

### (REFERENCE COPY - Not for submission)

FRN

0017162546

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

**Entity Name** 

File Number:0000044673Submit Date:2018-02-27FRN:0020508750Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:02/27/2018Filing Status:Active

## **Section I - General Information**

### 1. Respondent

STANLEY E. HUBBARD RESIDUARY TRUST NO. 1

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
206 West 14th Street Suite 5A	Sioux Falls	SD	57101	+1 (605) 527- 5302	djones@hbi. com

## 2. Contact Representative

Name	Organization
Kenneth E. Satten	Wilkinson Barker Knauer, LLP

			Zip		
Street Address	City (and Country if non U.S. address)	State	Code	Phone	Email
1800 M Street, NW Suite 800N	Washington	DC	20036	+1 (202) 783-4141	ksatten@wbklaw.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	10/01/2017
	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	e Name		FRN			
KSTP-AM, LLC			00026	24385		
Fac. ID No.	Call Sign	City	St	ate	Service	
35641	KSTP	ST. PAUL	М	N	АМ	
Licensee/Permittee Name			F	RN		
Cincinnati FCC Lice	ense Sub, LLC			0020604005	i	
Fac. ID No.	Call Sign	City		State	Service	
10140	WUBE-FM	CINCINNATI		ОН	FM	
11276	WKRQ	CINCINNATI		ОН	FM	
40915	WYGY	FORT THOMAS		KY	FM	
73369	WREW	FAIRFIELD		ОН	FM	
Licensee/Permittee	e Name		FRN			
KSTC-TV, LLC			00097	69514		
Fac. ID No.	Call Sign	City		State	Service	
35843	KSTC-TV	MINNEAPOLIS		MN	DTV	
Licensee/Permittee	e Name		FRN	FRN		
HBI Radio Bemidji,	LLC		00240	63349		
Fac. ID No.	Call Sign	City		State	Service	
28656	KLLZ-FM	WALKER		MN	FM	
51878	KBHP	BEMIDJI		MN	FM	
51879	KBUN	BEMIDJI		MN	АМ	
77087	KKZY	BEMIDJI		MN	FM	
165994	KBUN-FM	BLACKDUCK		MN	FM	
Licensee/Permittee	e Name		FRN			
WHEC-TV, LLC			00058	28686		
Fac. ID No.	Call Sign	City		State	Service	
70041	WHEC-TV	ROCHESTER		NY	DTV	
Licensee/Permittee	e Name		FR	N		
Seattle FCC Licens	e Sub, LLC		00	22840409		

4629	KIXI	MERCER ISLAND/SEATTL	WA	AM
4630	KQMV	BELLEVUE	WA	FM
53870	KRWM	BREMERTON	WA	FM
57834	KKNW	SEATTLE	WA	AM
57843	KVRQ	SEATTLE	WA	FM

Licensee/Permittee Name	FRN
KSTP-TV, LLC	0009769621

Fac. ID No.	Call Sign	City	State	Service
28010	KSTP-TV	ST. PAUL	MN	DTV

Licensee/Permittee Name	FRN
KAAL-TV, LLC	0004780110

Fac. ID No.	Call Sign	City	State	Service
18285	KAAL	AUSTIN	MN	DTV

Licensee/Permittee Name	FRN
KTMY-FM, LLC	0004084570

Fac. ID No.	Call Sign	City	State	Service
60641	KTMY	COON RAPIDS	MN	FM

Licensee/Permittee Name	FRN
Phoenix FCC License Sub, LLC	0022840441

Fac. ID No.	Call Sign	City	State	Service
11272	KAZG	SCOTTSDALE	AZ	AM
11282	KSLX-FM	SCOTTSDALE	AZ	FM
41299	KDKB	MESA	AZ	FM
65165	KDUS	ТЕМРЕ	AZ	AM
65166	KUPD	ТЕМРЕ	AZ	FM

Licensee/Permittee Name				FRN	
KSTP-FM FCC License Sub, LLC			0020604047		
Fac. ID No. Call Sign		City	State Service		
35642	KSTP-FM	ST. PAUL	MN	FM	

Licensee/Permittee Name	FRN	
Chicago FCC License Sub, LLC	0020603700	

Fac. ID No.	Call Sign	City	State	Service
6377	WTMX	SKOKIE	IL	FM
10059	WSHE-FM	CHICAGO	IL	FM
49547	WWDV	ZION	IL	FM
49552	WDRV	CHICAGO	IL	FM

