

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (June 2014)	FOR FCC USE ONLY
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS		FOR COMMISSION USE ONLY FILE NO. -20151116ALI

Section I - General Information

1.	Legal Name of the Respondent GOOD KARMA BROADCASTING, LLC		
	Street Address (1) 100 STODDARD STREET		
	Street Address (2)		
	City BEAVER DAM	State or Country (if foreign address) WI	ZIP Code 53916 -
	Telephone Number (include area code) 9208854442	E-Mail Address (if available) CKARMAZIN@GOODKARMABRANDS.COM	
	FCC Registration Number: 0003768835	Call Sign WAUK	Facility ID Number 10824
2.	Contact Representative NANCY A. ORY, ESQ.		
	Firm or Company Name LERMAN SENTER PLLC		
	Street Address (1) LERMAN SENTER PLLC		
	Street Address (2) 2000 K STREET, NW, SUITE 600		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20006 - 1809
	Telephone Number (include area code) 2024166791	E-Mail Address (if available) NORY@LERMANSENTER.COM	
3.	Nature of Respondent (See Instructions for definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest		
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other Other <input checked="" type="radio"/> N/A (Fee Required)		
5.	All of the information furnished in this Report is accurate as of 10/01/2015 <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)</i>		
6.	Purpose: This Report is filed for: (choose one) a. <input checked="" type="radio"/> Biennial b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)		

c. ☐ Transfer of Control or Assignment of License/Permit

d. ☐ Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.

e. ☐ Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)

f. ☐ Amendment to a previously filed Ownership Report

File Number: -

If an Amendment, **submit as an Exhibit** a listing by Section and Question Number the portions of the previous Report that are being revised.

[Exhibit 1]

7. Licensee and Station Information. The stations listed below are all licensed to the following person or entity:

Licensee Name	Licensee's FCC Registration Number (FRN)
GOOD KARMA BROADCASTING, LLC	0003768835

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	WAUK	10824	JACKSON , WISCONSIN	AM Station
2.	WBEV	4475	BEAVER DAM , WISCONSIN	AM Station
3.	WEFL	35148	TEQUESTA , FLORIDA	AM Station
4.	WKNR	28509	CLEVELAND , OHIO	AM Station
5.	WRRD	70771	WAUKESHA , WISCONSIN	AM Station
6.	WTLX	4477	MONONA , WISCONSIN	FM Station
7.	WTTN	71092	COLUMBUS , WISCONSIN	AM Station
8.	WWGK	70659	CLEVELAND , OHIO	AM Station
9.	WXRO	4474	BEAVER DAM , WISCONSIN	FM Station
10.	WUUB	24143	JUPITER , FLORIDA	FM Station

8. Respondent is:

☐ Sole Proprietorship ☐ Not-for-profit corporation ☐ Limited partnership
☐ For-profit corporation ☐ General partnership ☒ Other
 If "Other," describe nature of the Respondent in an Exhibit.

[Exhibit 2]

Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/JSA or network affiliation agreements.

☐ Not Applicable

Contract Information

Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement Type (check all that apply)
1.	OPERATING AGREEMENT	STATE OF DELAWARE	Month JULY Year 1997	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)

☒ Not Applicable

[Enter Capitalization Information]

3. (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, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. 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 separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interests Information

Copy	Name	
1.	Address	GOOD KARMA BROADCASTING, LLC Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) US
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest

	<input type="radio"/> Entity with attributable interest							
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): RESPONDENT/LICENSEE							
FCC Registration Number	0003768835							
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) <u>Gender</u> <input type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <u>Citizenship</u> US							
Percentage of votes	0.0 %							
Percentage of equity	0.0 %							
Percentage of total assets (equity debt plus)	0.0 %							
Copy 2.	<table border="1"> <tr> <td>Name</td><td>CRAIG KARMAZIN</td></tr> <tr> <td>Address</td><td> Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM, WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) US </td></tr> <tr> <td>Listing Type</td><td> <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder </td></tr> </table>	Name	CRAIG KARMAZIN	Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM, WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) US	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
Name	CRAIG KARMAZIN							
Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM, WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) US							
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder							

Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest						
Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):						
FCC Registration Number	0019399807						
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US						
Percentage of votes	100.0 %						
Percentage of equity	68.0 %						
Percentage of total assets (equity debt plus)	100.0 %						
Copy 3.	<table border="1"> <tr> <td>Name</td> <td>STEVE POLITZINER</td> </tr> <tr> <td>Address</td> <td> Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) </td> </tr> <tr> <td>Listing Type</td> <td> <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder </td> </tr> </table>	Name	STEVE POLITZINER	Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.)	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Name	STEVE POLITZINER						
Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.)						
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder						

Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest						
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):						
FCC Registration Number	0021247101						
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US						
Percentage of votes	0.0 %						
Percentage of equity	10.0 %						
Percentage of total assets (equity debt plus)	0.0 %						
Copy 4.	<table border="1"> <tr> <td>Name</td> <td>SHARON KARMAZIN</td> </tr> <tr> <td>Address</td> <td> Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) </td> </tr> <tr> <td>Listing Type</td> <td> <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder </td> </tr> </table>	Name	SHARON KARMAZIN	Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.)	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Name	SHARON KARMAZIN						
Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.)						
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder						

Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest						
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):						
FCC Registration Number	0021247077						
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input type="radio"/> Male <input checked="" type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US						
Percentage of votes	0.0 %						
Percentage of equity	10.0 %						
Percentage of total assets (equity debt plus)	0.0 %						
Copy 5.	<table border="1"> <tr> <td>Name</td> <td>SAM PINES</td> </tr> <tr> <td>Address</td> <td> Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) </td> </tr> <tr> <td>Listing Type</td> <td> <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder </td> </tr> </table>	Name	SAM PINES	Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.)	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Name	SAM PINES						
Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.)						
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder						

Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0021247135
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US
Percentage of votes	0.0 %
Percentage of equity	3.0 %
Percentage of total assets (equity debt plus)	0.0 %
Copy 6.	Name KEITH WILLIAMS Address Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) Listing Type <input checked="" type="radio"/> Respondent

	<input checked="" type="radio"/> Other Interest Holder						
Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest						
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):						
FCC Registration Number	0021247176						
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US						
Percentage of votes	0.0 %						
Percentage of equity	3.0 %						
Percentage of total assets (equity debt plus)	0.0 %						
Copy 7.	<table border="1"> <tr> <td>Name</td><td>TIM COLLIGAN</td></tr> <tr> <td>Address</td><td> Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.) </td></tr> <tr> <td>Listing Type</td><td><input checked="" type="radio"/> Respondent</td></tr> </table>	Name	TIM COLLIGAN	Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.)	Listing Type	<input checked="" type="radio"/> Respondent
Name	TIM COLLIGAN						
Address	Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.)						
Listing Type	<input checked="" type="radio"/> Respondent						

	<input checked="" type="radio"/> Other Interest Holder	
Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
FCC Registration Number	0021247184	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US	
Percentage of votes	0.0 %	
Percentage of equity	3.0 %	
Percentage of total assets (equity debt plus)	0.0 %	
Copy 8.	Name ERIC DAVIDSON Address Street 100 STODDART STREET P.O. BOX 902 City/State BEAVER DAM , WISCONSIN Postal/ZIP Code 53916 - Country (if not U.S.)	
Listing Type	<input checked="" type="radio"/> Respondent	

	<input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0021247192
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US
Percentage of votes	0.0 %
Percentage of equity	3.0 %
Percentage of total assets (equity debt plus)	0.0 %

(b.)

Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable.

☒ Yes ☐ No
 [Exhibit 3]

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

- (c.) Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, as defined in 47 C.F.R. Section 73.3555?

☐ Yes ☒ No

If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). 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](#).

[Broadcast Interests Subform]

[Newspaper Interests Subform]

- (d.) Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?

☒ Yes ☐ No

If "Yes", complete the information describing the relationship.

Familial Relationships

Copy	Name	Parent/ Child	Spouse	Siblings
1.	SHARON KARMAZIN / CRAIG KARMAZIN	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

- (e.) Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?

☐ Yes ☒ 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.

[Enter Attribution Exemption Information]

4.

Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.

☒ N/A

For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.

		[Enter Respondent Interests Held Information]	
5.		<p>Organizational Chart. LICENSEES ONLY: Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>	<input type="checkbox"/> N/A [Exhibit 5]

SECTION III - CERTIFICATION

I certify that I am AN OFFICER

(Official Title)

of GOOD KARMA BROADCASTING, LLC

(Exact legal title or name of Respondent)

and 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.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature CRAIG KARMAZIN	Date 11/16/2015
Telephone Number of Respondent (Include area code) 9208854442	

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 LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits

Exhibit 2

Description: LIMITED LIABILITY CORPORATION

LIMITED LIABILITY CORPORATION

Exhibit 3

Description: NOT APPLICABLE

N/A

Exhibit 5

Description: ORGANIZATIONAL CHART

ORGANIZATIONAL CHART

Attachment 5

Description
<u>Organizational Chart</u>

ORGANIZATIONAL CHART

