



(REFERENCE COPY - Not for submission)

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

File Number: **0000104352** | Submit Date: **2020-01-31** | FRN: **0022303135**

Purpose: **Commercial Broadcast Stations Non-Biennial Ownership Report** | Status: **Received** | Status Date:  
**01/31/2020** | Filing Status: **Active**

## Section I - General Information

### 1. Respondent

FRN	Entity Name
0021343223	Acme Amalgamated Holdings LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
767 Fifth Avenue 12th Floor	New York	NY	10153	+1 (202) 663-8000	scott.flick@pillsburylaw.com

### 2. Contact Representative

Name	Organization
Scott R. Flick, Esq.	Pillsbury Winthrop Shaw Pittman LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1200 Seventeenth Street, NW	Washington	DC	20036	+1 (202) 663-8000	scott.flick@pillsburylaw.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	Transfer of control or assignment of license/permit
"As of" date	09/19/2019  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)  
/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	FRN
VideoIndiana, Inc.	0003015807

Fac. ID No.	Call Sign	City	State	Service
70162	WTHR	INDIANAPOLIS	IN	DTV

Licensee/Permittee Name	FRN
TEGNA Broadcast Holdings, LLC	0028358455

Fac. ID No.	Call Sign	City	State	Service
147	WTIC-TV	HARTFORD	CT	DTV
8661	WOI-DT	AMES	IA	DTV
10213	WPMT	YORK	PA	DTV
14050	WCCT-TV	WATERBURY	CT	DTV
28119	WZDX	HUNTSVILLE	AL	DTV
51502	KCWI-TV	AMES	IA	DTV
73318	WNEP-TV	SCRANTON	PA	DTV
73319	WQAD-TV	MOLINE	IL	DTV
73320	W10CP-D	TOWANDA	PA	LPT
73321	W20AD-D	WILLIAMSPORT	PA	LPT
73323	W36BE-D	STATE COLLEGE	PA	LPT
73324	W15CO-D	TOWANDA	PA	LPT
73325	W07DC-D	ALLENTOWN/BETHLEHEM	PA	LPT
73326	W14CO-D	CLARKS SUMMIT, ETC.	PA	LPT
73327	W28DP-D	POTTSVILLE	PA	LPT
129499	W26CV-D	MANSFIELD	PA	LD

Licensee/Permittee Name	FRN
TEGNA Memphis Broadcasting, Inc.	0028358570

Fac. ID No.	Call Sign	City	State	Service
11907	WATN-TV	MEMPHIS	TN	DTV
68518	WLMT	MEMPHIS	TN	DTV

Licensee/Permittee Name	FRN
VideOhio, Inc.	0006173322

Fac. ID No.	Call Sign	City	State	Service
70161	WALV-CD	INDIANAPOLIS	IN	DCA

Licensee/Permittee Name	FRN
Cape Publications, Inc.	0024376063

Fac. ID No.	Call Sign	City	State	Service
66469	KFSM-TV	FORT SMITH	AR	DTV

Licensee/Permittee Name	FRN
RadiOhio Incorporated	0003006061

Fac. ID No.	Call Sign	City	State	Service
54701	WBNS-FM	COLUMBUS	OH	FM
54901	WBNS	COLUMBUS	OH	AM

Licensee/Permittee Name	FRN
WBNS-TV, Inc.	0003021060

Fac. ID No.	Call Sign	City	State	Service
71217	WBNS-TV	COLUMBUS	OH	DTV

## Section II – Non-Biennial Ownership Information

### 1. 47 C.F.R. Section 73.3613 and Other Documents

Licensee/Permittee Respondents 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/Permittee Respondents 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) or Permittee(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) 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 question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information	
FRN	0021343223
Entity Name	Acme Amalgamated Holdings LLC

<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	767 Fifth Avenue	
	<b>Street 2</b>	12th Floor	
	<b>City</b>	New York	
	<b>State ("NA" if non-U.S. address)</b>	NY	
	<b>Zip/Postal Code</b>	10153	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Respondent		
<b>Positional Interests</b> (check all that apply)	Respondent		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			Yes

Ownership Information			
<b>FRN</b>	0017681446		
<b>Name</b>	Soohyung Kim		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	767 Fifth Avenue	
	<b>Street 2</b>	12th Floor	
	<b>City</b>	New York	
	<b>State ("NA" if non-U.S. address)</b>	NY	
	<b>Zip/Postal Code</b>	10153	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	100.0%	<b>Jointly Held?</b> No
	<b>Total assets (Equity Debt Plus)</b>		
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			Yes

<p><b>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.</b> If "No," submit as an exhibit an explanation.</p>	Yes
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<p><b>(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?</b></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 <a href="#">Click Here</a>.</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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<p><b>(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?</b></p> <p>If "<u>Yes</u>," provide the following information for each such the relationship.</p>	No
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<p><b>(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</b></p> <p>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.</p>	No
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**Certification**

Section	Question	Response
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<b>Authorized Party to Sign</b>	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).	
<b>Certification</b>	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: <b>Managing Member</b> Exact Legal Title or Name of Respondent: <b>Acme Amalgamated Holdings LLC</b> Name: <b>Soohyung Kim</b> Phone: <b>2026638000</b>  01/31/2020