

(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
<b>Application Description</b>	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
<b>Attachments</b>	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>ULTIMATE CAPS, INC.</b> 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
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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.