Response

No



Federal Communications Commission (REFERENCE COPY - Not for submission)

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Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000041421 Submit Date: 2018-02-06 FRN: 0003749892 Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 02/06/2018 Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0009609926	SIDNEY COMMUNITY BROADCASTING

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
210 S Douglas	Glendive	МТ	59330	+1 (406) 377- 3377	paul@kxgn. com

2. Contact Representative

Name	Organization
David D. Oxenford	Wilkinson Barker Knauer, LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1800 M Street, NW Suite 800N	Washington	DC	20036	+1 (202) 783- 4141	doxenford@wbklaw. com

3. Application **Filing Fee**

Question

Is this application being submitted without a filing fee?

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	MAR	1	95	\$70.00
			•	*	Total	\$70.00

4. Nature of Respondent

(a) Provide the following information about the Responden	(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee		
Nature of Respondent	For-profit corporation		

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2017
	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) and Station(s)

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

Licensee/Permittee Name	FRN
SIDNEY COMMUNITY BROADCASTING	0009609926

Fac. ID No.	Call Sign	City	State	Service
84342	KGCX	SIDNEY	MT	FM

Section II – Biennial Ownership Information

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

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations 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 Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question.

Document Information		
Description of contract or instrument	Articles of Incorporation	
Parties to contract or instrument	State of North Dakota	
Date of execution	07/2002	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation	

(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) 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) 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	0009609926	0009609926		
Entity Name	SIDNEY COMMUNITY BROA	SIDNEY COMMUNITY BROADCASTING		
Address	PO Box			
	Street 1	210 S Douglas		
	Street 2			
	City	Glendive		
	State ("NA" if non-U.S. address)	MT		
	Zip/Postal Code	59330		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent	Respondent		
Positional Interests (check all that apply)	Respondent	Respondent		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal I	nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
	s interest holder have an attributable interest in one or more broadcast stations No do not appear on this report?		No	

Ownership Information

Ownership Information

FRN	0019986710	
Name	STEPHEN A. MARKS	
Address	PO Box	

	Street 1	210 S. Douglas		
	Street 2			
	City	Glendive		
	State ("NA" if non-U.S. address)	MT		
	Zip/Postal Code	59330		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Stockholder			
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US		
	Gender	Male		
	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	Jointly Held? No	
	Equity	100.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?				

Ownership Information FRN 0020025672 PAUL STURLAUGSON Name Address **PO Box** Street 1 210 S. Douglas Street 2 City Glendive State ("NA" if non-U.S. MT address) Zip/Postal Code 59330 Country (if non-U.S. **United States** address) Listing Type Other Interest Holder **Positional Interests** Officer (check all that apply) US Citizenship, Gender, Citizenship Ethnicity, and Race Gender Male Information (Natural Persons Only) Not Hispanic or Latino Ethnicity

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

(c) Does the Respondent or any reported interest holder
hold an attributable interest in any newspaper entities in
the same market as any station for which this report is
filed, as defined in 47 C.F.R. Section 73.3555?
If "Yes," provide information describing the interest(s), using
EITHER the subform OR the spreadsheet option below.
Respondents with a large number (50 or more) of entries to
submit should use the spreadsheet option.
NOTE: Spreadsheets must be submitted in a special XML
Spreadsheet format with the appropriate structure that is
specified in the documentation. For instructions on how to
use the spreadsheet option to complete this question
(including templates to start with), please Click Here.
If using the subform, 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
newspaper entity solely on the basis of the Commission's
Equity Debt Plus attribution standard, 47 C.F.R. Section
73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA"
into the percentage of total assets (Equity Debt Plus) field
for an interest holder unless that interest holder has an
attributable interest in the newspaper entity solely on the
basis of the Commission's Equity Debt Plus attribution
standard.
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.

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

interests, not reported in this filing are non-attributable.

If "No," submit as an exhibit an explanation.

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?

If "<u>Yes</u>," 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.

3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

No

Non-Licensee Respondents should select "N/A" in response to this question.

Sidney Community Broadcasting Corp. is a single level licensee.

Section III - Certification

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 LICENSEOR 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: President Exact Legal Title or Name of Respondent: SIDNEY COMMUNITY BROADCASTING Name: Stephen A Marks Phone: 4063773377 02/06/2018