

FCC 323
OWNERSHIP REPORT FOR COMMERCIAL
BROADCAST STATIONS**FOR COMMISSION USE ONLY**
FILE NO. -20150831AAV**Section I - General Information**

1.	Legal Name of the Respondent MOUNT WILSON FM BROADCASTERS, INC.		
	Street Address (1) 1500 COTNER AVENUE		
	Street Address (2)		
	City LOS ANGELES	State or Country (if foreign address) CA	ZIP Code 90025 -
	Telephone Number (include area code) 3104785540	E-Mail Address (if available)	
	FCC Registration Number: 0001530187	Call Sign KIDD	Facility ID Number 7721
2.	Contact Representative MELODIE A. VIRTUE, ESQ.		Firm or Company Name GARVEY SCHUBERT BARER
	Street Address (1) 1000 POTOMAC STREET, N.W.		
	Street Address (2) 5TH FLOOR		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20007 - 3501
	Telephone Number (include area code) 2029657880	E-Mail Address (if available) MVIRTUE@GSBLAW.COM	
	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 checked="" type="radio"/> Other POST TRANSFER OF CONTROL REPORT <input type="radio"/> N/A (Fee Required)		
5.	All of the information furnished in this Report is accurate as of 7/31/2015 (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.)		
6.	Purpose: This Report is filed for: (choose one)		
	a. <input type="radio"/> Biennial		
	b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)		
	c. <input checked="" type="radio"/> Transfer of Control or Assignment of License/Permit		
	d. <input type="radio"/> 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. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)		
f. <input type="radio"/> 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)
MOUNT WILSON FM BROADCASTERS, INC.	0001530187

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KIDD	7721	MONTEREY , CALIFORNIA	AM 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-A - Non-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, Permittees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee or Permittee 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.	ARTICLES OF INCORPORATION	STATE OF CALIFORNIA	Month SEPTEMBER Year 1957	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.	BY-LAWS	RADIO BEVERLY HILLS, PREDECESSOR OF MOUNT WILSON FM BROADCASTERS, INC.	Month OCTOBER Year 1957	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
3.	LEVINE FAMILY TRUST AGREEMENT, DATED JUNE 7, 1984	LEVINE FAMILY TRUSTEES	Month JUNE Year 1984	Month Year <input checked="" type="checkbox"/> No	<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation

				Expiration Date	Agreement <input checked="" type="checkbox"/> Other
4.	AMENDMENT TO LEVINE FAMILY TRUST AGREEMENT	LEVINE FAMILY TRUSTEES	Month NOVEMBER Year 2000	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
5.	AMENDMENT TO ARTICLES OF INCORPORATION	MOUNT WILSON FM BROADCASTERS, INC.	Month SEPTEMBER Year 1958	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, Permittees, or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)

☐ Not Applicable

Capitalization Information

Copy	Class of stock (preferred, common or other)	Voting or Non- voting	Number of shares				
			Authorized	Issued and Outstanding	Treasury	Unissued	
1.	<input type="radio"/> Preferred <input checked="" type="radio"/> Common <input type="radio"/> Other (specify)	<input checked="" type="radio"/> Voting <input type="radio"/> Non- Voting	2500	50	0	2450	

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 or Permittee 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 or Permittee for which the report is being submitted.

Ownership Interests Information

Copy	Name	
1.	Address	MOUNT WILSON FM BROADCASTERS, INC. Street 1500 COTNER AVENUE City/State LOS ANGELES, CALIFORNIA Postal/ZIP Code 90025 - Country (if not U.S.)

Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
Relationship to Licensee/Permittee	<input checked="" type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <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	0001530187
Percentage of votes	0.0 %
Percentage of total assets (equity debt plus)	0.0 %

Copy 2.	Name	LEVINE FAMILY TRUST (VOTED BY SAUL LEVINE)
	Address	Street 1500 COTNER AVENUE City/State LOS ANGELES , CALIFORNIA Postal/ZIP Code 90025 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input type="radio"/> Person with attributable interest <input checked="" 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 checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration	0019933779

	Number		
	Percentage of votes	100 %	
	Percentage of total assets (equity debt plus)	100 %	
Copy 3.	Name	SAUL LEVINE	
	Address	Street 1500 COTNER AVENUE City/State LOS ANGELES , CALIFORNIA Postal/ZIP Code 90025 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <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 checked="" 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): SOLE TRUSTEE	
	FCC Registration Number	0019987759	
		Percentage of votes	
	Percentage of total assets (equity debt plus)	0.0 %	
Copy 4.	Name	MICHAEL LEVINE	
	Address	Street 1500 COTNER AVENUE City/State LOS ANGELES , CALIFORNIA Postal/ZIP Code 90025 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <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 checked="" 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 type="checkbox"/> Other (please specify):	
	FCC Registration Number	0019988252	
	Percentage of votes	0.0 %	
	Percentage of total assets (equity debt plus)	0.0 %	
Copy 5.	Name	STEPHANIE LEVINE	
	Address	Street 1500 COTNER AVENUE City/State LOS ANGELES , CALIFORNIA Postal/ZIP Code 90025 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee/Permittee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <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 checked="" 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 type="checkbox"/> Other (please specify):	
	FCC Registration Number	0023144314	
	Percentage of votes	0.0 %	
	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.

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

☒ Yes ☐ No
[Exhibit 3]

(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?

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](#).

☒ Yes ☐ No

Broadcast Interest Information

Copy	Name of Interest Holder	Call Sign	Community of license	Facility ID Number	Percentage of Votes	Percentage of total assets (EDP)	Positional Interest (Check all that apply)
1.	MOUNT WILSON FM BROADCASTERS, INC.	KGIL	City JOHANNESBURG State CALIFORNIA	183344	0 %	0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE
2.	MOUNT WILSON FM BROADCASTERS, INC.	KBOQ	City SEASIDE State CALIFORNIA	15936	0 %	0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE
3.	MOUNT WILSON FM BROADCASTERS, INC.	KMZT	City BEVERLY HILLS State CALIFORNIA	43937	0 %	0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner

							<input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE
4.	MOUNT WILSON FM BROADCASTERS, INC.	KMZT- FM	City BIG SUR State	183343	0 %	0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE
5.	MOUNT WILSON FM BROADCASTERS, INC.	KNRY	City MONTEREY State CALIFORNIA	35276	0 %	0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE
6.	MOUNT WILSON FM BROADCASTERS, INC.	KYZZ	City SALINAS State	15197	0 %	0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE
7.	MOUNT WILSON FM BROADCASTERS, INC.	KKGO	City LOS ANGELES State CALIFORNIA	43939	0 %	0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE

						LICENSEE	
8.	MOUNT WILSON FM BROADCASTERS, INC.	K21MO- D	City RIVERSIDE State CALIFORNIA	181667	0 %	0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE
9.	MOUNT WILSON FM BROADCASTERS, INC.	KKJZ	City LONG BEACH State CALIFORNIA	8197	0 %	0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): PROGRAMMER

[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?

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

☒ Yes ☐ No

Familial Relationships

Copy	Name	Parent/ Child	Spouse	Siblings
1.	SAUL LEVINE / MICHAEL LEVINE / STEPHANIE LEVINE	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	MICHAEL LEVINE / STEPHANIE LEVINE	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

(e.)

Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee or Permittee ?

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]

☐ Yes ☒ No

SECTION III - CERTIFICATION

I certify that I am PRESIDENT

(Official Title)

of MOUNT WILSON FM BROADCASTERS, INC.

(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 SAUL LEVINE	Date 8/28/2015
Telephone Number of Respondent (Include area code) 3014785540	

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

Federal Communications Commission

FCC MB - CDBS Electronic Filing
Account number: 504919

Description: 2015 KIDD CONSUMMATION REPORT
Application Reference Number: 20150831AAV
Successfully filed at Aug 31 2015 12:31PM

Based on the information supplied, no fee is required.

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