Approved by OMB (Office of Management and Budget) 3060-0010
September 2019

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000097595** | Submit Date: **2020-01-15** | FRN: **0020508750**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **01/15/2020**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0020888814	KATHRYN HUBBARD ROMINSKI REVOCABLE TRUST DATED JULY 26, 2007

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
c/o Hubbard Broadcasting, Inc. 3415 University Avenue, West	St. Paul	MN	55114	+1 (651) 642-4334	rvandewiele@hbi.com

2. Contact Representative

Name	Organization
Kenneth E. Satten	Wilkinson Barker Knauer, LLP

Street Address	City (and Country if non U.S. address)	State	Zip 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	10/01/2019 **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
KSTP-AM, LLC	0002624385

Fac. ID No.	Call Sign	City	State	Service
35641	KSTP	ST. PAUL	MN	AM

Licensee/Permittee Name	FRN
Cincinnati FCC License Sub, LLC	0020604005

Fac. ID No.	Call Sign	City	State	Service
10140	WUBE-FM	CINCINNATI	OH	FM
11276	WKRQ	CINCINNATI	OH	FM
40915	WYGY	FORT THOMAS	KY	FM
73369	WREW	FAIRFIELD	OH	FM

Licensee/Permittee Name	FRN
KSTC-TV, LLC	0009769514

Fac. ID No.	Call Sign	City	State	Service
35843	KSTC-TV	MINNEAPOLIS	MN	DTV

Licensee/Permittee Name	FRN
HBI Radio Bemidji, LLC	0024063349

Fac. ID No.	Call Sign	City	State	Service
28656	KLLZ-FM	WALKER	MN	FM
51878	KBHP	BEMIDJI	MN	FM
51879	KBUN	BEMIDJI	MN	AM
77087	KKZY	BEMIDJI	MN	FM
165994	KBUN-FM	BLACKDUCK	MN	FM

Licensee/Permittee Name	FRN
WHEC-TV, LLC	0005828686

Fac. ID No.	Call Sign	City	State	Service

70041	WHEC-TV	ROCHESTER	NY	DTV

Licensee/Permittee Name	FRN
Seattle FCC License Sub, LLC	0022840409

Fac. ID No.	Call Sign	City	State	Service
4629	KIXI	MERCER ISLAND/SEATTL	WA	AM
4630	KQMV	BELLEVUE	WA	FM
53870	KRWM	BREMERTON	WA	FM
57834	KKNW	SEATTLE	WA	AM
57843	KNUC	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
WPB FCC License Sub, LLC	0028010627

Fac. ID No.	Call Sign	City	State	Service
1246	WIRK	INDIANTOWN	FL	FM
1918	WEAT	WEST PALM BEACH	FL	FM
20436	WRMF	PALM BEACH	FL	FM
25756	WMBX	JENSEN BEACH	FL	FM
29490	WFTL	WEST PALM BEACH	FL	AM
61080	WMEN	ROYAL PALM BEACH	FL	AM

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	TEMPE	AZ	AM
65166	KUPD	TEMPE	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	FRN
Washington DC FCC License Sub, LLC	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

Licensee/Permittee Name	FRN
KOB-TV, LLC	0002624427

Fac. ID No.	Call Sign	City	State	Service
35313	KOB	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	MA	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
19523	KSHE	CRESTWOOD	MO	FM
56512	WXOS	EAST ST. LOUIS	IL	FM
56525	KPNT	COLLINSVILLE	IL	FM
72390	WIL-FM	ST. LOUIS	MO	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.

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	0020888814	
Entity Name	KATHRYN HUBBARD ROMINSKI REVOCABLE TRUST DATED JULY 26, 2007	
Address	**PO Box**	
	Street 1	c/o Hubbard Broadcasting, Inc.
	Street 2	3415 University Avenue, West
	City	St. Paul
	State ("NA" if non-U.S. address)	MN

	Zip/Postal Code	55114	
	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	0019887967		
Name	KATHRYN H. ROMINSKI		
Address	**PO Box**		
	Street 1	c/o Hubbard Broadcasting, Inc.	
	Street 2	3415 Univeristy Avenue, West	
	City	St. Paul	
	State ("NA" if non-U.S. address)	MN	
	Zip/Postal Code	55114	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	**Citizenship**	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	100.0%	**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

(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.	Yes

(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? 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. 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 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. 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.	No

(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? If "Yes," provide the following information for each such the relationship.	No

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)? 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.	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: **Trustee** Exact Legal Title or Name of Respondent: **Kathryn Hubbard Rominski Revocable Trust Dated July 26, 2007** Name: **Kathryn Hubbard Rominski** Phone: **6516424334** 01/15/2020