

FRN

Commercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323)

File Number: 0000160658 Submit Date: 2021-09-28 FRN: 0025670167 Status: **Received** Status Date: Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report 09/28/2021 Filing Status: Active

Section I - General Information

1. Respondent

Entity Name 0031360993 SM Broadcast KQTV, L.P.

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

2. Contact Representative

Name	Organization	
John M. Burgett	Wiley Rein LLP	

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

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	Transfer of control or assignment of license/permit	
"As of" date	09/28/2021	
	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) /Permittees(s) and Station(s) /Permit(s)

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

Licensee/Permittee Name	Licensee/Permittee Name			
St. Joseph TV License Company, LLC			0025670167	
Fac. ID No.	Call Sign	City	State	Service
20427	KQTV	ST. JOSEPH	МО	DTV

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	through (c) for the facility or facil attributable Joint Sales Agreement the agreement is an attributable	ities listed on this report. In addit ents (JSAs) must be disclosed by LMA, an attributable JSA, or a n	her instruments set forth in 47 C.F.R. Section 73.3613(a) tion, attributable Local Marketing Agreements (LMAs) and the licensee of the brokering station on its ownership report. If etwork affiliation agreement, check the appropriate box. a should select "Not Applicable" in response to this question.	
2. Ownership Interests	Serests 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.			
	Section 73.3555, Note 2(i).			
	attributable interest in the Licens		ose interests in the Respondent that also represent an he report is being submitted.	
Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownersh separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that do an attributable interest in the Licensee(s) or Permittee(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 que Please see the Instructions for detailed information and guidance concerning this requirement.				
	Ownership Information			
	FRN	0031360993		
	Entity Name	SM Broadcast KQTV, L.P.		
	Address	PO Box		
		Street 1	509 Madison Ave.	
		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	

Respondent

Listing Type

Positional Interests (check all that apply)	Respondent		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 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
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FRN	0023660954			
Entity Name	SM Investors Broadcast GP, LLC			
Address	PO Box			
	Street 1	509 Madison Ave.		
	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	·		
Positional Interests (check all that apply)	General Partner			
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?			Yes	
(b) Deen en dent eertifiee (bet		. Gran alab an each an	N	

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



(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.

Certificatio	n

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: Managing Member of Managing Member of Gen. Partner Exact Legal Title or Name of Respondent: SM Broadcast KQTV, L.P. Name: Salvatore Muoio Phone: 2127597903
		09/28/2021