

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: 0030377311	File Number: 0000130232	Submit Date: 12/30/2020	Call Sign: KBFS	Facility ID: 68739	City:
BELLE FOURCHE	State: SD				
Service: Full Power AM	Purpose: EEO Report	Status: Received	Status Date: 12/30/2020	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.	2020 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
ULTIMATE CAPS, INC. Doing Business As: ULTIMATE CAPS, INC.	BOX 787 707 HARDING STREET BELLE FOURCHE, SD 57717 United States	+1 (605) 892-2571	karl@kbfs.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
F. Reid Avett Legal Representative Womble Bond Dickinson (US) LLP	1200 19th Street, NW, Suite 500 Washington, DC 20036 United States	+1 (202) 857-4425	Reid.Avett@wbd-us.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
78241	KYDT	PINE HAVEN	WY	No
68739	KBFS	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
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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	12/30/2020
Certified Title	President
Authorized Party Name	Karl Grimmelmann

Attachments

No Attachments.