

FRN

0030280044

Not Applicable

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

 File Number:
 0000130033
 Submit Date:
 2020-12-22
 FRN:
 0030280044

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

 12/22/2020
 Filing Status:
 Active
 Status:
 Status:
 Status Date:

# **Section I - General Information**

Jon S. Kelly Administrative Trust

#### 1. Respondent

Entity Name

Street	City (and Country if non U.	•	Zip		
Address	S. address)	S. address)	Code	Phone	Email
2020 W.	SACRAMENTO	СА	95833	+1 (205)	darryl.
EL				322-2987	grondines@summitmediacorp
CAMINO					com
AVENUE					
SUITE					
120					

#### 2. Contact Representative

Name	Organization
Francisco R. Montero, Esq.	Fletcher Heald & Hildreth, PLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 North 17th Street 11th Floor	Arlington	VA	22209	+1 (703) 812-0400	montero@fhhlaw.com

3.	Application	۱
Fi	ling Fee	

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	Transfer of control or assignment of license/permit	

"As of" date

#### 11/03/2020

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) /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 Nan	ıe			FR	RN			
SM-KQCH, LLC				00	0277620	)20		
Fac. ID No.	Call Sign		City		State		Service	
50314	KQCH		ОМАНА		NE		FM	
Licensee/Permittee Nan	ne			FR	RN			
SM-WCYQ, LLC				00	0277621	152		
Fac. ID No.	Call Sign	City	y		Sta	te	Service	
49923	WCYQ	OA	K RIDGE		TN		FM	
Licensee/Permittee Nan	16			FR	RN			
SM-WAGG, LLC					0228770	096		
Fac. ID No.	Call Sign	City			St	ate	Service	
48717	WAGG		/INGHAM		A		AM	
			-					
Licensee/Permittee Nan	ne			FR	RN			
SM-WKLR, LLC				00	0228774	143		
Fac. ID No.	Call Sign	Ci	ity		State	e	Service	
71330	WKLR	F	ORT LEE		VA		FM	
Licensee/Permittee Nan	16			FR	RN			
SM-WNOX, LLC				00	0277621	137		
Fac. ID No.	Call Sign		City		State		Service	
29741	WNOX		KARNS		TN		FM	
Licensee/Permittee Nam	ne			FR				
SM-WVEZ, LLC				00	0228773	393		
Fac. ID No.	Call Sign	City			5	State	Service	

Licensee/Permittee Name

FRN

SM-KINE, LLC				002	2877377	
Fac. ID No.	Call Sign	Cit	у		State	Service
34553	KINE-FM	нс	DNOLULU		н	FM
Licensee/Permittee Name				FRM	1	
SM-WRKA, LLC					2877385	
Fac. ID No.	Call Sign	City			State	Service
48290	WRKA	LOU	JISVILLE		KY	FM
Licensee/Permittee Name				FRN	I	
SM-KICT, LLC				002	7761774	
Fac. ID No.	Call Sign		City		State	Service
63548	KICT-FM		WICHITA		KS	FM
Licensee/Permittee Name				FRN	I	
SM-KPHW, LLC				002	2877351	
	0.11.01	0.1			0	0
Fac. ID No.	Call Sign KPHW	Cit			State HI	Service FM
21424					1.0	
Licensee/Permittee Name				FRN	I	
SM-KRTR-FM, LLC				002	2877336	
Fac. ID No.	Call Sign		City		State	Service
50118	KRTR-FM		KAILUA		н	FM
Licensee/Permittee Name				FRN	I	
SM-KSRZ-FM, LLC				002	7762012	
Fac. ID No.	Call Sign		City	Ś	State	Service
50308	KSRZ		OMAHA		NE	FM
Licensee/Permittee Name				FRM	1	
SM-KFTI, LLC					7761808	
Fac. ID No.	Call Sign		Sity		State	Service
72356	KFTI		WICHITA		KS	AM
Licensee/Permittee Name				FRN	I	
Licensee/Permittee Name SM-KRTR-AM, LLC					<b>I</b> 2877294	

