

6
12

(Section V and VI) (applicable to all respondents)

SECTION V FULL-TIME PAID EMPLOYEES JOB CATEGORIES ¹	ALL EMPLOYEES ²		MALE						FEMALE				
	Total Columns 2 + 3 (1)	Male (2)	Female (3)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (8)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (13)
				Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)		Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	
	Officials and Managers	6	5	1					5				
Professionals	6	3	3					3	1				2
Technicians	3	3						3					
Sales workers													
Office and Clerical	2		2						1				1
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	17	11	6					11	2				4
Total employment from previous report (if any)	18	12	6					12	1				5

SECTION VI	(Section VI column titles same as Section V)												
PART-TIME PAID EMPLOYEES JOB CATEGORIES ¹													
Officials and Managers													
Professionals	6	5	1					5					1
Technicians	4	4						4					
Sales workers													
Office and Clerical													
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	10	9	1					9					1
Total employment from previous report (if any)	8	8	0					8					0

¹Refer to instructions for explanation of all title functions.
²Include "Minority Group Employees" and others. See instruction 7.

SECTION VII (For Respondents with On-the-Job Trainees ONLY)

(The data below shall also be included in the figures for the appropriate occupational categories in Sections V and VI)

002566

13

JOB CATEGORIES		ALL EMPLOYEES ¹			MALE					FEMALE				
		Total Columns 2 + 3 (1)	Male (2)	Female (3)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (8)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (13)
					Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)		Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	
On-the-job trainees ²	White Collar Production													

¹Include "Minority Group Employees" and others. See instruction 7.
²Report only employees enrolled in formal on-the-job-training programs.

CERTIFICATION

(This report must be certified: by licensee or permittee, if an individual; by a partner, if a partnership; by an officer, if a corporation or association, or by an attorney of licensee or permittee, in case of physical disability or absence from the United States of the licensee or permittee.)

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

Signed Rev. Rodger A. Abatie Title Acting General Manager
 Date May 28, 1985 Name of Respondent The Lutheran Church-Missouri Synod
 Telephone No. (include area code) (314) 725-3030 KFUC-AM

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

This request is in accordance with the requirement of P.L. 96-511, Paperwork Reduction Act of 1980

The data collected will be used to assess compliance with FCC Rules and Regulations pertaining to EEO requirements. Your response is mandatory.

FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

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(See Instructions)

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SECTION I (applicable to all respondents)

- A. COMMON CARRIER Respondents with fewer than sixteen (16) full-time employees during the selected payroll period: CHECK BOX A, Complete Section III, and the Certification Statement. Sign and return to the FCC.
- B. COMMON CARRIER Respondents with 16 or more full-time employees during the selected payroll period: CHECK BOX B and complete all pertinent sections of the form. Sign and return to the FCC.
- C. BROADCAST Respondents with fewer than (5) full-time employees during the selected payroll period: CHECK BOX C. Complete Sections II, III, & IV and the Certification Statement. Sign and return to the FCC.
- D. BROADCAST Respondents with 5 or more full-time employees during the selected payroll period: CHECK BOX D and complete all pertinent sections of the form. Sign and return to the FCC.

SECTION III (applicable to all respondents)

- A. Check one, to indicate type of respondent
 - Broadcast Respondent
 - Common Carrier Respondent

B. Pay Period Ending Covered by this Report: (date)

January 31, 31, 1986

C. Name and address of respondent

The Lutheran Church-
Missouri Synod
Radio Station KFUA-AM
85 Founders Lane
St. Louis, MO. 63105

(FOR COMMISSION USE ONLY)

CODE NO.

SECTION II (applicable only to Broadcast respondents)

Check A, B, or C to indicate type of Reporting Unit(s) covered in this Report:

- A. For a single employment unit consisting of one or more stations
- B. For a single Headquarters Office Report
- C. A Consolidated Report

SECTION IV (applicable only to Broadcast respondents)

Answer A, B, or C to identify Reporting Unit(s) covered in this Report

A. (1) If a Commercial Broadcast Station Report - (not a CAR station) check one

- AM AM
- TV TV
- International
- FM FM Independent
- AF Combined AM and FM
- FA FM Affiliated with AM in same area

