



(REFERENCE COPY - Not for submission)

# Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000046516** | Submit Date: **2018-03-01** | FRN: **0023239593**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **03/01/2018**

Filing Status: **Active**

## Section I - General Information

### 1. Respondent

FRN	Entity Name
0023239692	The Stephen Adams Living Trust

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
16233 Kenyon Ave Suite 220	Lakeville	MN	55044	+1 (952) 232-0588	ronstone@adamsradiogroup.com

### 2. Contact Representative

Name	Organization
Gregg P. Skall, Esq.	Womble Bond Dickinson (US) LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1200 19th St., N.W. Suite 500	Washington	DC	20036	+1 (202) 857-4441	gregg.skall@wbd-us.com

### 3. Application Filing Fee

Not Applicable

### 4. Nature of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees
Nature of Respondent	Other Trust

(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
ADAMS RADIO OF LAS CRUCES, LLC	0023184476

Fac. ID No.	Call Sign	City	State	Service
33457	KHQT	LAS CRUCES	NM	FM
60322	KSNM	TRUTH OR CONSEQUENCE	NM	FM
63950	KWML	LAS CRUCES	NM	AM
63951	KGRT-FM	LAS CRUCES	NM	FM
152916	K283CG	LAS CRUCES	NM	FX

Licensee/Permittee Name	FRN
Adams Radio Of Delmarva Peninsula, LLC	0023988934

Fac. ID No.	Call Sign	City	State	Service
4107	WKHI	FRUITLAND	MD	FM
4340	WGBG-FM	SEAFORD	DE	FM
25003	WZBH	MILLSBORO	DE	FM
41484	DWGBG	OCEAN CITY	MD	AM
47107	WOCQ	BERLIN	MD	FM
150318	W286BB	OCEAN PINES	MD	FX
152275	W282AW	SALISBURY	MD	FX

Licensee/Permittee Name	FRN
Adams Radio of Fort Wayne, LLC	0023312143

Fac. ID No.	Call Sign	City	State	Service
1065	WJFX	NEW HAVEN	IN	FM
22106	WBTU	KENDALLVILLE	IN	FM
22285	WGL	FORT WAYNE	IN	AM
22287	WXKE	CHURUBUSCO	IN	FM
42082	WLYV	FORT WAYNE	IN	AM
56765	WWFW	FORT WAYNE	IN	FM
83637	W277AK	FORT WAYNE	IN	FX
144600	W282CH	FORT WAYNE	IN	FX
157030	W245CA	FORT WAYNE	IN	FX

Licensee/Permittee Name	FRN
Adams Radio of Northern Indiana, LLC	0023312150

Fac. ID No.	Call Sign	City	State	Service
24727	WZVN	LOWELL	IN	FM
39382	WXRD	CROWN POINT	IN	FM
53056	WLJE	VALPARAISO	IN	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.

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) 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	0023239692	
Entity Name	The Stephen Adams Living Trust	
Address	PO Box	
	Street 1	16233 Kenyon Ave
	Street 2	Suite 220
	City	Lakeville
	State ("NA" if non-U.S. address)	MN
	Zip/Postal Code	55044
	Country (if non-U.S. address)	United States
Listing Type	Respondent	

<b>Positional Interests</b> (check all that apply)	Respondent		
<b>Tribal Nation or Tribal Entity</b>	Interest holder is not a Tribal nation or Tribal entity		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

<b>Ownership Information</b>			
<b>FRN</b>	0023239700		
<b>Name</b>	Stephen Adams		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	16233 Kenyon Ave.	
	<b>Street 2</b>	Suite 220	
	<b>City</b>	Lakeville	
	<b>State ("NA" if non-U.S. address)</b>	MN	
	<b>Zip/Postal Code</b>	55044	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Other - Trustee		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US	
	<b>Gender</b>	Male	
	<b>Ethnicity</b>	Not Hispanic or Latino	
	<b>Race</b>	White	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	100.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	100.0%	
	<b>Total assets (Equity Debt Plus)</b>	100.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

<b>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.</b> If "No," submit as an exhibit an explanation.	Yes
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<p><b>(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?</b></p> <p>If "<u>Yes</u>," 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.</p> <p>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 <a href="#">Click Here</a>.</p> <p>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.</p> <p>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.</p>	<p>No</p>
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<p><b>(d) 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?</b></p> <p>If "<u>Yes</u>," provide the following information for each such the relationship.</p>	<p>No</p>
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<p><b>(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</b></p> <p>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.</p>	<p>No</p>
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**Certification**

Section	Question	Response
<p><b>Authorized Party to Sign</b></p>	<p>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).</p>	

**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: **Trustee**  
Exact Legal Title or Name of Respondent: **The Stephen Adams Living Trust**  
Name: **Stephen Adams**  
Phone: **9522320588**

03/01/2018