

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

|                               |                                |                                |                                |                              |       |
|-------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|-------|
| FRN: <b>0013706064</b>        | File Number: <b>0000127496</b> | Submit Date: <b>11/27/2020</b> | Call Sign: <b>KFMH</b>         | Facility ID: <b>40636</b>    | City: |
| <b>BELLE FOURCHE</b>          | State: <b>SD</b>               |                                |                                |                              |       |
| Service: <b>Full Power FM</b> | Purpose: <b>EEO Report</b>     | Status: <b>Received</b>        | Status Date: <b>11/27/2020</b> | Filing Status: <b>Active</b> |       |

## 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. | Rapid City Employment Unit EEO Program Report |
| Attachments             | Are attachments (other than associated schedules) being filed with this application?                                                                                           | No                                            |

## Licensee Information

### Licensee Name, Type and Contact Information

| Applicant                                                                                                 | Address                                                          | Phone                | Email                      | Applicant Type |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------|----------------------------|----------------|
| <b>BAD LANDS BROADCASTING COMPANY, INC.</b><br>Doing Business As: BAD LANDS<br>BROADCASTING COMPANY, INC. | 288 SOUTH<br>RIVER ROAD<br>BEDFORD, NH<br>03110<br>United States | +1 (603)<br>668-6400 | sasilberberg@gmail.<br>com | COR            |

## Contact Representatives

| Contact Name                           | Address                                                                      | Phone                 | Email                               | Contact Type            |
|----------------------------------------|------------------------------------------------------------------------------|-----------------------|-------------------------------------|-------------------------|
| Barry Friedman<br>Thompson Hine<br>LLP | Suite 700<br>1919 M Street, N.W.<br>Washington, DC<br>20036<br>United States | +1 (202) 331-<br>8800 | barry.friedman@thompsonhine.<br>com | Legal<br>Representative |

## Common Stations

| Facility Identifier | Call Sign | City          | State | Time Brokerage Agreement |
|---------------------|-----------|---------------|-------|--------------------------|
| 89114               | KRKI      | KEYSTONE      | SD    | No                       |
| 164201              | KXZT      | NEWELL        | SD    | No                       |
| 40636               | KFMH      | BELLE FOURCHE | SD    | 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?                                                                                    | Yes      |

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11/27<br>/2020       |
| Certified Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | President            |
| Authorized Party Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Steven<br>Silberberg |

Attachments

No Attachments.