(2) If station is noncommercial, check one

- ET Educational TV
- ER Educational Radio

(3) Call Letters Location

KFUA-AM Clayton, Missouri

002564 6

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SECTION I (applicable to all respondents)

- A. COMMON CARRIER Respondents with fewer than sixteen (16) full-time employees during the selected payroll period: CHECK BOX A, Complete Section III, and the Certification Statement. Sign and return to the FCC.
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- C. BROADCAST Respondents with fewer than (5) full-time employees during the selected payroll period: CHECK BOX C. Complete Sections II, III, & IV and the Certification Statement. Sign and return to the FCC.
- D. BROADCAST Respondents with 5 or more full-time employees during the selected payroll period: CHECK BOX D and complete all pertinent sections of the form. Sign and return to the FCC.

SECTION III (applicable to all respondents)

- A. Check one, to indicate type of respondent
 - Broadcast Respondent
 - Common Carrier Respondent
- B. Pay Period Ending Covered by this Report (date)
January 31, 1986
- C. Name and address of respondent
The Lutheran Church-
Missouri Synod
Radio Station KFUD-FM
85 Founders Lane
St. Louis, MO. 63105

(FOR COMMISSION USE ONLY)

CODE NO.

SECTION II (applicable only to Broadcast respondents)

Check A, B, or C to indicate type of Reporting Unit(s) covered in this Report:

- A. For a single employment unit consisting of one or more stations
- B. For a single Headquarters Office Report
- C. A Consolidated Report

SECTION IV (applicable only to Broadcast respondents)

Answer A, B, or C to identify Reporting Unit(s) covered in this Report

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 - AM AM
 - TV TV
 - International
 - FM FM Independent
 - AF Combined AM and FM
 - FA FM Affiliated with AM in same area
- (2) If station is noncommercial, check one
 - ET Educational TV
 - ER Educational Radio

(3) Call Letters Location

KFUD-FM Clayton, Missouri

(Section V and VI) (applicable to all respondents)													
SECTION V FULL-TIME PAID EMPLOYEES JOB CATEGORIES ¹	ALL EMPLOYEES ²			MALE					FEMALE				
	Total Columns 2 + 3 (1)	Male (2)	Female (3)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (8)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (13)
				Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)		Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	
Officials and Managers	6	4	2					4					2
Professionals	7	6	1					6					1
Technicians	1	1						1					
Sales workers													
Office and Clerical	3	1	2					1	1				1
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	17	12	5					12	1				4
Total employment in previous report (if any)	17	11	6					11	2				4

(Section VI column titles same as Section V)													
SECTION VI PART-TIME PAID EMPLOYEES JOB CATEGORIES ¹													
	Officials and Managers												
Professionals	6	6					6						
Technicians	5	5					5						
Sales workers													
Office and Clerical	1		1										1
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	12	11	1					11					1
Total employment from previous Report (if any)	10	9	1					9					1

¹Refer to instructions for explanation of all title functions.
²Include "Minority Group Employees" and others. See instructions.

SECTION VII (For Respondents with On-the-Job Trainees ONLY)

(The data below shall also be included in the figures for the appropriate occupational categories in Sections V and VI)

JOB CATEGORIES		ALL EMPLOYEES ¹			MALE					FEMALE				
		Total Columns 2 + 3 (1)	Male (2)	Female (3)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (8)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (13)
					Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)		Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	
On-the-job trainees ²	White Collar Production													

¹Include "Minority Group Employees" and others. See instruction 7.
²Report only employees enrolled in formal on-the-job-training programs.

CERTIFICATION

(This report must be certified: by licensee or permittee, if an individual; by a partner, if a partnership; by an officer, if a corporation or association, or by an attorney of licensee or permittee, in case of physical disability or absence from the United States of the licensee or permittee.)

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

Signed Paula M. Zika Title Director of Administration
 Date May 25, 1986 Name of Respondent The Lutheran Church-Missouri Synod
 Telephone No. (include area code) (314) 725-3030 KFUO-AM

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

This request is in accordance with the requirement of P.L. 96-511, Paperwork Reduction Act of 1980

The data collected will be used to assess compliance with FCC Rules and Regulations pertaining to EEO requirements. Your response is mandatory.

