

FRN

0026261487

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

File Number:0000045873Submit Date:2018-03-01FRN:0025852443Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:03/01/2018Filing Status:Active

### **Section I - General Information**

SM Broadcast Partners MidAmerica, L.P.

### 1. Respondent

Entity Name

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
509 Madison Avenue Suite 406	New York	NY	10022	+1 (212) 759- 7903	jburgett@wileyrein. com

### 2. Contact Representative

Name	Organization
John M. Burgett, Esq.	Wiley Rein LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1776 K Street, N.W.	Washington	DC	20006	+1 (202) 719-4239	jburgett@wileyrein.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 partnership

(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)

Licensee/Permittee	e Name		FRN	
Alabama TV Licens	e Company, LLC		00258523	93
Fac. ID No.	Call Sign	City	State	Service
57292	WAAY-TV	HUNTSVILLE	AL	DTV
Licensee/Permittee	e Name		FRN	
Terre Haute TV Lice	ense Company, LLC		0025670	0308
Fac. ID No.	Call Sign	City	State	Service
70655	WTHI-TV	TERRE HAUTE	IN	DTV
Licensee/Permittee	Name		FRN	
Ft. Wayne TV Licer	ise Company, LLC		0025670	134
Fac. ID No.	Call Sign	City	State	Service
25040	WFFT-TV	FORT WAYNE	IN	DTV
Licensee/Permittee	e Name		FRN	
St. Joseph TV Licer	nse Company, LLC		0025670	167
Fac. ID No.	Call Sign	City	State	Service
20427	KQTV	ST. JOSEPH	МО	DTV
Licensee/Permittee	Name		FRN	
Lafayette TV Licens	se Company, LLC		00256702	74
Fac. ID No.	Call Sign	City	State	Service
73204	WLFI-TV	LAFAYETTE	IN	DTV
Licensee/Permittee	e Name		FRN	
Rochester TV Licer	ise Company, LLC		00256702	290
Fac. ID No.	Call Sign	City	State	Service
	KIMT	MASON CITY		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.

(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.

FRN	0026261487		
Entity Name	SM Broadcast Partners MidA	merica, L.P.	
Address	PO Box		
	Street 1	509 Madison Avenue	
	Street 2	Suite 406	
	City	New York	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10022	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
<b>Positional Interests</b> (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	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	an attributable interest in one o report?	r more broadcast stations	No

**Ownership Information** 

#### **Ownership Information**

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FRN	0023660954
Entity Name	SM Investors Broadcast GP, LLC

Address	PO Box		
	Street 1	509 Madison Avenue	
	Street 2	Suite 406	
	City	New York	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10022	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	General Partner		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	nation or Tribal entity	
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	1.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes
(b) Respondent certifies th	at any interests, including equi	ty, financial, or voting	Yes

interests, not reported in this filing are non-attributable.	
If "No," submit as an exhibit an explanation.	

(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?	No
If " <u>Yes</u> ," 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.	
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.	
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	

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.					

(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?

No

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

(e) Is Respondent seeking an attribution exemption for any officer or director with 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.

#### 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: <b>Managing Member of Managing</b> <b>Member of Gen. Partner</b> Exact Legal Title or Name of Respondent: <b>SM</b> <b>Broadcast Partners MidAmerica, L.P.</b> Name: <b>Salvatore Muoio</b> Phone: <b>2127597903</b> 03/01/2018