

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (June 2014)
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS	
FOR COMMISSION USE ONLY FILE NO. -20151109FVJ	

Section I - General Information

1.	Legal Name of the Respondent SECOND GENERATION OF IOWA LTD Street Address (1) 3029 PROSPECT STREET Street Address (2) City CLEVELAND	State or Country (if foreign address) OH	ZIP Code 44115 -		
	Telephone Number (include area code) 216361 1000	E-Mail Address (if available) TJE@SECONDDGEN.COM			
	FCC Registration Number: 0003742939	Call Sign KFXA	Facility ID Number 35336		
2.	Contact Representative DAVID TILLOTSON Street Address (1) 4606 CHARLESTON TERRACE, N.W. Street Address (2) City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20007 - 1911		
	Telephone Number (include area code) 2026256241	E-Mail Address (if available) DTLAW@STARPOWER.NET			
3.	Nature of Respondent (See Instructions for definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest				
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other Other <input checked="" type="radio"/> N/A (Fee Required)				
5.	All of the information furnished in this Report is accurate as of 10/01/2015 <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)</i>				
6.	Purpose: This Report is filed for: (choose one)				
	<input checked="" type="radio"/> Biennial				
	<input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)				
	<input type="radio"/> Transfer of Control or Assignment of License/Permit				
	<input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.				
	<input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)				
	<input type="radio"/> Amendment to a previously filed Ownership Report	File Number: -			
	If an Amendment, submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.		[Exhibit 1]		
7.	Licensee and Station Information. The stations listed below are all licensed to the following person or entity:				
	Licensee Name SECOND GENERATION OF IOWA LTD	Licensee's FCC Registration Number (FRN) 0003742939			
	Station List				
	This Report is filed for the following stations:				
	Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
	1.	KFXA	35336	CEDAR RAPIDS , IOWA	Television
8.	Respondent is:				
	<input type="radio"/> Sole Proprietorship <input type="radio"/> Not-for-profit corporation <input type="radio"/> Limited partnership <input type="radio"/> For-profit corporation <input type="radio"/> General partnership <input checked="" type="radio"/> Other				
	If "Other," describe nature of the Respondent in an Exhibit. [Exhibit 2]				

Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/JSA or network affiliation agreements.
 Not Applicable

Contract Information					
Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration	Agreement Type (check all that apply)
1.	ARTICLES OF ORGANIZATION	STATE OF OHIO	Month APRIL Year 1995	Month APRIL Year 2045 <input type="checkbox"/> No Expiration Date	<input checked="" type="checkbox"/> LMA/JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
2.	OPERATING AGREEMENT	MEMBERS OF RESPONDENT	Month MAY Year 1995	Month APRIL Year 2045 <input type="checkbox"/> No Expiration Date	<input checked="" type="checkbox"/> LMA/JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)
 Not Applicable

[Enter Capitalization Information]

3. (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, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. 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 separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interests Information		
Copy	Name	SECOND GENERATION OF IOWA LTD
1.	Address	Street SECOND GENERATION PLACE 3029 PROSPECT City/State CLEVELAND , OHIO Postal/ZIP Code 44115 - Country (if not U.S.)
	Listing Type	<input checked="" type="checkbox"/> Respondent <input type="checkbox"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="checkbox"/> Licensee (or Officer/Director of Licensee) <input type="checkbox"/> Person with attributable interest <input type="checkbox"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member

		<input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): LICENSEE
	FCC Registration Number	0003742939
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female <u>Ethnicity</u> <input checked="" type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <u>Citizenship</u>
	Percentage of votes	0.0 %
	Percentage of equity	0.0 %
	Percentage of total assets (equity debt plus)	0.0 %
Copy 2.	Name	THOMAS J. EMBRESCIA
	Address	Street SECOND GENERATION PLACE 3029 PROSPECT STREET City/State CLEVELAND , OHIO Postal/ZIP Code 44415 - Country (if not U.S.)
	Listing Type	<input checked="" type="checkbox"/> Respondent <input checked="" type="checkbox"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="checkbox"/> Licensee (or Officer/Director of Licensee) <input checked="" type="checkbox"/> Person with attributable interest <input checked="" type="checkbox"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): MANAGER
	FCC Registration Number	0007538648
	Gender, Ethnicity, Race and Citizenship	<input type="checkbox"/> N/A (entity)