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SECTION I (applicable to all respondents)

- A. COMMON CARRIER Respondents with fewer than sixteen (16) full-time employees during the selected payroll period: CHECK BOX A. Complete Section III, and the Certification Statement. Sign and return to the FCC.
- B. COMMON CARRIER Respondents with 16 or more full-time employees during the selected payroll period: CHECK BOX B and complete all pertinent sections of the form. Sign and return to the FCC.
- C. BROADCAST Respondents with fewer than (5) full-time employees during the selected payroll period: CHECK BOX C. Complete Sections II, III, & IV and the Certification Statement. Sign and return to the FCC.
- D. BROADCAST Respondents with 5 or more full-time employees during the selected payroll period: CHECK BOX D and complete all pertinent sections of the form. Sign and return to the FCC.

SECTION III (applicable to all respondents)

- A. Check one, to indicate type of respondent
 - Broadcast Respondent
 - Common Carrier Respondent

B. Pay Period Ending Covered by this Report (date)

January 31, 1986

C. Name and address of respondent

The Lutheran Church-
Missouri Synod
Radio Station KFUD-AM
85 Founders Lane
St. Louis, MO. 63105

(FOR COMMISSION USE ONLY)

CODE NO. 07905

SECTION II (applicable only to Broadcast respondents)

Check A, B, or C to indicate type of Reporting Unit(s) covered in this Report:

A. For a single employment unit consisting of one or more stations

B. For a single Headquarters Office Report

C. A Consolidated Report

SECTION IV (applicable only to Broadcast respondents)

Answer A, B, or C to identify Reporting Unit(s) covered in this Report

A. (1) If a Commercial Broadcast Station Report - (not a CAR station) check one

(2) If station is noncommercial, check one

AM AM

FM FM Independent

ET Educational TV

TV TV

AF Combined AM and FM

ER Educational Radio

International

FA FM Affiliated with AM in same area

(3) Call Letters

Location

KFUD-AM

Clayton, Missouri

⊕

KFUD-FM

RECEIVED

MAY 28 1986

ENFORCEMENT DIVISION
EEO BRANCH

B. If a Headquarters Office Report, list here (or in Appendix _____, if this space is insufficient) the Headquarters Office covered in this Report.

Name of Headquarters Office	Location of Headquarters Office	Station supervised by listed Hdqrs. Office (list call letters)
		002568 19

C. If a Consolidated Report, list here (or in Appendix _____, if this space is insufficient) the Headquarters and Stations covered in this Consolidated Report.

Headquarters Office(s) Names and Locations	Station Call Letters and Locations

206
002569

SECTION V FULL-TIME PAID EMPLOYEES JOB CATEGORIES ¹	(Section V and VI) (applicable to all respondents)												
	ALL EMPLOYEES ²			MALE					FEMALE				
	Total Columns 2 + 3 (1)	Male (2)	Female (3)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (8)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (13)
				Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)		Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	
Officials and Managers	6	4	2					4					2
Professionals	7	6	1					6					1
Technicians	1	1						1					
Sales workers													
Office and Clerical	3	1	2					1	1				1
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	17	12	5					12	1				4
Total employment from previous Report (if any)	17	11	6					11	2				4

SECTION VI PART-TIME PAID EMPLOYEES JOB CATEGORIES ¹	(Section VI column titles same as Section V)												
	Total Columns 2 + 3 (1)	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)	White, not of Hispanic origin (8)	Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	White, not of Hispanic origin (13)
Officials and Managers													
Professionals	6	6						6					
Technicians	5	5						5					
Sales workers													
Office and Clerical	1		1										1
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	12	11	1					11					1
Total employment from previous Report (if any)	10	9	1					9					1

¹Refer to instructions for explanation of all title functions.
²Include "Minority Group Employees" and others. See instruction 7.

SECTION VII (For Respondents with On-the-Job Trainees ONLY)

21

(The data below shall also be included in the figures for the appropriate occupational categories in Sections V and VI)

JOB CATEGORIES		ALL EMPLOYEES ¹			MALE					FEMALE				
		Total Columns 2 + 3 (1)	Male (2)	Female (3)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (8)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (13)
					Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)		Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	
On-the-job trainees ²	White Collar Production													

¹Include "Minority Group Employees" and others. See instruction 7.
²Report only employees enrolled in formal on-the-job-training programs.

