

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0019549062** | File Number: **0000121829** | Submit Date: **09/18/2020** | Call Sign: **KKIA** | Facility ID: **24517** | City: **IDA GROVE** | State: **IA**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/18/2020** | 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.	KKIA/KAYL-AM/FM EEO Program Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>COMMUNITY FIRST BROADCASTING, LLC</b> Doing Business As: COMMUNITY FIRST BROADCASTING, LLC	Neil W. Lipeetzky 5809 S REMINGTON PLACE SUITE 106 SIOUX FALLS, SD 57108 United States	+1 (605) 274-3373	NEIL@DAKOTABROADCASTING.COM	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Lawrence Bernstein Attorney Law Offices of Lawrence Bernstein	3510 Springland LN NW Washington, DC 20008 United States	+1 (202) 296-1800	lawberns@verizon.net	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
49743	KAYL-FM	STORM LAKE	IA	No
49744	KAYL	STORM LAKE	IA	No
24517	KKIA	IDA GROVE	IA	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?	No

Additional  
Program Report  
Questions

Responsibility for Implementation

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

Name	Title
Neil W Lipeetzky	Manager

Certification

Question	Response
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	09/18 /2020
Certified Title	Member /Manager
Authorized Party Name	Neil W. Lipetzky

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>COM 1ST EEO - 2019 Storm Lake.pdf</u>	Applicant	EEO Public File Report	EEO Public File Rpt 2019	Done with Virus Scan and/or Conversion
<u>COM 1st - EEO Narrative.pdf</u>	Applicant	Narrative Statement	EEO Narrative	Done with Virus Scan and/or Conversion
<u>COM 1ST EEO - Storm Lake 2020.pdf</u>	Applicant	EEO Public File Report		Done with Virus Scan and/or Conversion