

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000047344Submit Date:2018-03-02FRN:0019964360Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:Status: Date:03/02/2018Filing Status:ActiveStatus:ActiveStatus:Status:

Section I - General Information

1. Respondent

FRN Entity Name 0019964360 Emerald Group

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
111 Helfenstein Avenue	St. Louis	МО	63119	+1 (314) 645- 5656	steveh@ktrs. com

2. Contact Representative

Name	Organization
Todd Steiner	Steiner Law Offices, PLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 751	Woodstock	VA	22664	+1 (540) 431- 2353	todd@toddsteinerlaw. 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	For-profit corporation	

(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.

and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name FRN				
KTRS-AM License, LLC 0019970375				
Fac. ID No.	Call Sign	City	State	Service
20359	KTRS	ST. LOUIS	МО	AM

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.			
2. Ownership Interests	generating a series of subforms itself. If the Respondent is not a non-insulated members, and an standards set forth in 47 C.F.R. or entities.) List each interest ho Leave the percentage of total as attributable interest in the Respo Section 73.3555, Note 2(i). In the case of vertical or indirect attributable interest in the Licent Entities that are part of an organ separate ownership reports. In s an attributable interest in the Licent Please see the Instructions for f The Respondent must provide a Please see the Instructions for f	Answer each question on each natural person, also list each of y other persons or entities with a Section 73.3555. (A "direct" inte- older with a direct attributable inte- sets (Equity Debt Plus) field bla ondent solely on the basis of the t ownership structures, list only the see(s) for which the report is bei nizational structure that includes such a structure do not report, or censee(s) for which the report is urther detail concerning interests	holding companies or other forms of indirect ownership must file r file a separate report for, any interest holder that does not have being submitted. s that must be reported in response to this question. each interest holder reported in response to this question.	
	Ownership Information	0040004000		
	FRN	0019964360		
	Entity Name	Emerald Group		
	Address	PO Box		
		Street 1	111 Helfenstein Avenue	
		Street 2		
		City	St. Louis	
	МО			
	Zip/Postal Code 63119			
	Country (if non-U.S.United Statesaddress)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	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 that do not appear on this	an attributable interest in one c report?	or more broadcast stations	No

Ownership Information

FRN	0019990738			
Name	William A. Frisella			
Address	PO Box			
	Street 1	111 Helfenstein Avenue		
	Street 2			
	City	St. Louis		
	State ("NA" if non-U.S. address)	МО		
	Zip/Postal Code	63119		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Stockholder			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	25.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	25.0%		
	Total assets (Equity Debt Plus)	25.0%		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			No	

Ownership Information

FRN	0021457155	
Name	John Goodman	

Address	PO Box			
	Street 1	120 West 45th Street		
	Street 2			
	City	New York		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	10036		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Stockholder			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	25.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	25.0%		
	Total assets (Equity Debt Plus)	25.0%		

Ownership Information

FRN	0021408539		
Name	Mullen Thomas		
Address	PO Box		
	Street 1	107 Greenbriar Ridge Ct.	
	Street 2		
	City	St. Louis	
	State ("NA" if non-U.S. address)	МО	
	Zip/Postal Code	63122	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	

Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	25.0%	Jointly Held? No
	Equity	25.0%	
	Total assets (Equity Debt Plus)	25.0%	
Does interest holder have ar that do not appear on this re	n attributable interest in one or port?	r more broadcast stations	No

Ownership Information

FRN	0021408554		
Name	Robert Lenzen		
Address	PO Box		
	Street 1	2006 Stonebriar Ridge	
	Street 2		
	City	Chesterfield	
	State ("NA" if non-U.S. address)	МО	
	Zip/Postal Code	63017	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
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	25.0%	Jointly Held? No
	Equity	25.0%	
	Total assets (Equity Debt Plus)	25.0%	
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No

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).	

CertificationI 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: Treasurer Exact Legal Title or Name of Respondent: The Emerald Group, Inc. Name: William Frisella Phone: 314645565603/02/2018			
	Certification	and that to the best of my knowledge and belief, all statements in this report are	Exact Legal Title or Name of Respondent: The Emerald Group, Inc. Name: William Frisella Phone: 3146455656