CERTIFICATION

(This report must be certified: by licensee or permittee, if an individual; by a partner, if a partnership; by an officer, if a corporation or association, or by an attorney of licensee or permittee, in case of physical disability or absence from the United States of the licensee or permittee.)

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

Signed Paula M. Zika Title Director of Administration
 Date May 23, 1986 Name of Respondent The Lutheran Church-Missouri Synod
 Telephone No. (include area code) (314) 725-3030 KFUO-AM

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

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FEDERAL COMMUNICATIONS COMMISSION
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SECTION I (applicable to all respondents)

SECTION III (applicable to all respondents)

A. COMMON CARRIER Respondents with fewer than sixteen (16) full-time employees during the selected payroll period: CHECK BOX A, Complete Section III, and the Certification Statement. Sign and return to the FCC.

A. Check one, to indicate type of respondent
 Broadcast Respondent
 Common Carrier Respondent

B. COMMON CARRIER Respondents with 16 or more full-time employees during the selected payroll period: CHECK BOX B and complete all pertinent sections of the form. Sign and return to the FCC.

B. Pay Period Ending Covered by this Report: (date)
January 31, 1987

C. BROADCAST Respondents with fewer than (5) full-time employees during the selected payroll period: CHECK BOX C, Complete Sections II, III, & IV and the Certification Statement. Sign and return to the FCC.

C. Name and address of respondent

(FOR COMMISSION USE ONLY)

The Lutheran Church-
Missouri Synod
Radio Station KFUA-AM
85 Founders Lane
St. Louis, MO. 63105

CODENO.

D. BROADCAST Respondents with 5 or more full-time employees during the selected payroll period: CHECK BOX D and complete all pertinent sections of the form. Sign and return to the FCC.

SECTION II (applicable only to Broadcast respondents)

Check A, B, or C to indicate type of Reporting Unit(s) covered in this Report:

A. For a single employment unit consisting of one or more stations

B. For a single Headquarters Office Report

C. A Consolidated Report

SECTION IV (applicable only to Broadcast respondents)

Answer A, B, or C to identify Reporting Unit(s) covered in this Report

A. (1) If a Commercial Broadcast Station Report - (not a CAR station) check one

(2) If station is noncommercial, check one

AM AM

FM FM Independent

ET Educational TV

TV TV

AF Combined AM and FM

ER Educational Radio

International

FA FM Affiliated with AM in same area

(3) Call Letters

Location

KFUA-AM

Clayton, Missouri

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Washington, D.C. 20554

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SECTION III (applicable to all respondents)

- A. Check one, to indicate type of respondent
 - Broadcast Respondent
 - Common Carrier Respondent

B. Pay Period Ending Covered by this Report (date)
January 31, 1987

C. Name and address of respondent
The Lutheran Church-
Missouri Synod
Radio Station KFUE-FM
85 Founders Lane
St. Louis, MO. 63105

(FOR COMMISSION USE ONLY)

CODE NO.

SECTION II (applicable only to Broadcast respondents)

Check A, B, or C to indicate type of Reporting Unit(s) covered in this Report:

For a single employment unit consisting of one or more stations

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C. A Consolidated Report

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- TV TV
- International

- FM FM Independent
- AF Combined AM and FM
- FA FM Affiliated with AM in same area

- ET Educational TV
- ER Educational Radio

(3) Call Letters Location

KFUE-FM

Clayton, Missouri

SECTION V	(Section V and VI) (applicable to all respondents)													
	ALL EMPLOYEES ²			MALE					FEMALE					
	FULL-TIME PAID EMPLOYEES JOB CATEGORIES ¹	Total Columns 2 + 3	Male	Female	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin
					Black, not of Hispanic origin	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic		Black, not of Hispanic origin	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
Officials and Managers	6	4	2					4					2	
Professionals	8	6	2					6					2	
Technicians	1	1						1						
Sales workers	1		1										1	
Office and Clerical	2		2										2	
Craftsperson (Skilled)														
Operatives (Semi-skilled)														
Laborers (Unskilled)														
Service Workers														
TOTAL	18	11	7					11					7	
Total employment from previous Report (if any)	17	12	5					12	1				4	

SECTION VI	(Section VI column titles same as Section V)												
	PART-TIME PAID EMPLOYEES JOB CATEGORIES ¹												
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Officials and Managers													
Professionals	6	6						6					
Technicians	3	3						3					
Sales workers													
Office and Clerical	1		1										1
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	10	9	1					9					1
Total employment from previous Report (if any)	12	11	1					11					1

¹ Refer to instructions for explanation of all title functions.
² Include "Minority Group Employees" and others. See instruction 7.

