

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

164222

Submit Date: 11/24/2020 Call Sign: KMOM FRN: 0016000994 File Number: 0000127050 Facility ID: 164208 City: ROSCOE State: SD Status Date: 11/24/2020 Service: Full Power FM Purpose: EEO Report Status: Submitted 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.	KMOM/KABD EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
DAKOTA BROADCASTING, LLC Doing Business As: DAKOTA BROADCASTING, LLC	5809 SOUTH REMINGTON PLACE SUITE 106 SIOUX FALLS, SD 57108 United States	+1 (605) 274-3373	NEIL@DAKOTABROADCASTING. COM	Company

Contact Representatives	Contact Name	Address		Phone	Email	Contact Type
	Lawrence Bernstein Attorney Law Offices of Lawrence Bernstein	3510 Spri NW Washingt 20008 United Sta		+1 (202) 296- 1800	lawberns@verizon. net	Legal Representative
Common Stations	Facility Identifier	Call Sign	City	State	Time Brokerage Agree	ement
	164208	KMOM	ROSCOE	SD	No	

KABD

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?	No	

IPSWICH

SD

No

Responsibility for Implementation Additional **Program Report** A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are: Questions Name Title Neil Lipetzky Member/Manager Question Response Certification 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 11/24 /2020 **Certified Title** Member /Manager Authorized Party Name Neil Lipetzky

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
DAKOTA BC - 2018-19 Pub File_	Applicant	EEO Public File	2018-19 Pub	Done with Virus Scan and/or
Rpt.pdf		Report	File Rpt	Conversion
DAKOTA BC - 2019-20 EEO Pub	Applicant	EEO Public File	2019-20 Pub	Done with Virus Scan and/or
File Rpt.pdf		Report	File Rpt	Conversion
DAKOTA BC - EEO Narrative.pdf	Applicant	Narrative Statement	EEO Narrative Stmt	Done with Virus Scan and/or Conversion