

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000240086 | Submit Date: 2024-02-29 | FRN: 0003943834

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 02/29/2024

Filing Status: Active

Section I - General Information

1. Respondent

| FRN | Entity Name |
|------------|---|
| 0034848770 | Emerson E. Niemeier Irrevocable Support Trust |

| Street Address | City (and Country if non U. S. address) | State ("NA" if non-U.S. address) | Zip Code | Phone | Email |
|--------------------------------|---|----------------------------------|-------------|----------------------|-------------------------|
| 300 S.E. RIVERSIDE DRIVE | EVANSVILLE | IN | 47713 | +1 (812) 471-9300 | jmdunn@dunnhospitality. |

2. Contact Representative

| Name | Organization |
|------------------|--------------------------------|
| Kathleen Victory | Fletcher Heald & Hildreth, PLC |

| Z | | | | | |
|--------------------------------------|--|-------|-------|-------------------|--------------------|
| Street Address | City (and Country if non U.S. address) | State | Code | Phone | Email |
| 1300 N. 17th Street Suite 1100 | Arlington | IN | 22209 | +1 (703) 812-0400 | victory@fhhlaw.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 | 10/01/2023 | | | |
| | 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 |
|---------------------------------|------------|
| Three Sisters Broadcasting, LLC | 0003943834 |

| Fac. ID No. | Call Sign | City | State | Service |
|-------------|-----------|------------|-------|---------|
| 17742 | WYYW-CD | EVANSVILLE | IN | DCA |
| 189735 | WTSN-CD | EVANSVILLE | IN | DCA |

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.

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) 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 | 0034848770 | 0034848770 | | | |
| Entity Name | Emerson E. Niemeier Irrevo | Emerson E. Niemeier Irrevocable Support Trust | | | |
| Address | РО Вох | | | | |
| | Street 1 | 300 S.E. RIVERSIDE DRIVE | | | |
| | Street 2 | | | | |
| | City | EVANSVILLE | | | |
| | State ("NA" if non-U.S. address) | IN | | | |
| | Zip/Postal Code | 47713 | | | |

| | 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 from 0.0 to 100.0) | Voting | 0.0% | Jointly Held? No | | |
| | 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 o | or more broadcast stations | No | | |

| JOHN M. DUNN PO Box Street 1 Street 2 City State ("NA" if non-U.S. address) Zip/Postal Code Country (if non-U.S. address) | 300 S.E. Riverside D Evansville IN 47713 United States | г. |
|---|--|---|
| PO Box Street 1 Street 2 City State ("NA" if non-U.S. address) Zip/Postal Code Country (if non-U.S. | Evansville IN 47713 | г. |
| Street 1 Street 2 City State ("NA" if non-U.S. address) Zip/Postal Code Country (if non-U.S. | Evansville IN 47713 | r. |
| Street 2 City State ("NA" if non-U.S. address) Zip/Postal Code Country (if non-U.S. | Evansville IN 47713 | r. |
| City State ("NA" if non-U.S. address) Zip/Postal Code Country (if non-U.S. | IN 47713 | |
| State ("NA" if non-U.S. address) Zip/Postal Code Country (if non-U.S. | IN 47713 | |
| address) Zip/Postal Code Country (if non-U.S. | 47713 | |
| Country (if non-U.S. | | |
| | United States | |
| • | United Otales | |
| Other Interest Holder | | |
| Other - Trustee | | |
| Citizenship | US | |
| Gender | Male | |
| Ethnicity | Not Hispanic or Latino | |
| Race | White | |
| Voting | 100.0% | Jointly Held? No |
| Equity | 0.0% | |
| Total assets (Equity Debt Plus) | | |
| ((I | Other - Trustee Citizenship Gender Ethnicity Race Voting Equity Total assets (Equity Debt Plus) | Citizenship Gender Ethnicity Race Voting Fotal assets (Equity Debt Plus) US US Male Not Hispanic or Latin White 100.0% |

| (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) 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? |

No

If " $\underline{\text{Yes}},$ " provide the following information for each such the relationship.

(d) 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.

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: Trustee Exact Legal Title or Name of Respondent: Emerson E. Niemeier Irrevocable Support Trust Name: John M. Dunn Phone: 8124719300 |