SECTION VII (For Respondents with On-the-Job Trainees ONLY)

25

(The data below shall also be included in the figures for the appropriate occupational categories in Sections V and VI)

JOB CATEGORIES		ALL EMPLOYEES ¹			MALE					FEMALE				
		Total Columns 2 + 3 (1)	Male (2)	Female (3)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (8)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (13)
					Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)		Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	
On-the-job trainees ²	White Collar Production													

¹Include "Minority Group Employees" and others. See instruction 7.
²Report only employees enrolled in formal on-the-job-training programs.

CERTIFICATION

(This report must be certified: by licensee or permittee, if an individual; by a partner, if a partnership; by an officer, if a corporation or association, or by an attorney of licensee or permittee, in case of physical disability or absence from the United States of the licensee or permittee.)

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

Signed Paula M. Zika Title Director of Administration
 Date Sept. 10, 1987 Name of Respondent The Lutheran Church-Missouri Synod
Radio Station KFUD-FM
 Telephone No. (include area code) (314) 725-3030

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SECTION I (applicable to all respondents)

- A. COMMON CARRIER Respondents with fewer than sixteen (16) full-time employees during the selected payroll period: CHECK BOX A, Complete Section III, and the Certification Statement. Sign and return to the FCC.
- B. COMMON CARRIER Respondents with 16 or more full-time employees during the selected payroll period: CHECK BOX B and complete all pertinent sections of the form. Sign and return to the FCC.
- C. BROADCAST Respondents with fewer than (5) full-time employees during the selected payroll period: CHECK BOX C. Complete Sections II, III, & IV and the Certification Statement. Sign and return to the FCC.
- D. BROADCAST Respondents with 5 or more full-time employees during the selected payroll period: CHECK BOX D and complete all pertinent sections of the form. Sign and return to the FCC.

SECTION III (applicable to all respondents)

- A. Check one, to indicate type of respondent
 - Broadcast Respondent
 - Common Carrier Respondent

B. Pay Period Ending Covered by this Report: (date)
January 31, 1987

C. Name and address of respondent

The Lutheran Church-
Missouri Synod
Radio Station KFUD-AM
85 Founders Lane
St. Louis, MO. 63105

(FOR COMMISSION USE ONLY)

CODE NO. 07905

SECTION II (applicable only to Broadcast respondents)

Check A, B, or C to indicate type of Reporting Unit(s) covered in this Report:

- A. For a single employment unit consisting of one or more stations
- B. For a single Headquarters Office Report
- C. A Consolidated Report

SECTION IV (applicable only to Broadcast respondents)

Answer A, B, or C to identify Reporting Unit(s) covered in this Report

- A. (1) If a Commercial Broadcast Station Report - (not a CAR station) check one
- | | | |
|-------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|
| AM <input checked="" type="checkbox"/> AM | FM <input type="checkbox"/> FM Independent | (2) If station is noncommercial, check one |
| TV <input type="checkbox"/> TV | AF <input checked="" type="checkbox"/> Combined AM and FM | ET <input type="checkbox"/> Educational TV |
| <input type="checkbox"/> International | FA <input type="checkbox"/> FM Affiliated with AM in same area | ER <input type="checkbox"/> Educational Radio |

(3) Call Letters Location

KFUD-AM Clayton, Missouri

⊥
KFUD-FM

RECEIVED
SEP 17 1987
ENFORCEMENT DIVISION
EEO BRANCH

B. If a Headquarters Office Report, list here (or in Appendix _____ if this space is insufficient) the Headquarters Office covered in this Report. 1

Name of Headquarters Office	Location of Headquarters Office	Stations supervised by listed Hdqrs. Office (list call letters)
		27

C. If a Consolidated Report, list here (or in Appendix _____ if this space is insufficient) the Headquarters and Stations covered in this Consolidated Report.

