



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000099888** | Submit Date: **2020-01-24** | FRN: **0015144025**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **01/24/2020**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0024314239	Bain Capital Credit Member, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
c/o Bain Capital Credit, LP 200 Clarendon Street, 37th Floor	BOSTON	MA	02116	+1 (617) 516-2000	baincapitalcreditdocs@baincapital.com

2. Contact Representative

Name	Organization
Erin E. Kim	Lerman Senter PLLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2001 L Street, NW Suite 400	Washington	DC	20036	+1 (202) 429-8970	ekim@lermansenter.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	10/01/2019 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.
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5. Licensee(s) and Station(s)

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

Licensee/Permittee Name	FRN
CCR-Missoula IV, LLC	0015143985

Fac. ID No.	Call Sign	City	State	Service
32385	KZOQ-FM	MISSOULA	MT	FM
32389	KYLT	MISSOULA	MT	AM
63874	KGGL	MISSOULA	MT	FM
63879	KGRZ	MISSOULA	MT	AM
76981	KHKM	HAMILTON	MT	FM
89040	KXDR	PINESDALE	MT	FM

Licensee/Permittee Name	FRN
CCR-Butte IV, LLC	0015144025

Fac. ID No.	Call Sign	City	State	Service
63871	KXTL	BUTTE	MT	AM
63875	KMBR	BUTTE	MT	FM
63877	KAAR	BUTTE	MT	FM
166087	KMTZ	WALKERVILLE	MT	FM

Licensee/Permittee Name	FRN
CCR-Tri Cities IV, LLC	0009737180

Fac. ID No.	Call Sign	City	State	Service
35125	KZHR	DAYTON	WA	FM
67668	KONA	KENNEWICK-RICHLAND-P	WA	AM
67669	KONA-FM	KENNEWICK	WA	FM

Licensee/Permittee Name	FRN
CCR-Montrose IV, LLC	0011252657

Fac. ID No.	Call Sign	City	State	Service
73624	KKXK	MONTROSE	CO	FM
73626	KUBC	MONTROSE	CO	AM

89280	KSNN	RIDGWAY	CO	FM
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Licensee/Permittee Name	FRN
CCR-Great Falls IV, LLC	0009737313

Fac. ID No.	Call Sign	City	State	Service
56665	KLFM	GREAT FALLS	MT	FM
62330	KMON	GREAT FALLS	MT	AM
62331	KMON-FM	GREAT FALLS	MT	FM
63872	KAAC	GREAT FALLS	MT	FM
84237	KVVR	DUTTON	MT	FM

Licensee/Permittee Name	FRN
KITV, Inc.	0024593717

Fac. ID No.	Call Sign	City	State	Service
64544	KHVO	HILO	HI	DTV
64548	KITV	HONOLULU	HI	DTV
64551	KMAU	WAILUKU	HI	DTV

Licensee/Permittee Name	FRN
CCR-Sierra Vista IV, LLC	0009737479

Fac. ID No.	Call Sign	City	State	Service
22972	KWCD	BISBEE	AZ	FM
23445	KZMK	SIERRA VISTA	AZ	FM
23446	KTAN	SIERRA VISTA	AZ	AM

Licensee/Permittee Name	FRN
CCR-St. George IV, LLC	0014156780

Fac. ID No.	Call Sign	City	State	Service
6784	KREC	BRIAN HEAD	UT	FM
35392	KCIN	CEDAR CITY	UT	FM
55398	KHKR	WASHINGTON	UT	AM
60454	KDXU	ST. GEORGE	UT	AM
60457	KIYK	ST. GEORGE	UT	FM
61384	KSUB	CEDAR CITY	UT	AM
61386	KXBN	CEDAR CITY	UT	FM
69623	KXFF	COLORADO CITY	AZ	FM

Licensee/Permittee Name	FRN
CCR-Williston IV, LLC	0009737594

Fac. ID No.	Call Sign	City	State	Service
10510	KYYZ	WILLISTON	ND	FM
10511	KEYZ	WILLISTON	ND	AM
10513	KTHC	SIDNEY	MT	FM

Licensee/Permittee Name	FRN
CCR-Wenatchee IV, LLC	0015144058

Fac. ID No.	Call Sign	City	State	Service
5285	KKWN	CASHMERE	WA	FM
59049	KYSP	WENATCHEE	WA	AM
59050	KWWW-FM	QUINCY	WA	FM
63882	KQBG	ROCK ISLAND	WA	FM
63883	KYSN	EAST WENATCHEE	WA	FM

Licensee/Permittee Name	FRN
CCR-Wescoast IV, LLC	0017032178

Fac. ID No.	Call Sign	City	State	Service
29647	KWNC	QUINCY	WA	AM
71524	KPQ-FM	WENATCHEE	WA	FM
71715	KPQ	WENATCHEE	WA	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.

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	0024314239		
Entity Name	Bain Capital Credit Member, LLC		
Address	PO Box		
	Street 1	c/o Bain Capital Credit, LP	
	Street 2	200 Clarendon Street, 37th Floor	
	City	BOSTON	
	State ("NA" if non-U.S. address)	MA	
	Zip/Postal Code	02116	
	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	0019817592		
Name	Jonathan S. Lavine		
Address	PO Box		
	Street 1	c/o Bain Capital Credit, LP	
	Street 2	200 CLARENDON STREET, 37TH FLOOR	
	City	BOSTON	
	State ("NA" if non-U.S. address)	MA	
	Zip/Postal Code	02116	

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

Ownership Information

FRN	0019817329		
Name	Jeffrey B. Hawkins		
Address	PO Box		
	Street 1	c/o Bain Capital Credit, LP	
	Street 2	200 CLARENDON STREET, 37TH FLOOR	
	City	BOSTON	
	State ("NA" if non-U.S. address)	MA	
	Zip/Postal Code	02116	
	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)	0.0%	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No
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(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
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<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 "<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.</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
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(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 " <u>Yes</u> ," provide the following information for each such the relationship.	No
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(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.	No
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Certification

Section	Question	Response
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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: Authorized Person Exact Legal Title or Name of Respondent: Bain Capital Credit Member, LLC Name: Michael Treisman Phone: 6175162000 01/24/2020