Response

No



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000163300Submit Date:2021-10-08FRN:0002931061Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:10/25/2021Filing Status:Active

Section I - General Information

1. Respondent

FRN	Entity Name
0002931061	WFMJ Television Inc

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
101 W. Boardman Street	Youngstown	ОН	44503	+1 (330) 744- 8611	jagrdic@wfmj. com

2. Contact Representative

Name	Organization
Jessica T. Nyman, Esq.	Pillsbury Winthrop Shaw Pittman LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1200 Seventeenth Street, NW	Washington	DC	20036	+1 (202) 663- 8810	jessica.nyman@pillsburylaw. com

3. Application Filing Fee

Question

Is this application being submitted without a filing fee?

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	МАТ	1	95	\$85.00
		·	•	•	Total	\$85.00

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	Biennial
"As of" date	10/01/2021
	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
WFMJ Television Inc	0002931061

Fac. ID No.	Call Sign	City	State	Service
72062	WFMJ-TV	YOUNGSTOWN	ОН	DTV

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 (WFMJ Television, Inc.)		
Parties to contract or instrument	State of Ohio		
Date of execution	02/1983		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation		

Document Information

Description of contract or instrument	Articles of Incorporation (NPM, Inc.)
Parties to contract or instrument	State of Ohio
Date of execution	12/1992
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation

Document Information

Description of contract or instrument	Network Affiliation Agreement
Parties to contract or instrument	The CW Network, LLC and WFMJ Television, Inc.
Date of execution	09/2021
Date of expiration	08/2026
Agreement type (check all that apply)	Network Affiliation Agreement

Document Information

Document information	
Description of contract or instrument	Network Affiliation Agreement
Parties to contract or instrument	NBC Television Network, a division of NBC Universal Media LLC, and WFMJ Television, Inc.
Date of execution	01/2021
Date of expiration	01/2024
Agreement type (check all that apply)	Network Affiliation Agreement

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	0002931061
Entity Name	WFMJ Television Inc

Address	PO Box			
	Street 1	101 W. Boardman Street		
	Street 2			
	City	Youngstown		
	State ("NA" if non-U.S. address)	ОН		
	Zip/Postal Code	44503		
	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 an attributable interest in one or more broadcast stations that do not appear on this report?		No		

Ownership Information			
FRN	0019316017		
Entity Name	NPM, Inc.		
Address	PO Box		
	Street 1	PO BOX 6595	
	Street 2		
	City	YOUNGSTOWN	
	State ("NA" if non-U.S. address)	•	
	Zip/Postal Code 44501		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No
from 0.0 to 100.0)	Equity 100.0%		
		1	

	Total assets (Equity Debt Plus)		
Does interest holder have ar that do not appear on this re	attributable interest in one or port?	more broadcast stations	No

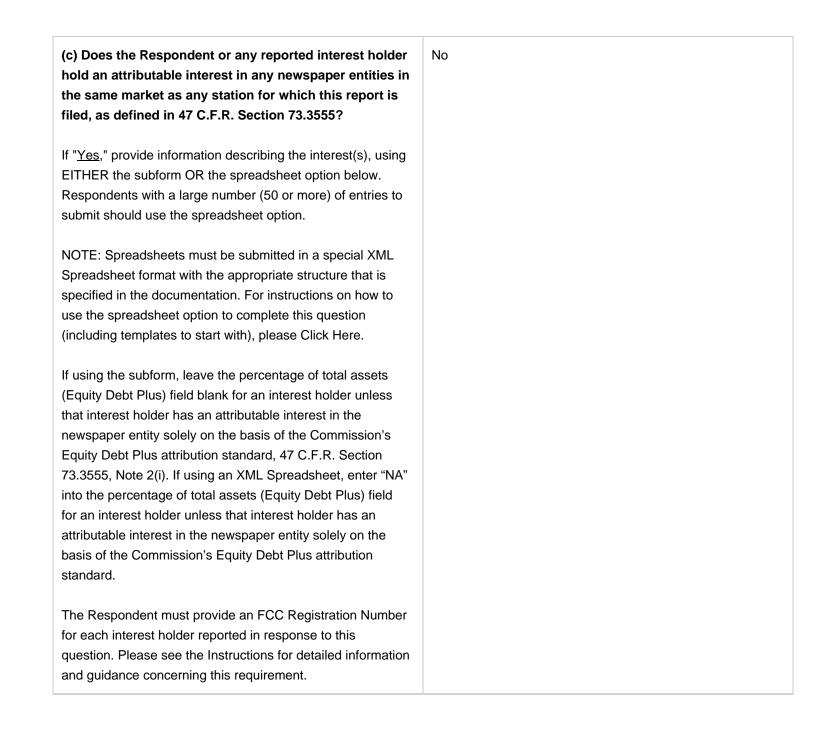
FRN	0019316041		
Name	Betty H. Brown Jagnow		
Address	PO Box		
	Street 1	3785 FAWN DRIVE	
	Street 2		
	City	CANFIELD	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	44406	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	0.0%	
	Total assets (Equity Debt Plus)		

Ownership Information

FRN	0019316033	
Name	Mark A. Brown	
Address	PO Box	
	Street 1	5343 SHADOW CREEK DRIVE
	Street 2	
	City	YOUNGSTOWN
	State ("NA" if non-U.S. address)	ОН

	Zip/Postal Code	44512	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
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	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		more broadcast stations	No
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.		y, financial, or voting	Yes

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



(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.

Family Relationships			
FRN	0019316041	Name	Betty H Brown Jagnow
FRN	0019316033	Name	Mark A Brown
Relationship	Parent/Child		

No

Family Relationships

(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.

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.

Section III - 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: President Exact Legal Title or Name of Respondent: WFMJ Television, Inc. Name: Betty H. Brown Jagnow Phone: 3307274624 10/08/2021