13880	KPRP		HON	OLULU		HI		A	Μ
Licensee/Permittee Name	e				FRN				
SM-WHZT, LLC					0022	28772	286		
Fac. ID No.	Call Sign	Ci	ity			S	tate	S	ervice
5971	WHZT	W	/ILLIA	MSTON		S	SC	F	FM
Licensee/Permittee Name	e				FRN				
SM-KKNE, LLC						28773	310		
Fac. ID No.	Call Sign		City	/		State	e	Se	rvice
14937	KKNE		WA	AIPAHU		HI		AN	Λ
Licensee/Permittee Name	e				FRN				
SM-WZZK, LLC					0022	28772	203		
Fac. ID No.	Call Sign		City			S	State	ę	Service
48724	WZZK-FM			MINGHAM			AL		FM
Licensee/Permittee Name	e				FRN				
SM-KTTS, LLC					0027	77618	857		
Fac. ID No.	Call Sign		City			S	State	Ş	Service
62023	KTTS-FM		SPRI	NGFIELD			MO		FM
Licensee/Permittee Name	e				FRN				
SM-KEZO-FM, LLC					0027	77620	087		
Fac. ID No.	Call Sign			City		State	)	Sei	vice
74105	KEZO-FM			ОМАНА		NE		FM	1
Licensee/Permittee Name	e				FRN				
SM-WKHK, LLC					0022	28774	450		
Fac. ID No. (	Call Sign	City					State		Service
	WKHK		NIAL H	IEIGHTS			VA		FM
Licensee/Permittee Name	e				FRN				
SM-WBHK, LLC					0022	28772	237		
Fac. ID No.	Call Sign		City	,		State	е	Se	rvice
65227	WBHK		WA	RRIOR		AL		F١	Л
Licensee/Permittee Name	e				FRN				

SM-KRVI, LLC							00277	61923		
Fac. ID No.	Call	Sign	C	ity				State	Servic	e
55165	KRV	I	N	10UN <sup>-</sup>	T VERNON			MO	FM	
Licensee/Permitte	e Name					F	RN			
SM-WSFR, LLC	o Hamo						00228	77401		
Fac. ID No.	C	all Sign			ity		S	tate	Service	
55499	V	/SFR		C	CORYDON			N	FM	
Licensee/Permitte	e Name					F	RN			
SM-WQNU, LLC							00228	77419		
Fac. ID No.	(	Call Sign			City		Sta	ate	Service	
20332		WQNU			LYNDON		K		FM	
Licensee/Permitte							RN			
SM-KSGF-AM, LLC	C						00277	61907		
Fac. ID No.	Cal	I Sign		City				State	Service	
62024	KS	GF		SPR	INGFIELD			МО	AM	
Licensee/Permitte	e Name					F	RN			
SM-KYQQ, LLC							00277	61766		
Fac. ID No.	Call			ity				State	Service	e
37121	KYQ	!Q	A	RKAN	NSAS CITY			KS	FM	
Licensee/Permitte	e Name					F	RN			
SM-KFDI, LLC							00277	61824		
Fac. ID No.	C	all Sign			City		St	ate	Service	
72357	ł	KFDI-FM			WICHITA		К	S	FM	
Licensee/Permitte							RN			
SM-KSGF-FM, LLC							00277	61881		
Fac. ID No.	Cal	l Sign		C	ity			State	Service	
2924	KS	GF-FM		A	ASH GROVE			МО	FM	
Licensee/Permitte	e Name					F	RN			
SM-KCCN, LLC								77369		
Fac. ID No.	Cal	l Sign			City			State	Service	

34552	KCCN-FM		HONOLULU			HI	FM
Licensee/Permittee Name				FRI	N		
SM-WKHT, LLC				002	277	62145	
	O-II Oinn	0	· · ·			01-1-	0
Fac. ID No.						State	Service
40854	WKHT	ĸ	NOXVILLE			TN	FM
Licensee/Permittee Name				FRI	N		
SM-WZNN, LLC				002	228	77195	
				1		-	
Fac. ID No.	Call Sign	City				State	Service
71417	WPYA	GAF	RDENDALE			AL	FM
Licensee/Permittee Name				FRI	N		
SM-WHTI, LLC				002	228	77435	
Fac. ID No.	Call Sign	(	City		S	tate	Service
27439	WJSR		LAKESIDE		\	/Α	FM
Licensee/Permittee Name				FRI	N		
						62079	
SM-KKCD, LLC				002	211	62079	
Fac. ID No.	Call Sign		City	:	Sta	te	Service
74103	ККСД		ОМАНА		NE		FM
						·	
Licensee/Permittee Name				FRI			
SM-WJMZ, LLC				002	228	77278	
Fac. ID No.	Call Sign		City			State	Service
1303	WJMZ-FM		ANDERSON			SC	FM
Licensee/Permittee Name				FRI	N		
SM-KSPW, LLC				002	277	61873	
Fac. ID No.	Call Sign		City		Sta	ate	Service
10119	KSPW		SPARTA		M	0	FM
Licensee/Permittee Name				FRI	N		
				000	770	00400	
SM-WWST, LLC				002	211	62103	
	Call Sign	City	/	002	211		Service
Fac. ID No.	Call Sign	City		002	211	State	<b>Service</b>
	Call Sign WWST		/ VIERVILLE	002	211		Service FM