### Licensee/Permittee Name

Washington DC FCC License Sub, LLC

FRN 0020603981

Fac. ID No.	Call Sign	City	State	Service
8673	WBQH	SILVER SPRING	MD	AM
11845	WTOP-FM	WASHINGTON	DC	FM
21636	WWWT-FM	MANASSAS	VA	FM
47104	WWFD	FREDERICK	MD	AM
47105	WTLP	BRADDOCK HEIGHTS	MD	FM
74120	WFED	WASHINGTON	DC	AM

Lie	censee/Permittee Name	FRN
K	OB-TV, LLC	0002624427

Fac. ID No.	Call Sign	City	State	Service
35313	КОВ	ALBUQUERQUE	NM	DTV
35321	KOBF	FARMINGTON	NM	DTV
62272	KOBR	ROSWELL	NM	DTV

Licensee/Permittee Name	FRN	
WNYT-TV, LLC	0005828736	

Fac. ID No.	Call Sign	City	State	Service
73363	WNYT	ALBANY	NY	DTV
136751	WNYA	PITTSFIELD	МА	DTV

Licensee/Permittee Name	FRN	
WDIO-TV, LLC	0004199139	

Fac. ID No.	Call Sign	City	State	Service
71336	WIRT-DT	HIBBING	MN	DTV
71338	WDIO-DT	DULUTH	MN	DTV

Licensee/Permittee Name	FRN
St. Louis FCC License Sub, LLC	0020604021

Fac. ID No.	Call Sign	City	State	Service
56512	WXOS	EAST ST. LOUIS	IL	FM
72390	WIL-FM	ST. LOUIS	МО	FM
74577	WARH	GRANITE CITY	IL	FM

Licensee/Permittee Name	FRN
HBI Radio Brainerd/Wadena, LLC	0024063323

Fac. ID No.	Call Sign	City	State	Service
4337	KBLB	NISSWA	MN	FM
5394	WJJY-FM	BRAINERD	MN	FM
28649	KWAD	WADENA	MN	AM
28650	KKWS	WADENA	MN	FM
28653	KLIZ	BRAINERD	MN	AM
28654	KLIZ-FM	BRAINERD	MN	FM
30016	KNSP	STAPLES	MN	AM
60495	KUAL-FM	BRAINERD	MN	FM
60496	KVBR	BRAINERD	MN	AM

Licensee/Permittee Name	FRN
KSAX-TV, INC.	0002629566

Fac. ID No.	Call Sign	City	State	Service
35584	KSAX	ALEXANDRIA	MN	DTV
35585	KRWF	REDWOOD FALLS	MN	DTV

Licensee/Permittee Name	FRN
HBI Radio Alexandria, LLC	0024063364

Fac. ID No.	Call Sign	City	State	Service
4336	KIKV-FM	SAUK CENTRE	MN	FM
23091	KULO	ALEXANDRIA	MN	FM

## 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.

(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	0017162546	0017162546		
Entity Name	STANLEY E. HUBBARD RESIDUARY TRUST NO. 1			
Address	PO Box			
	Street 1	206 West 14th Street		
	Street 2	Suite 5A		
	City	Sioux Falls		
	State ("NA" if non-U.S. address)	SD		
	Zip/Postal Code	57101		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent	Respondent		
<b>Positional Interests</b> (check all that apply)	Respondent	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 a that do not appear on this r	an attributable interest in one o report?	r more broadcast stations	No	

**Ownership Information** 

#### **Ownership Information**

FRN	0015362072		
Entity Name	KINNIMAKA TRUST COMPANY		
Address	PO Box	PO Box	

	Street 1	206 West 14th Street		
	Street 2	Suite 5A		
	City	Sioux Falls		
	State ("NA" if non-U.S. address)	SD		
	Zip/Postal Code	57101		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	100.0%	<b>Jointly Held?</b> No	
from 0.0 to 100.0)	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 report?	or more broadcast stations	No	
., .	at any interests, including equi his filing are non-attributable. an explanation.	ty, financial, or voting	Yes	



(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?

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

(e) Is Respondent seeking an attribution exemption for any officer or director with No 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.

Certif	ication

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>An Officer of the Trustee</b> Exact Legal Title or Name of Respondent: <b>Stanley E. Hubbard Residuary Trust No. 1</b> Name: <b>David A Jones</b> Phone: <b>6516424334</b>
		02/27/2018