

## Broadcast Equal Employment Opportunity **Program Report**

Licensee Name, Type and Contact Information

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FRN: 0006005672	File Number: 0000127979	Submit Date: 11/30/202	20 Call Sign: KSLS	Facility ID: 174276 City:
DICKINSON State: I	ND			
Service: Full Power FM	Purpose: EEO Report	Status: Received S	Status Date: 11/30/2020	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.	KSLS EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
BETHESDA CHRISTIAN BROADCASTING Doing Business As: BETHESDA CHRISTIAN BROADCASTING	15475 GLENEAGLE DRIVE COLORADO SPRINGS, CO 80921 United States	+1 (719) 481- 0100	DRASIC@BA. ORG	NFP

Contact	Contact Name	Address		Phone	Email	Contact Type
Representatives	Joseph C. Chautin III Hardy, Carey, Chautin & Balkin, LLP	1080 West Causeway Approach Mandeville, LA 70471 United States		+1 (985) 629- jchautin@hardycarey. 0777 com	Legal Representative	
	JOSEPH STANDISH STATION ENGINEER Bethesda Christian Broadcasting	DR	JNTAIN PLAZA TY, SD 57702 ates	+1 (605) 342- 6822	JOES@BCBRADIO. ORG	Technical Representative
common	Facility Identifier	Call Sign	City	State	Time Brokerage Agre	eement
tations	17/276	Kele		ND	No	

KSLS

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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?	Yes

DICKINSON

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No

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	11/30 /2020
	Certified Title	Vice- President
	Authorized Party Name	Dana Rasic

Attachments

No Attachments.