

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323)

File Number: 0000051245 | Submit Date: 2018-04-09 | FRN: 0026735274

Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report Status: Received Status Date:

04/09/2018 Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0026735274	Northern States Broadcasting Corporation

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
6101 Sheridan Road	Chicago	IL	60660	+1 (312) 593- 4416	philip. bernstein@rcn.com

2. Contact Representative

Name	Organization
Matthew H. McCormick, Esq.	Fletcher, Heald & Hildreth, PLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N 17th Street Suite 1100	Arlington	VA	22209	+1 (703) 812- 0400	mccormick@fhhlaw. com

3. Application Filing Fee

Not Applicable

4. Nature of Respondent

(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	Transfer of control or assignment of license/permit	
"As of" date	04/03/2018	
	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.	

/Permittees(s) and Station(s) /Permit(s)

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

Licensee/Permittee Name	FRN
Northern States Broadcasting Corporation	0026735274

Fac. ID No.	Call Sign	City	State	Service
4600	WJMK	BRIDGEPORT	MI	AM

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents Licensee/Permittee Respondents 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/Permittee Respondents 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 Illinois			
Date of execution	08/2017			
Date of expiration	No expiration date			
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation			

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) or Permittee(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) or Permittee(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	0026735274	0026735274 Northern States Broadcasting Corporation		
Entity Name	Northern States Broa			
Address	РО Вох	PO Box		
	Street 1	6101 Sheridan Road		
	Street 2			
		·		

	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60660	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
om 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			

Ownership Information				
FRN	0027166107			
Name	Philip R. Bernstein	Philip R. Bernstein		
Address	РО Вох			
	Street 1	6101 Sheridan Road		
	Street 2			
	City	Chicago		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	60660		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder			
Interest Percentages (enter percentage values	Voting	49.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	49.0%		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

Ownership Information			
FRN	0027166115		
Name	Susan Bernstein		
Address	PO Box		
	Street 1 6101 Sheridan Road		

	Street 2		
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60660	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	51.0%	Jointly Held?
	Total assets (Equity Debt Plus)	51.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	No
• •	nat any interests, including equi his filing are non-attributable. an explanation.	ity, financial, or voting	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.

No

Yes

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

Family Relationships					
FRN	0027166107	Name	Philip R Bernstein		
FRN	0027166115	Name	Susan Bernstein		
Relationship	Spouses				

(e) Is Respondent seeking an attribution exemption for any officer duties wholly unrelated to the Licensee(s)?	or director with No
If "Yes," complete the information in the required fields and submit an E	xhibit fully describing
that individual's duties and responsibilities, and explaining why that individual	vidual should not be
attributed an interest.	

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: Secretary and Treasurer Exact Legal Title or Name of Respondent: Northern States Broadcasting Corporation Name: Philip Bernstein Phone: 3125934416 04/09/2018