Headquarters Office(s) Names and Locations	Station Call Letters and Locations

(Section V and VI) (applicable to all respondents)													
SECTION V FULL-TIME PAID EMPLOYEES JOB CATEGORIES ¹	ALL EMPLOYEES ²			MALE					FEMALE				
	Total Columns 2 + 3 (1)	Male (2)	Female (3)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (8)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (13)
				Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)		Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	
	Officials and Managers	6	4	2					4				
Professionals	8	6	2					6					2
Technicians	1	1						1					
Sales workers	1		1										1
Office and Clerical	2		2										2
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	18	11	7					11					7
Total employment from previous Report (if any)	17	12	5					12	1				4

(Section VI column titles same as Section V)													
SECTION VI PART-TIME PAID EMPLOYEES JOB CATEGORIES ¹													
	Officials and Managers												
Professionals	6	6						6					
Technicians	3	3						3					
Sales workers													
Office and Clerical	1		1										1
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	10	9	1					9					1
Total employment from previous Report (if any)	12	11	1					11					1

¹ Refer to Instructions for explanation of all title functions.
² Include "Minority Group Employees" and others. See Instruction 7.

20

SECTION VII (For Respondents with On-the-Job Trainees ONLY)

(The data below shall also be included in the figures for the appropriate occupational categories in Sections V and VI)

JOB CATEGORIES		ALL EMPLOYEES ¹			MALE					FEMALE				
		Total Columns 2 + 3 (1)	Male (2)	Female (3)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (8)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (13)
					Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)		Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	
On-the-job trainees ²	White Collar Production													

¹Include "Minority Group Employees" and others. See instruction 7.
²Report only employees enrolled in formal on-the-job-training programs.

CERTIFICATION

(This report must be certified: by licensee or permittee, if an individual; by a partner, if a partnership; by an officer, if a corporation or association, or by an attorney of licensee or permittee, in case of physical disability or absence from the United States of the licensee or permittee.)

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

Signed Paula M. Zika Title Director of Administration
 Date Sept. 10, 1987 Name of Respondent The Lutheran Church-Missouri Synod
Radio Station KFUD-AM
 Telephone No. (include area code) (314) 725-3030

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

This request is in accordance with the requirement of P.L. 96-511, Paperwork Reduction Act of 1980

The data collected will be used to assess compliance with FCC Rules and Regulations pertaining to EEO requirements. Your response is mandatory.

BROADCAST STATION
ANNUAL EMPLOYMENT REPORT 1988

00216630
Approved by DA
3080-0390
Expires 9/30/90

(For FCC Use Only)

Code No. 07905

SECTION I

A. Name of Licensee or Permittee The Lutheran Church - Missouri Synod	B. Address 85 Founders Lane St. Louis, Missouri 63105
------------------------------------------------------------------------------	-----------------------------------------------------------------

Church

SECTION II

A. TYPE OF RESPONDENT (check one)

COMMERCIAL BROADCAST STATION

NONCOMMERCIAL BROADCAST STATION

AM AM

TV TV

ER Educational AM or FM Radio

FM FM

LP Low Power TV

ET Educational TV

AF Combined AM & FM
in same area

IN International

MAY 31 1988

Federal Communications Commission
Office of the Secretary

HQ Headquarters (Name and Location)

ZP Code

B. LIST CALL LETTERS AND LOCATION(S) OF INCLUDED STATIONS

CALL LETTERS	LOCATION(S)
KFUO-AM + KFUO-FM	85 Founders Lane St. Louis, MO. 63105

CALL LETTERS	LOCATION(S)
	85 Founders Lane St. Louis, MO. 63105

SECTION III

A. PAY PERIOD COVERED BY THIS REPORT (DATE)

Period Ending
January 31, 1988

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

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 Ken Lombardi

Title Director of Broadcast Ministries

Print Name Ken Lombardi

Date May 25, 1988 Telephone No. (314) 725-3030

SECTION V - EMPLOYEE DATA

003167
3

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	8	6				2					
PROFESSIONALS	8	8									
TECHNICIANS	1	1									
SALES WORKERS	2					2					
OFFICE & CLERICAL	4					4					
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	23	15				8					

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	7	7									
TECHNICIANS	3	3									
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	10	10									

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The principal purpose for which the information will be used is to determine if the benefit requested is consistent with the public interest. The staff, consisting variously of attorneys, engineers and application examiners, will use the information to determine whether the application should be granted, denied, dismissed, or designated for hearing. If all the information requested is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Accordingly, every effort should be made to provide all necessary information. Your response is required to obtain the requested authority.

FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PL. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552(a)(3) & THE PAPERWORK REDUCTION ACT OF 1980, PL. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

BROADCAST STATION
ANNUAL EMPLOYMENT REPORT 1989

003313 (32) 6
Approved by CNIE
3060-0390
Expires 2/30/90

(For FCC Use Only)

Code No.

SECTION I

A. Name of Licensee or Permittee The Lutheran Church-Missouri Synod	B. Address 85 Founders lane St. Louis, MO. 63105
------------------------------------------------------------------------	--------------------------------------------------------

SECTION II

A. TYPE OF RESPONDENT (check one)

COMMERCIAL BROADCAST STATION		NONCOMMERCIAL BROADCAST STATION	
AM <input type="checkbox"/> AM	TV <input 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 checked="" type="checkbox"/> Combined AM & FM in same area	IN <input type="checkbox"/> International		
HQ <input type="checkbox"/> Headquarters (Name and Location) _____			

ZP Code _____

B. LIST CALL LETTERS AND LOCATION(S) OF INCLUDED STATIONS

CALL LETTERS	LOCATION(S)
KFUO-AM	85 Founders Lane St. Louis, MO. 63105

CALL LETTERS	LOCATION(S)
KFUO-FM	85 Founders lane St. Louis, MO. 63105

SECTION III

A. PAY PERIOD COVERED BY THIS REPORT (DATE)

Period ending January 31, 1989

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

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 Paula M. Zika
Print Name Paula M. Zika

Title Manager of Business Affairs
Date May 15, 1989 Telephone No. (314) 725-3030

SECTION V - EMPLOYEE DATA

33
003714

A. FULL-TIME PAID
EMPLOYEE DATA

JOB CATEGORIES	TOTAL (a-)	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	8	6					2				
PROFESSIONALS	9	8					1				
TECHNICIANS	1	1									
SALES WORKERS	4	2					1		1		
OFFICE & CLERICAL	4						4				
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	26	17					8		1		

B. PART-TIME PAID
EMPLOYEE DATA

JOB CATEGORIES	TOTAL (a-)	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	12	11					1				
TECHNICIANS	3	3									
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	15	14					1				

NAACP EXHIBIT 25

WITHDRAWN 6/22

<u>Federal Communications Commission</u>	
Docket No.	<u>94-10</u> Exhibit No. <u>25</u>
Presented by	<u>NAACP</u>
Disposition	Identified <u>6/21</u>
	Received _____
	Rejected _____
Reporter	<u>BARBARA LORD</u>
Date	<u>6/21/94</u>

1 Does the applicant propose to employ five or more fulltime employees? YES NO

If the answer is Yes, the applicant must include an EEO program called for in the separate 5 Point Model EEO Program Attached

Section VII

Certification

1 Has or will the applicant comply with the public notice requirement of Section 73.3580 of the Commission's Rules? YES NO

73.3580 Section (a) (1) Minor change

The APPLICANT hereby waives any claim to the use of any particular frequency as against the regulatory power of the United States... of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application... of the Communications Act of 1934, as amended;

The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all exhibits are a material part hereof and incorporated herein

The APPLICANT represents that this application is not filed for the purpose of impeding, obstructing, or delaying the determination on any other application with which it may be in conflict.

In accordance with Section 1.65 of the Commission's Rules, the APPLICANT has a continuing obligation to advise the Commission... amendments, of any substantial and significant changes in information furnished.

REC'D MASS MED BU
NOV 15 1983
PUBLIC REF. ROOM

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

I certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith

Signed and dated this 30th day of November 1983

The Lutheran Church-Missouri Synod (APCO-17)
Name of Applicant

[Signature]
Signature
Title

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The principal purpose for which the information will be used is to determine if the benefit requested is consistent with the public interest. The staff... using variously of attorneys, accountants, engineers, and application examiners, will use the information to determine whether the application should be granted, denied, dismissed, or designated for hearing. If all the information requested is not provided, the application may be returned... action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Accordingly, every effort should be made to provide all necessary information. Your response is required to obtain the requested Permit.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552(a)(1)

FCC 301 - Page 18
January 1982