	2		1	1	28		1			22
TECHNICIANS	21	22	2	1		2	2	48	1	1			7

ESCOBAR DIVERSIFIED SERVICES

5/16/90

Company Name: *Trinity Broadcasting* Policy No.: *002120*
 For Month Beginning: _____ Prepared By: *Ruby Martinez*

ADDITIONS & CHANGES		ADDITIONS					CHANGES			
SOCIAL SECURITY NO.	NAME	BIRTH DATE	HIRE DATE	LIFE CLASS	DEP. STATUS	PRESENT STATUS	NEW STATUS	REASON FOR CHANGE	DATE EFF.	

TERMINATIONS			
SOCIAL SECURITY NO.	NAME	TERMINATION DATE	REMARKS
<i>568-58-9241</i>	<i>James McClellan</i>	<i>4/1/90</i>	<i>Take off Cobra Dept 22</i>

ESCOBAR DIVERSIFIED SERVICES

Company Name: *Trinity Broadcasting Network* Policy No.: *2120*
 For Month Beginning: *November 1989* Prepared By: *Rick Sharp*

ADDITIONS & CHANGES		ADDITIONS					CHANGES			
SOCIAL SECURITY NO.	NAME	BIRTH DATE	HIRE DATE	LIFE CLASS	DEP. STATUS	PRESENT STATUS	NEW STATUS	REASON FOR CHANGE	DATE EFF.	

TERMINATIONS			
SOCIAL SECURITY NO.	NAME	TERMINATION DATE	REMARKS
<i>548-76-9564</i>	<i>MARK Fountain</i>	<i>8-14-89</i>	<i>Terminated</i>
<i>576-50-3814</i>	<i>DAVID Alan Waters</i>	<i>8-18-89</i>	<i>Terminated</i>
<i>548-26-9150</i>	<i>Fsther Reymont</i>	<i>9-15-89</i>	<i>Terminated</i>

EMPLOYEE'S LAST NAME: **FOUNTAIN** FIRST NAME: **MARK** MIDDLE NAME: **VINCENT**

DATE OF BIRTH: MONTH **08** DAY **27** YEAR **50** SEX: M F SOCIAL SECURITY NUMBER: **548 - 76 - 9569**

EMPLOYEE'S ADDRESS: STREET AND NO. **400 S.E. 16th** CITY **PORTLAND** STATE **OR** ZIP **97233**

IS DEPENDENT COVERAGE DESIRED?: YES NO IF YES, GIVE NUMBER OF ELIGIBLE DEPENDENTS: **N.A.** MARITAL STATUS: SINGLE MARRIED DATE OF MARRIAGE: MO. DAY YR.

TYPE OF COVERAGE: LIFE MEDICAL DENTAL VISION FEE FOR SERVICE DUAL CHOICE PANEL PROVIDER

REVOCABLE BENEFICIARY—PRINT LAST NAME AND FIRST NAMES (E.G.: SMITH, MARY) NOT SMITH, MRS. JOHN OR SMITH, MRS. J.

NAME OF REVOCABLE BENEFICIARY: **N.A.** RELATIONSHIP:

I HEREBY APPLY FOR GROUP INSURANCE COVERAGE ISSUED THROUGH ESCOBAR ADMINISTRATORS SUBJECT TO ALL THE TERMS, CONDITIONS, AND PROVISIONS OF SAID POLICY. IF A CONTRIBUTION TOWARD THE PREMIUM IS REQUIRED, I AUTHORIZE THE NECESSARY DEDUCTIONS FROM MY EARNINGS.

DATE: **2/13/90** SIGNATURE OF EMPLOYEE IN INK: *Mark V. Fountain*

DATE OF FULL TIME EMPLOYMENT: MO. DAY YR. **02/1/89** OCCUPATION: **CHIEF ENGINEER** EARNINGS: \$ **700** PER: YR. MO. WK. HR. LIFE INSURANCE CLASS:

EMPLOYER NAME: **National Minority TV** DEPARTMENT: **Engineering** DEPT. NO.: **2**

NAME OF EMPLOYEE'S SPOUSE: LAST NAME: **NA** FIRST NAME: **NA** MIDDLE NAME: **NA** DATE OF BIRTH: MO. DAY YR.

NAME OF SPOUSE'S COMPANY: **NA**

STREET ADDRESS: **NA** CITY: **NA** PHONE: **NA**

EMPLOYER ADDRESS: **NA**

DOES YOUR SPOUSE'S EMPLOYER PROVIDE GROUP INSURANCE COVERAGE? YES NO

NAMES OF DEPENDENT CHILDREN (PLEASE GIVE LAST NAME IF DIFFERENT FROM EMPLOYEE'S)	NAME OF CHILD	FULL-TIME STUDENT	RELATIONSHIP TO EMPLOYEE	DATE OF BIRTH MO. DAY YR.
	1	XXXXXXXXXX	YES <input type="checkbox"/> NO <input type="checkbox"/>	
2	YES <input type="checkbox"/> NO <input type="checkbox"/>			
3	YES <input type="checkbox"/> NO <input type="checkbox"/>			
4	YES <input type="checkbox"/> NO <input type="checkbox"/>			
5	YES <input type="checkbox"/> NO <input type="checkbox"/>			
6	YES <input type="checkbox"/> NO <input type="checkbox"/>			

ESCOBAR ADMINISTRATORS ENROLLMENT CARD
 SA-11
 EMPLOYER COPY



**NATIONAL
MINORITY
TELEVISION
INC.**

P.O. Box C-11949, Santa Ana, CA 92711

June 9, 1989

Mr. Thomas E. Gliebe
P.O. Box 6689
Bend, OR 97708

Dear Mr. Thomas:

I have just received the copy of your resume and am pleased to let you know that after a conversation with our chief engineer who is in charge of the building project in Portland, it appears that the building of the station is finally on a smooth track after having difficulties with the zoning commission. We of course, need to continue to hold this project up in prayer as the enemy would like to sidetrack us if at all possible.

If everything progresses the way we expect it to, the master control facilities will be built at the studio sometime in late September. We hope to be on the air early in the month of October and at such time our management needs to be in place. If you are interested in waiting that long we certainly will consider your resume along with the others that we have received thus far. We will contact you for an interview at a later date if you are interested at that time.

Thank you for your interest in the new television ministry to reach the great city of Portland.

National Minority Television Inc. (NMTV) is the owner of the license and therefore all employees will be employed by NMTV and not TBN. TBN has an affiliation with NMTV for Channel 24 to carry its programs. The FCC allows a broadcaster to own up to 12 full power stations and in addition to that, with minority control, there can be an additional two stations owned. I hope this explains the relationship between NMTV and TBN.

Sincerely,

NATIONAL MINORITY TELEVISION INC.

JANE DUFF
Vice President

JD:ch



**NATIONAL
MINORITY
TELEVISION
INC.**

P.O. Box C-11949, Santa Ana, CA 92711

June 12, 1989

Ms. Linda Burlew
Burlew Enterprises
P.O. Box 2174
Corona, CA 91718-2174

Dear Ms. Burlew:

I have just received the copy of your letter and am pleased to let you know that after a conversation with our chief engineer who is in charge of the building project in Portland, it appears that the building of the station is finally on a smooth track after having difficulties with the zoning commission. We, of course, need to continue to hold this project up in prayer as the enemy would like to sidetrack us if at all possible.

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Sincerely,

NATIONAL MINORITY TELEVISION INC.

JANE DUFF
Vice President

JD:ch