

(REFERENCE COPY - Not for submission)

FRN

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000045424Submit Date: 2018-02-28FRN: 0002965291Purpose: Commercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 02/28/2018Filing Status: ActiveStatusStatus

Section I - General Information

1. Respondent

Entity Name

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 2668	Del Mar	CA	92014	+1 (858) 794- 1626	david. burns@pillsburylaw. com

2. Contact Representative

Name	Organization
David Burns	Pillsbury Winthrop Shaw Pittman LLP

Street	City (and Country if non U.S.		Zip		
Address	address)	State	Code	Phone	Email
1200 Seventeenth Street, NW	Washington	DC	20036	+1 (202) 663- 8094	david.burns@pillsburylaw. 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.

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

Licensee/Permittee Nan	FRN	FRN			
Inland Empire Broadcasting Corp			000	0002965291	
Fac. ID No.	Call Sign	City		State	Service
55240	KOLA	SAN BERNARDINO		СА	FM
Licensee/Permittee Name FRN					
SBR Broadcasting Corpo	oration		0002	971174	
Fac. ID No.	Call Sign	City		State	Service
59272	KCAL-FM	REDLANDS		CA	FM
59273	KCAL-FM1	TWIN PEAKS, ETC.		CA	FB

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	report. In addition, attributable Lo disclosed by the licensee of the l attributable JSA, or a network aff Respondents, as well as License	ts set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be e brokering station on its ownership report. If the agreement is an attributable LMA, an affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee asee Respondents that only hold authorizations for Class A television and/or low power televis oplicable" in response to this question.			
2. Ownership Interests generating a series of subforms. Answer each quest itself. If the Respondent is not a natural person, also non-insulated members, and any other persons or en- standards set forth in 47 C.F.R. Section 73.3555. (A or entities.) List each interest holder with a direct attr Leave the percentage of total assets (Equity Debt PI attributable interest in the Respondent solely on the Section 73.3555, Note 2(i).			enter detailed information about ownership interests by subform. The first subform listing should be for the Respondent the officers, directors, stockholders, non-insulated partners, direct attributable interest in the Respondent pursuant to the rest is one that is not held through any intervening companies the rest in the Respondent separately. In the Respondent separately.		
	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.				
	separate ownership reports. In s	that are part of an organizational structure that includes holding companies or other forms of indirect ownership must e ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have butable interest in the Licensee(s) for which the report is being submitted.			
	Please see the Instructions for fu	urther 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 0027283498				
	Entity Name	The Timothy R. & Nancy L Sul	ivan Revocable Intervivos Trust		
	Address	PO Box	2668		
		Street 1			

ır States		
States		
States		
States		
Respondent		
Interest holder is not a Tribal nation or Tribal entity		
	Jointly H No	eld?
0.0%		
0.0%		

Ownership Information

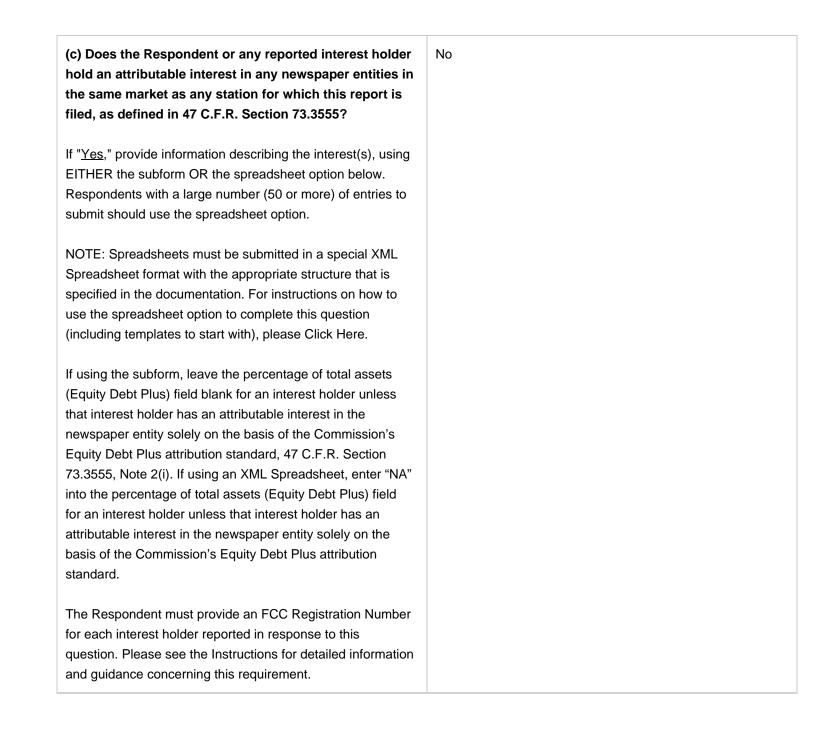
Ownership information				
FRN	0019387059			
Name	Timothy R. Sullivan			
Address	РО Вох	2668		
	Street 1			
	Street 2			
	City	Del Mar		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	92014		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Co-Trustee			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? Yes	
from 0.0 to 100.0)				

	Equity	100.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an	attributable interest in one or	more broadcast stations	No

Ownership Information				
FRN	0019807452			
Name	Nancy L. Sullivan			
Address	PO Box	2668		
	Street 1			
	Street 2			
	City	Del Mar		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	92014		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Co-Trustee	o-Trustee		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? Yes	
from 0.0 to 100.0)	Equity	100.0%		
Total assets (Equity Debt Plus)				
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				
(b) Respondent certifies that any interests, including equity, financial, or voting Yes interests, not reported in this filing are non-attributable.				

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

that do not appear on this report?



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

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

ramity Relationships				
FRN	0019807452	Name	Nancy L Sullivan	
FRN	0019387059	Name	Timothy R Sullivan	
Relationship	Spouses			

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(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
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.	

Certification

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: Co-Trustee Exact Legal Title or Name of Respondent: Timothy R. and Nancy L. Sullivan Revocable Inter Vivos Trust Name: Timothy R. Sullivan Phone: 8587941626 02/28/2018