



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Non-Biennial
Ownership Report (FCC Form 323)

File Number: 0000234949 | Submit Date: 2024-01-08 | FRN: 0019549062

Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report | Status: Received | Status Date:

01/08/2024 | Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0019549062		Community First Broadcasting, LLC			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
5809 S REMINGTON PLACE Suite 106	Sioux Falls	SD	57108	+1 (605) 274-3373	neil@dakotabroadcasting.com

2. Contact Representative

Name		Organization			
Lawrence Bernstein		Law Offices of Lawrence Bernstein			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
3510 Springland LN NW	Washington	DC	20008	+1 (202) 296-1800	lawberns@verizon.net

3. Application Filing Fee

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Licensee
Nature of Respondent	Limited liability company

(b) Provide the following information about this report:	
Purpose	Transfer of control or assignment of license/permit
"As of" date	01/01/2024 When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

5. Licensee(s) /Permittees(s) and Station(s) /Permit(s)

Respondent is filing this report to cover the following Licensee(s)/Permittee(s) and station(s)/permit(s):

Licensee/Permittee Name	FRN
Community First Broadcasting, LLC	0019549062

Fac. ID No.	Call Sign	City	State	Service
8502	KUOO	SPIRIT LAKE	IA	FM
24517	KKIA	IDA GROVE	IA	FM
29724	KUYY	EMMETSBURG	IA	FM
35056	KKOJ	JACKSON	MN	AM
35057	KUXX	JACKSON	MN	FM
49743	KAYL-FM	STORM LAKE	IA	FM
49744	KAYL	STORM LAKE	IA	AM
57074	KIHK	ROCK VALLEY	IA	FM
60002	KUQQ	MILFORD	IA	FM
60088	KIWA	SHELDON	IA	AM
60089	KIWA-FM	SHELDON	IA	FM
67756	KSOU	SIOUX CENTER	IA	AM
67773	KSOU-FM	SIOUX CENTER	IA	FM
106580	K268CZ	SIOUX CENTER	IA	FX
143883	K249EO	SPIRIT LAKE	IA	FX
152519	K260BS	STORM LAKE	IA	FX
200289	K264CW	SHELDON	IA	FX

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents

Licensee/Permittee Respondents should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee/Permittee Respondents should select “Not Applicable” in response to this question.

Not Applicable.

2. Ownership Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated partners, non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A “direct” interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission’s Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information			
FRN	0019549062		
Entity Name	Community First Broadcasting, LLC		
Address	PO Box		
	Street 1	5809 S REMINGTON PLACE	
	Street 2	Suite 106	
	City	Sioux Falls	
	State ("NA" if non-U.S. address)	SD	
	Zip/Postal Code	57108	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	0016000994		
Entity Name	Dakota Broadcasting, LLC		
Address	PO Box		
	Street 1	5809 S REMINGTON PLACE	
	Street 2	Suite 106	
	City	Sioux Falls	
	State ("NA" if non-U.S. address)	SD	
	Zip/Postal Code	57108	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Owner		

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	Jointly Held? No
	Total assets (Equity Debt Plus)	100.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

Ownership Information			
FRN	0019378264		
Name	Neil W. Lipetzky		
Address	PO Box		
	Street 1	5809 S REMINGTON PLACE SUITE 106	
	Street 2		
	City	Soux Falls	
	State ("NA" if non-U.S. address)	SD	
	Zip/Postal Code	57108	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Manager		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

Ownership Information		
FRN	2130073915	
Name	Theresa Lipetzky	
Address	PO Box	
	Street 1	5809 S. REMINGTON PLACE
	Street 2	Suite 106
	City	Sioux Falls
	State ("NA" if non-U.S. address)	SD
	Zip/Postal Code	57108
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	LC/LLC/PLLC Member		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.	Yes
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(c) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings? If "Yes," provide the following information for each such the relationship.	Yes
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Family Relationships			
FRN	0019378264	Name	Neil W Lipetzky
FRN	2130073915	Name	Theresa Lipetzky
Relationship	Spouses		

(d) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)? If "Yes," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	No
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Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSE --OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: Member/Manager Exact Legal Title or Name of Respondent: Community First Broadcasting, LLC Name: Neil Lipetzky Phone: 6052743373 01/08/2024

