



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000047529** | Submit Date: **2018-03-02** | FRN: **0005047105**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **03/02/2018**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0017806845	Local TV Holdings, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
515 N. State Street 24th Floor	Chicago	IL	60654	+1 (312) 222-3894	jroberts@tribunemedia.com

2. Contact Representative

Name	Organization
Jason Roberts	Tribune Media Company

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
303 E. Wacker Drive Suite 1700	Chicago	IL	60601	+1 (312) 222-3894	jroberts@tribunemedia.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	Limited liability company

(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 Name	FRN
WHNT License, LLC	0016215949

Fac. ID No.	Call Sign	City	State	Service
48693	WHNT-TV	HUNTSVILLE	AL	DTV

Licensee/Permittee Name	FRN
Tribune Broadcasting Fort Smith License, LLC	0016216038

Fac. ID No.	Call Sign	City	State	Service
66469	KFSM-TV	FORT SMITH	AR	DTV
81593	KXNW	EUREKA SPRINGS	AR	DTV

Licensee/Permittee Name	FRN
KSTU License, LLC	0017790999

Fac. ID No.	Call Sign	City	State	Service
22215	KSTU	SALT LAKE CITY	UT	DTV
70979	KKRP-LD	ST. GEORGE	UT	LPD

Licensee/Permittee Name	FRN
Tribune Broadcasting Oklahoma City License, LLC	0016216061

Fac. ID No.	Call Sign	City	State	Service
50182	KAUT-TV	OKLAHOMA CITY	OK	DTV
66222	KFOR-TV	OKLAHOMA CITY	OK	DTV

Licensee/Permittee Name	FRN
WITI License, LLC	0017791047

Fac. ID No.	Call Sign	City	State	Service
73107	WITI	MILWAUKEE	WI	DTV

Licensee/Permittee Name	FRN
WQAD License, LLC	0016216046

Fac. ID No.	Call Sign	City	State	Service
73319	WQAD-TV	MOLINE	IL	DTV

Licensee/Permittee Name	FRN
Tribune Broadcasting Denver License, LLC	0017790882

Fac. ID No.	Call Sign	City	State	Service
-------------	-----------	------	-------	---------

125	KFCT	FORT COLLINS	CO	DTV
126	KDVR	DENVER	CO	DTV

Licensee/Permittee Name	FRN
WDAF License, Inc.	0003476421

Fac. ID No.	Call Sign	City	State	Service
11291	WDAF-TV	KANSAS CITY	MO	DTV

Licensee/Permittee Name	FRN
WTVR License, LLC	0017790833

Fac. ID No.	Call Sign	City	State	Service
57832	WTVR-TV	RICHMOND	VA	DTV

Licensee/Permittee Name	FRN
WJW License, LLC	0017790932

Fac. ID No.	Call Sign	City	State	Service
73150	WJW	CLEVELAND	OH	DTV

Licensee/Permittee Name	FRN
KTVI License, LLC	0017790890

Fac. ID No.	Call Sign	City	State	Service
35693	KTVI	ST. LOUIS	MO	DTV

Licensee/Permittee Name	FRN
WHO License, LLC	0016220121

Fac. ID No.	Call Sign	City	State	Service
66221	WHO-DT	DES MOINES	IA	DTV

Licensee/Permittee Name	FRN
WGHP License, LLC	0017790916

Fac. ID No.	Call Sign	City	State	Service
72106	WGHP	HIGH POINT	NC	DTV

Licensee/Permittee Name	FRN
WREG License, LLC	0016216103

Fac. ID No.	Call Sign	City	State	Service
66174	WREG-TV	MEMPHIS	TN	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.

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	0017806845		
Entity Name	Local TV Holdings, LLC		
Address	PO Box		
	Street 1	515 N. State Street	
	Street 2	24th Floor	
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60654	
	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 an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information			
FRN	0019440270		
Name	Patrick M. Shanahan		
Address	PO Box		
	Street 1	515 N. State Street	
	Street 2	24th Floor	
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60654	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	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)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		Yes	

Ownership Information			
FRN	0023186984		
Name	Edward Lazarus		
Address	PO Box		
	Street 1	515 N. State Street	
	Street 2	24th Floor	
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	

	Zip/Postal Code	60654	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	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)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

Ownership Information

FRN	0023118995		
Name	Lawrence J. Wert		
Address	PO Box		
	Street 1	515 N. State Street	
	Street 2	24th Floor	
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60654	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	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)		

	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?		Yes

Ownership Information			
FRN	0019368026		
Name	Brian Litman		
Address	PO Box		
	Street 1	515 N. State Street	
	Street 2	24th Floor	
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60654	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	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)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

Ownership Information			
FRN	0022824668		
Entity Name	Tribune Broadcasting Company II, LLC		
Address	PO Box		
	Street 1	515 N. State Street	
	Street 2	24th Floor	
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	

	Zip/Postal Code	60654	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Owner		
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	100.0%	Jointly Held? No
	Equity	100.0%	
	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?			No

Ownership Information			
FRN	0019915206		
Name	John B. Rodden		
Address	PO Box		
	Street 1	515 N. State Street	
	Street 2	24th Floor	
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60654	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	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)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

<p>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.</p>	Yes
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----

<p>(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, as defined in 47 C.F.R. Section 73.3555?</p> <p>If "Yes," provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below. Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option.</p> <p>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.</p> <p>If using the subform, 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 newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA" into the percentage of total assets (Equity Debt Plus) field for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard.</p> <p>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.</p>	No
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----

<p>(d) 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?</p> <p>If "Yes," provide the following information for each such the relationship.</p>	No
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----

<p>(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	No
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----

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 LICENSE --OR 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: Secretary Exact Legal Title or Name of Respondent: Local TV Holdings, LLC Name: Edward Lazarus Phone: 3122223894 03/02/2018