

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000104041 | Submit Date: 2020-01-31 | FRN: 0004246880

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 02/03/2020

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0004246880	MOUNTAIN BROADCASTING SERVICE INC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
516 MAIN STREET	Hazard	кү	41701	+1 (606) 436- 2121	kim@wsgs.

2. Contact Representative

Name	Organization		
AARON P. SHAINIS	SHAINIS & PELTZMAN, CHARTERED		

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1850 M STREET SUITE 240	WASHINGTON	DC	20036	+1 (202) 293- 0567	AARON@S-PLAW. COM

3. Application Filing Fee

Question	Response	
Is this application being submitted without a filing fee?	No	

Fees

Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
Biennial	Form 323	MAR	2	95	\$140.00
				Total	\$140.00

4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	3	Licensee
Nature of Respondent		For-profit corporation

(b) Provide the following information about this report:		
Purpose	Biennial	
"As of" date	10/01/2019	
	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
MOUNTAIN BROADCASTING SERVICE INC	0004246880

Fac. ID No.	Call Sign	City	State	Service
43964	WSGS	HAZARD	KY	FM
43981	WKIC	HAZARD	KY	AM
141976	W245CP	HAZARD	KY	FX

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 KENTUCKY	
Date of execution	03/1956	
Date of expiration	No expiration date	

Agreement type	Other
(check all that apply)	Agreement Type: ARTICLES OF INCORPORATION

Document Information		
Description of contract or instrument	BY-LAWS	
Parties to contract or instrument	STATE OF KENTUCKY	
Date of execution	03/1956	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: BY-LAWS	

Document Information	
Description of contract or instrument	REVOCABLE TRUST AGREEMENT
Parties to contract or instrument	N/A
Date of execution	08/2004
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: TRUST

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	0004246880	
Entity Name	MOUNTAIN BROADCASTING SERVICE INC	
Address	PO Box	
	Street 1	516 MAIN STREET
	Street 2	
	City	Hazard
	State ("NA" if non-U.S. address)	KY

	Zip/Postal Code	41701	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal 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%	
Does interest holder have that do not appear on this	an attributable interest in one c	or more broadcast stations	No

Ownership Information			
FRN	0027281765		
Entity Name	CORALEE SPARKMAN REVO	CORALEE SPARKMAN REVOCABLE TRUST	
Address	PO Box		
	Street 1	516 MAIN STREET	
	Street 2		
	City	HAZARD	
	State ("NA" if non-U.S. KY address) Zip/Postal Code 41701 Country (if non-U.S. address) United States		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Owner, Stockholder, Other - TRUST		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting 96.0% Jointly Held?		
from 0.0 to 100.0) Equity 96.0%			
	Total assets (Equity Debt 96.0% Plus)		
Does interest holder have a that do not appear on this re	an attributable interest in one or more broadcast stations report?		

Ownership Information	
FRN	0020021713

Name	Stuart S. Sparkman	Stuart S. Sparkman	
Address	PO Box Street 1 516 Main St		
	Street 2		
	City	Hazard	
	State ("NA" if non-U.S. address)	KY	
	Zip/Postal Code	41701	
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Owner, Stockholder		
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	2.0%	Jointly Held? No
from 0.0 to 100.0)	Equity 2.0%		
	Total assets (Equity Debt Plus)	2.0%	
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations	Yes

Ownership Information		
FRN	9990129054	
Name	FARON K. SPARKMAN	
Address	РО Вох	
	Street 1	516 Main St
	Street 2	
	City Hazard	
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code 41701	
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder Director, Owner, Stockholder Citizenship US	
Positional Interests (check all that apply)		
Citizenship, Gender,		

Ethnicity, and Race	Gender	Male	
Information (Natural Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	2.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	2.0%	
	Total assets (Equity Debt Plus)	2.0%	
Does interest holder have that do not appear on this	an attributable interest in one c	or more broadcast stations	Yes
• • •	at any interests, including equi	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 "No," submit as an exhibit an explanation.

submit should use the spreadsheet option.

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

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

(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?

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

No

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

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

The Coralee Sparkman Revocable Trust owns 96% of the 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: Director Exact Legal Title or Name of Respondent: MOUNTAIN BROADCASTING SERVICE INC Name: Faron K Sparkman Phone: 6064362121 01/31/2020