Information (Natural Persons)	<u>Gender</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	<u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino
	<u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White
	<u>Citizenship</u> US
Percentage of votes	100.0 %
Percentage of equity	0.0 %
Percentage of total assets (equity debt plus)	0.0 %
Copy 3.	<u>Name</u> JUDITH EMBRESCIA
	<u>Address</u> Street 28740 BLAISDELL DR City/State NAPLES , FLORIDA Postal/ZIP Code 34119 - Country (if not U.S.)
	<u>Listing Type</u> <input type="checkbox"/> Respondent <input checked="" type="checkbox"/> Other Interest Holder
	<u>Relationship to Licensee</u> <input type="checkbox"/> Licensee (or Officer/Director of Licensee) <input checked="" type="checkbox"/> Person with attributable interest <input type="checkbox"/> Entity with attributable interest
	<u>Positional Interest (Check all that apply)</u> <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	<u>FCC Registration Number</u> 0019234962
	<u>Gender, Ethnicity, Race and Citizenship Information (Natural Persons)</u> <input type="checkbox"/> N/A (entity) <u>Gender</u> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino <u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White

		<u>Citizenship</u> US	
	Percentage of votes	0 %	
	Percentage of equity	32 %	
	Percentage of total assets (equity debt plus)	32 %	
Copy 4.	Name	AMANDA EMBRESCIA FLYNN	
	Address	Street 15 LAMBOL City/State CHARLESTON , SOUTH CAROLINA Postal/ZIP Code 29401 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0019391192	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input checked="" type="radio"/> Female <u>Ethnicity</u> <input checked="" type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US	
	Percentage of votes	0.0 %	
	Percentage of equity	1.0 %	
	Percentage of total assets (equity debt plus)	1.0 %	
	Copy 5.	Name	
	Address	Street 19100 SOUTH PARK BLVD	

	City/State SHAKER HEIGHTS, OHIO Postal/ZIP Code 44122 - Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019391176
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input type="radio"/> Male <input checked="" type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US
Percentage of votes	0 %
Percentage of equity	1 %
Percentage of total assets (equity debt plus)	1 %
Copy 6.	Name F. MATTHEW EMBRESCIA
	Address Street 18200 SOUTH PARK BLVD City/State SHAKER HEIGHTS, OHIO Postal/ZIP Code 44120 - Country (if not U.S.)
	Listing Type <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee <input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest

Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0019391168
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <u>Ethnicity</u> <input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <u>Race (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US
Percentage of votes	0.0 %
Percentage of equity	1.0 %
Percentage of total assets (equity debt plus)	1.0 %

(b.) Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable.
 If "No," submit as an Exhibit an explanation.

Yes No
 [Exhibit 3]

(c.) Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, as defined in 47 C.F.R. Section 73.3555?
 If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. 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](#).

Yes No

Broadcast Interest Information								
Copy	Name of Interest Holder	Call Sign	Community of license	Facility ID Number	Percentage of Votes	Percentage of Equity	Percentage of total assets (EDP)	Positional Interest (Check all that apply)
1.	THOMAS J. EMBRESCIA	WFUN	City ASHTABULA State OHIO	54565	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/>

								Attributable Entity <input type="checkbox"/> Other (please specify):
2.	THOMAS J. EMBRESCIA	WFXJ-FM	City N. KINGSVILLE State OHIO	76320	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
3.	THOMAS J. EMBRESCIA	WYBL	City ASHTABULA State OHIO	87818	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
4.	THOMAS J. EMBRESCIA	WZOO-FM	City EDGEWOOD State OHIO	7819	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
5.	THOMAS J. EMBRESCIA	WREO-FM	City ASHTABULA State OHIO	54566	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):

6.	JUDITH EMBRESCIA	WWSE	City JAMESTOWN State NEW YORK	29919	0.0 %	6.0 %	6.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): INVESTOR
7.	JUDITH EMBRESCIA	WJTN	City JAMESTOWN State NEW YORK	29922	0.0 %	6.0 %	6.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): INVESTOR
8.	JUDITH EMBRESCIA	WQFX-FM	City RUSSELL State PENNSYLVANIA	39622	0.0 %	6.0 %	6.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): INVESTOR
9.	JUDITH EMBRESCIA	WKSJ	City JAMESTOWN State NEW YORK	65592	0.0 %	6.0 %	6.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): INVESTOR
10.	JUDITH EMBRESCIA	WFUN	City ASHTABULA	54565	0.0 %	6.0 %	6.0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director

