



(REFERENCE COPY - Not for submission)

Children's Television Programming Report

FRN: **0019682483** | File Number: **0000022460** | Submit Date: **03/31/2017** | Call Sign: **KREG-TV** | Facility ID: **70578**
City: **GLENWOOD SPRINGS** | State: **CO**
Service: **Full Service Television** | Purpose: **Children's TV Programming Report** | Status: **Received** | Status Date:
03/31/2017 | Filing Status: **Active**

Report reflects information for : First Quarter of 2017

General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

**Applicant
Information**

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MARQUEE BROADCASTING COLORADO, INC.	Patricia R Lane 4400 BROOKEVILLE ROAD BROOKVILLE, MD 20833 United States	+1 (301) 661-9610	patricia_lane@marqueebroadcasting. com	Company

**Contact
Representatives
(2)**

Contact Name	Address	Phone	Email	Contact Type
Daniel Kirkpatrick <i>Counsel</i> Fletcher, Heald & Hildreth	1300- N. 17th Street Suite 11001 Arlington, VA 22209 United States	+1 (703) 812- 0432	kirkpatrick@fhhlaw. com	Legal Representative
Jeff Smith <i>Chief Engineer</i> Marquee Broadcasting Colorado, Inc	PO Box 4009 Salisbury, MD 20833 United States	+1 (410) 742- 4747	jeff_smith@mdt.com	Technical Representative

**Children's
Television
Information**

Section	Question	Response
Station Type	Station Type	Independent
	Affiliated network	CBS
	Nielsen DMA	Denver
	Web Home Page Address	www.maerqueebroadcasting; com

**Digital Core
Programming**

Question	Response
State the average number of hours of Core Programming per week broadcast by the station on its main program stream	0.0
State the average number of hours per week of free over-the-air digital video programming broadcast by the station on other than its main program stream	0.0
State the average number of hours per week of Core Programming broadcast by the station on other than its main program stream. See 47 C.F.R. Section 73.671:	0.0
Does the Licensee provide information identifying each Core Program aired on its station, including an indication of the target child audience, to publishers of program guides as required by 47 C.F.R. Section 73.673?	Yes
Does the Licensee certify that at least 50% of the Core Programming counted toward meeting the additional programming guideline (applied to free video programming aired on other than the main Yes No program stream) did not consist of program episodes that had already aired within the previous seven days either on the station's main program stream or on another of the station's free digital program streams?	Yes

Digital Core Programs(1)

Digital Core Program (1 of 1)	Response
Program Title	The Station was dark under an STA
Origination	Syndicated
Days/Times Program Regularly Scheduled	Saturdays 11 - 12:00 PM
Total times aired at regularly scheduled time	13
Total times aired	
Number of Preemptions	0
Number of Preemptions for other than Breaking News	0
Number of Preemptions Rescheduled	
Length of Program	60 mins
Age of Target Child Audience	13 years to 16 years
Describe the educational and informational objective of the program and how it meets the definition of Core Programming.	No programming.
Does the Licensee identify the program by displaying throughout the program the symbol E/I?	Yes

**Non-Core
Educational and
Informational
Programming (0)**

**Sponsored Core
Programming (0)**

Liaison Contact

Question	Response
Does the Licensee publicize the existence and location of the station's Children's Television Programming Reports (FCC 398) as required by 47 C.F.R. Section 73.3526(e)(11)(iii)?	Yes
Name of children's programming liaison	Patricia R Lane
Address	4400 Brookeville Road
City	Brookeville
State	MD
Zip	20833
Telephone Number	(301) 661-9610
Email Address	patricia_lane@marqueebroadcasting.com
Include any other comments or information you want the Commission to consider in evaluating your compliance with the Children's Television Act (or use this space for supplemental explanations). This may include information on any other noncore educational and informational programming that you aired this quarter or plan to air during the next quarter, or any existing or proposed non-broadcast efforts that will enhance the educational and informational value of such programming to children. See 47 C.F.R. Section 73.671, NOTES 2 and 3.	This Station was dark on an STA

Other Matters (1)

Other Matters (1 of 1)	Response
Program Title	SWAP TV (29.2)
Origination	Syndicated
Days/Times Program Regularly Scheduled	Saturday 11 - 12 PM
Total times aired at regularly scheduled time	13
Length of Program	60 mins
Age of Target Child Audience from	13 years to 16 years
Describe the educational and informational objective of the program and how it meets the definition of Core Programming.	The show teaches respect for other cultures.

Certification

Question	Response
<p>The undersigned certifies that he or she is (a) the party filing the Children's Television Programming, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the Children's Television Programming; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23(a), who is authorized to represent the party filing the Children's Television Programming, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay.</p> <p>FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</p> <p>Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application.</p> <p>WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503).</p>	
<p>I certify that this application includes all required and relevant attachments.</p>	<p>Yes</p>
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Patricia R Lane <i>President</i></p> <p>03/31 /2017</p>

Attachments

No Attachments.