



(REFERENCE COPY - Not for submission)

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

File Number: 0000244782 | Submit Date: 2024-05-15 | FRN: 0002855179

Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report | Status: Received | Status Date:

05/16/2024 | Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0034169052		Hills Family Trust			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
26 North Halsted Street	Chicago	IL	60661	+1 (312) 705-2600	efieldman@metv.com

2. Contact Representative

Name		Organization			
Matthew S. DelNero, Esq.		Covington & Burling LLP			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
One CityCenter 850 Tenth Street, N.W.	Washington	DC	20001	+1 (202) 662-5543	mdelnero@cov.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	Transfer of control or assignment of license/permit
"As of" date	04/15/2024 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	
KVME-TV LLC			0034803999	
Fac. ID No.	Call Sign	City	State	Service
83825	KVME-TV	BISHOP	CA	DTV
Licensee/Permittee Name			FRN	
KNLC-TV LLC			0027495860	
Fac. ID No.	Call Sign	City	State	Service
48525	KNLC	ST. LOUIS	MO	DTV
Licensee/Permittee Name			FRN	
KVOS-TV LLC			0027496082	
Fac. ID No.	Call Sign	City	State	Service
35862	KVOS-TV	BELLINGHAM	WA	DTV
Licensee/Permittee Name			FRN	
KYAZ-TV LLC			0033178641	
Fac. ID No.	Call Sign	City	State	Service
31870	KYAZ	KATY	TX	DTV
Licensee/Permittee Name			FRN	
KTLN-TV LLC			0028887529	
Fac. ID No.	Call Sign	City	State	Service
49153	KTLN-TV	PALO ALTO	CA	DTV
Licensee/Permittee Name			FRN	
KAZA-TV LLC			0027496058	
Fac. ID No.	Call Sign	City	State	Service
29234	KAZA-TV	AVALON	CA	DTV
Licensee/Permittee Name			FRN	
KFFV-TV LLC			0027496066	
Fac. ID No.	Call Sign	City	State	Service
49264	KFFV	SEATTLE	WA	DTV
Licensee/Permittee Name			FRN	

TV-49, Inc.	0019682483
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Fac. ID No.	Call Sign	City	State	Service
68545	WMLW-TV	RACINE	WI	DTV
776228	KKEL	ELY	NV	DTV
776229	NEW	TONOPAH	NV	DTV
776230	KKAC	CARLSBAD	NM	DTV
776239	KKAD	SILVER CITY	NM	DTV
776244	KKAB	SILVER CITY	NM	DTV
776266	NEW	SHAWANO	WI	DTV

Licensee/Permittee Name	FRN
WJLP-TV Limited Partnership	0034803759

Fac. ID No.	Call Sign	City	State	Service
86537	WJLP	MIDDLETOWN TOWNSHIP	NJ	DTV

Licensee/Permittee Name	FRN
KREG-TV LLC	0033182486

Fac. ID No.	Call Sign	City	State	Service
70578	KREG-TV	GLENWOOD SPRINGS	CO	DTV

Licensee/Permittee Name	FRN
WJFB-TV LLC	0033178849

Fac. ID No.	Call Sign	City	State	Service
7651	WJFB	LEBANON	TN	DTV

Licensee/Permittee Name	FRN
KCSG-TV LLC	0027495886

Fac. ID No.	Call Sign	City	State	Service
59494	KCSG	CEDAR CITY	UT	DTV

Licensee/Permittee Name	FRN
KAZD-TV LLC	0033178591

Fac. ID No.	Call Sign	City	State	Service
17433	KAZD	LAKE DALLAS	TX	DTV

Licensee/Permittee Name	FRN
KMOH-TV LLC	0033178781

Fac. ID No.	Call Sign	City	State	Service
24753	KMOH-TV	KINGMAN	AZ	DTV

Licensee/Permittee Name	FRN
WCIU-TV Limited Partnership	0009562265

Fac. ID No.	Call Sign	City	State	Service
71428	WCIU-TV	CHICAGO	IL	DTV

Licensee/Permittee Name	FRN
WZME-TV LLC	0034803817

Fac. ID No.	Call Sign	City	State	Service
70493	WZME	BRIDGEPORT	CT	DTV

Licensee/Permittee Name	FRN
WDJT-TV Limited Partnership	0009562349

Fac. ID No.	Call Sign	City	State	Service
71427	WDJT-TV	MILWAUKEE	WI	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	0034169052

Entity Name	Hills Family Trust		
Address	PO Box		
	Street 1	26 North Halsted Street	
	Street 2		
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60661	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	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	0020055612		
Name	Norman Shapiro		
Address	PO Box		
	Street 1	26 North Halsted Street	
	Street 2		
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60661	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	Jointly Held? No
	Total assets (Equity Debt Plus)		
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
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(c) 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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(d) 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
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: Hills Family Trust Name: Norman H Shapiro Phone: 3127052600 05/15/2024