			State OHIO					<input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): INVESTOR
11.	JUDITH EMBRESCIA	WFXJ-FM	City N. KINGSVILLE State OHIO	76320	0.0 %	6.0 %	6.0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): INVESTOR
12.	JUDITH EMBRESCIA	WYBL	City ASHTABULA State OHIO	87818	0.0 %	6.0 %	6.0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): INVESTOR
13.	JUDITH EMBRESCIA	WZOO-FM	City EDGEWOOD State OHIO	7819	0.0 %	6.0 %	6.0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): INVESTOR
14.	JUDITH EMBRESCIA	WREO-FM	City ASHTABULA State	54566	0.0 %	6.0 %	6.0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited

			OHIO					<input type="checkbox"/> Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): INVESTOR
15.	JUDITH EMBRESCIA	WHUG	City JAMESTOWN State NEW YORK	65591	0.0 %	6.0 %	6.0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): INVESTOR
16.	JUDITH EMBRESCIA	KXNA	City SPRINGDALE State ARKANSAS	71703	57.0 %	11.0 %	11.0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): INVESTOR
17.	JUDITH EMBRESCIA	KFFK	City ROGERS State ARKANSAS	31882	57.0 %	11.0 %	11.0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): INVESTOR
18.	JUDITH EMBRESCIA	KREB	City BENTONVILLE- BELLA AR State ARKANSAS	30935	57.0 %	11.0 %	11.0 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner

								<input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): INVESTOR
19.	THOMAS J. EMBRESCIA	WJTN	City JAMESTOWN State NEW YORK	29922	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify): UNDEFINED
20.	THOMAS J. EMBRESCIA	WQFX-FM	City RUSSELL State PENNSYLVANIA	39622	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify): UNDEFINED
21.	THOMAS J. EMBRESCIA	WKSJ	City JAMESTOWN State NEW YORK	65592	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify): UNDEFINED
22.	THOMAS J. EMBRESCIA	WHUG	City JAMESTOWN State NEW YORK	65591	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder

								<input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify): UNDEFINED
23.	THOMAS J. EMBRESCIA	WWSE	City JAMESTOWN State NEW YORK	29919	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify): UNDEFINED
24.	THOMAS J. EMBRESCIA	KXNA	City SPRINGDALE State ARKANSAS	71703	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify): UNDEFINED
25.	THOMAS J. EMBRESCIA	KFFK	City ROGERS State ARKANSAS	31882	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify): UNDEFINED
26.	THOMAS J. EMBRESCIA	KREB	City BENTONVILLE-BELLA State ARKANSAS	30935	0.0 %	0.0 %	0.0 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable

Entity
 Other
 (please specify):
 UNDEFINED

[Newspaper Interests Subform]

(d.) Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings? Yes No
 If "Yes", complete the information describing the relationship.

Familial Relationships				
Copy	Name	Parent/ Child	Spouse	Siblings
1.	THOMAS AND JUDITH EMBRESCIA	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2.	THOMAS AND JUDITH EMBRESCIA ARE PARENTS OF M. MEGAN PECKHAM, F. MATTHEW EMBRESCIA AND AMANDA E. FLYNN	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	M. MEGAN PECKHAM, F. MATTHEW EMBRESCIA AND AMANDA E. FLYNN	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

(e.) Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ? Yes No
 If "Yes", 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.

[Enter Attribution Exemption Information]

4.	Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question. For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency. [Enter Respondent Interests Held Information]	<input checked="" type="checkbox"/> N/A
5.	Organizational Chart. LICENSEES ONLY: Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee. Non-Licensee Respondents should select "N/A" in response to this question.	<input checked="" type="checkbox"/> N/A [Exhibit 5]

SECTION III - CERTIFICATION

I certify that I am **MANAGER**

(Official Title)

of **SECOND GENERATION, LTD**

(Exact legal title or name of Respondent)

and 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.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature THOMAS J. EMBRESCIA	Date 11/06/2015
Telephone Number of Respondent (Include area code) 2163611000	

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).

Exhibits

Exhibit 2

Description: NATURE OF ENTITY

LIMITED LIABILITY COMPANY

Exhibit 5

Description: ORGANIZATIONAL CHART

RESPONDENT IS CONTROLLED BY A SINGLE INDIVIDUAL MANAGER. THEREFORE AN ORGANIZATIONAL CHART IS NOT NEEDED TO SHOW THE RESPONDENT'S "OWNERSHIP STRUCTURE."