

Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

FRN: 0028315117 File Number: 0000127124 Submit Date: 11/24/2020 Call Sign: KYYA Facility ID: 19216 City: BILLINGS State: MT Service: Full Power AM Purpose: EEO Report Status: Received Status Date: 11/24/2020 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.	Desert Mountain EEO Report	
	Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes	

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
Desert Mountain Broadcasting Licenses, LLC	2075 Central Avenue Billings, MT 59102 United States	+1 (406) 248-7777	cmaxwell@desertmountainbroadcasting. com	LLC

Contact Representatives	Contact Name	Address	Phone	Email	Contact Type
	Derek Teslik Gray Miller Persh LLP	2233 Wisconsin Avenue, NW Washington, DC 20007 United States	+1 (202) 559- 7489	dteslik@graymillerpersh. com	Legal Representative

Common **Stations**

Questions

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
164108	KPLN	LOCKWOOD	MT	No
19216	KYYA	BILLINGS	MT	No
164107	KWMY	JOLIET	MT	No
63870	KRKX	BILLINGS	MT	No
78476	KRZN	BILLINGS	MT	No
63873	KBLG	BILLINGS	MT	No

Section Question Response **Program Report** Have any pending or resolved complaints been filed during **Discrimination Complaints** No 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)?

	Full-time Employees	Does your station er full-time employees? those permanently v	P Consider as "full-	-time" employees all	No			
Additional Program Report	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							
	Melissa Ripplinger Corporate Controller							
Certification	Question	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							
	Certified Title							
	Authorized Party Name							
Attachments	File Name	Uploaded By	Attachment Type	Description	Upload Status			
	2019-EEO-PUBLIC-FILE-R Dec2018-Nov2019.pdf	EPORT- Applicant	EEO Public File Report	2018-2019 EEO Public File Report	Done with Virus /or Conversion			

Applicant

Applicant

EEO Public

File Report

Narrative Statement 2019-2020 EEO

Public File Report

Narrative Statement

Done with Virus Scan and

Done with Virus Scan and

/or Conversion

/or Conversion

Dec 1 2019 Nov 30 2020 EEO PUBLIC

Desert Mountain - EEO Narrative

FILE REPORT.pdf

Statement 2020.pdf