SM-KXSP, LLC				002	2776	61956	
Fac. ID No.	Call Sign		City		Stat	te	Service
50313	KXSP		ОМАНА		NE		AM
Licensee/Permittee Name				FRI	N		
SM-WBHJ, LLC				002	2287	77211	
Fac. ID No.	Call Sign	ſ	Sity		St	tate	Service
730	WBHJ		MIDFIELD		A		FM
Licensee/Permittee Name				FRI		77045	
SM-WBPT, LLC				002	228	77245	
Fac. ID No.	Call Sign	City				State	Service
5355	WBPT	HON	MEWOOD			AL	FM
Licensee/Permittee Name				FRI	N		
SM-WURV, LLC					2287	77468	
	Call Sign	Cit					Service
SM-WURV, LLC Fac. ID No. 37230	Call Sign WURV	Cit			S	77468 <b>State</b> VA	<b>Service</b> FM
<b>Fac. ID No.</b> 37230			y CHMOND	002	S	State	
Fac. ID No. 37230 Licensee/Permittee Name			y CHMOND	002	S N	State VA	
<b>Fac. ID No.</b> 37230			y CHMOND	002	S N	State	
Fac. ID No. 37230 Licensee/Permittee Name			y CHMOND	002	S N	State VA	
Fac. ID No. 37230 Licensee/Permittee Name SM-WENN, LLC	WURV	City	y CHMOND	002	S N	<b>State</b> VA 77252	FM
Fac. ID No. 37230 Licensee/Permittee Name SM-WENN, LLC Fac. ID No.	WURV Call Sign	City	y CHMOND	002	<b>S</b> N 22287	State VA 77252 State	FM
Fac. ID No. 37230 Licensee/Permittee Name SM-WENN, LLC Fac. ID No. 6411	WURV Call Sign	City	y CHMOND	002 FRI 002	S N 22287	State VA 77252 State	FM
Fac. ID No. 37230 Licensee/Permittee Name SM-WENN, LLC Fac. ID No. 6411 Licensee/Permittee Name SM-KFXJ, LLC	WURV Call Sign WENN	City BIRM	y CHMOND MINGHAM	002 FRI 002	S N 22287	State VA 77252 State AL 61782	FM Service AM
Fac. ID No. 37230 Licensee/Permittee Name SM-WENN, LLC Fac. ID No. 6411 Licensee/Permittee Name	WURV Call Sign	City	y CHMOND	002 FRI 002	S N 22287 N 2776 S1	State VA 77252 State AL	FM

# 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.

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) 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	0030280044		
Entity Name	Jon S. Kelly Administrative Trust		
Address	PO Box		
	Street 1	2020 W. EL CAMINO AVEN	UE
	Street 2	SUITE 120	
	City	SACRAMENTO	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	95833	
	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
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one c report?	or more broadcast stations	No

**Ownership Information** 

Ownership Information			
FRN	0022915672		
Name	Gregory G. Kelly		
Address	PO Box		
	Street 1	2020 W. EL CAMINO AVENUE	
	Street 2	SUITE 120	

	City	SACRAMENTO	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	95833	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Other - Co-Trustee		
Interest Percentages (enter percentage values	Voting	33.4%	Jointly Held? No
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	33.4%	
Does interest holder have that do not appear on this	an attributable interest in one or report?	or more broadcast stations	No

## **Ownership Information**

FRN	0030280093	0030280093	
Name	Stephen Fleming		
Address	PO Box		
	Street 1	2485 Natomas Park Drive	
	Street 2	Ste. 100	
	City	Sacramento	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	95833	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Co-Trustee		
Interest Percentages (enter percentage values	Voting	33.3%	Jointly Held? No
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	33.3%	
Does interest holder have that do not appear on this	an attributable interest in one c	r more broadcast stations	No

#### **Ownership Information**

FRN	0030280101	
Name	Scott G. Nichols	
Address	PO Box	
	Street 1	2020 W. EL CAMINO AVENUE

	Street 2	SUITE 120	
	City	SACRAMENTO	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	95833	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Other - Co-Trustee		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%	Jointly Held? No
	Total assets (Equity Debt Plus)	33.3%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.			Yes

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

(c) Does the Respondent or any reported interest holder	No
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?

No

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

(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.

#### 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: <b>Manager</b> Exact Legal Title or Name of Respondent: <b>Jon</b> <b>S. Kelly Administrative Trust</b> Name: <b>Carl Parmer</b> Phone: <b>2053222987</b> 12/22/2020