

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (October 2009)	FOR FCC USE ONLY
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS		FOR COMMISSION USE ONLY FILE NO. BOA-20111123MTD

Section I - General Information

1.	Legal Name of the Respondent JOURNAL BROADCAST CORPORATION		
	Street Address (1) 3355 SOUTH VALLEY VIEW BOULEVARD		
	Street Address (2)		
	City LAS VEGAS	State or Country (if foreign address) NV	ZIP Code 89102 -
	Telephone Number (include area code) 7028761313	E-Mail Address (if available)	
	FCC Registration Number: 0002710192	Call Sign WTMJ-TV	Facility ID Number 74098
2.	Contact Representative JOHN W. BAGWELL		Firm or Company Name LERMAN SENTER PLLC
	Street Address (1) 2000 K STREET, NW		
	Street Address (2) SUITE 600		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20006 - 1809
	Telephone Number (include area code) 2024298970	E-Mail Address (if available) JBAGWELL@LERMANSENTER.COM	
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 10/01/2011 <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)		
	a. <input checked="" type="radio"/> Biennial		
	b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)		
	c. <input type="radio"/> Transfer of Control or Assignment of License/Permit		
	d. <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.		
	e. <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)		
	f. <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	Licensee's FCC Registration Number (FRN)
JOURNAL BROADCAST CORPORATION	0002710192

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	WTMJ-TV	74098	MILWAUKEE , WISCONSIN	Television
2.	KQCH	50314	OMAHA , NEBRASKA	FM Station
3.	WSYM-TV	74094	LANSING , MICHIGAN	Television
4.	KTNV-TV	74100	LAS VEGAS , NEVADA	Television
5.	KMIR-TV	16749	PALM SPRINGS , CALIFORNIA	Television
6.	WTMJ	74096	MILWAUKEE , WISCONSIN	AM Station
7.	KMTV-TV	35190	OMAHA , NEBRASKA	Television
8.	KTHI	68589	CALDWELL , IDAHO	FM Station
9.	KQXR	42650	PAYETTE , IDAHO	FM Station
10.	KRVB	17397	NAMPA , IDAHO	FM Station
11.	KLIO	72356	WICHITA , KANSAS	AM Station
12.	KFDI-FM	72357	WICHITA , KANSAS	FM Station
13.	KFXJ	37133	AUGUSTA , KANSAS	FM Station
14.	KYQQ	37121	ARKANSAS CITY , KANSAS	FM Station
15.	KFTI-FM	35020	NEWTON , KANSAS	FM Station
16.	KFAQ	68329	TULSA , OKLAHOMA	AM Station
17.	KVOO-FM	68330	TULSA , OKLAHOMA	FM Station
18.	KXBL	68331	HENRYETTA , OKLAHOMA	FM Station
19.	KSGF	62024	SPRINGFIELD , MISSOURI	AM Station
20.	KRVI	55165	MOUNT VERNON , MISSOURI	FM Station
21.	WGBA-TV	2708	GREEN BAY , WISCONSIN	Television
22.	W31BK	2712	MENOMINEE , MICHIGAN	TV Translator or LPTV station
23.	KKCD	74103	OMAHA , NEBRASKA	FM Station
24.	WFTX-TV	70649	CAPE CORAL , FLORIDA	Television
25.	KXSP	50313	OMAHA , NEBRASKA	AM Station
26.	KFFN	2433	TUCSON , ARIZONA	AM Station
27.	KMXZ-FM	2434	TUCSON , ARIZONA	FM Station
28.	KQTH	20403	TUCSON , ARIZONA	FM Station
29.	KTGV	57504	ORACLE , ARIZONA	FM Station
30.	WKTI	59693	POWELL , TENNESSEE	AM Station
31.	KWBA-TV	35095	SIERRA VISTA , ARIZONA	Television
32.	KSPW	10119	SPARTA , MISSOURI	FM Station
33.	KSRZ	50308	OMAHA , NEBRASKA	FM Station
34.	WWST	29727	SEVIERVILLE , TENNESSEE	FM Station
35.	WCYQ	29741	KARNS , TENNESSEE	FM Station
36.	KTTS-FM	62023	SPRINGFIELD , MISSOURI	FM Station

37.	KGUN-TV	36918	TUCSON , ARIZONA	Television
38.	WKHT	40854	KNOXVILLE , TENNESSEE	FM Station
39.	KJOT	6329	BOISE , IDAHO	FM Station
40.	WLWK-FM	74095	MILWAUKEE , WISCONSIN	FM Station
41.	KEZO-FM	74105	OMAHA , NEBRASKA	FM Station
42.	KICT-FM	63548	WICHITA , KANSAS	FM Station
43.	KIVI-TV	59255	NAMPA , IDAHO	Television
44.	KSGF-FM	2924	ASH GROVE , MISSOURI	FM Station
45.	KNIN-TV	59363	CALDWELL , IDAHO	Television
46.	KPSE-LP	51660	PALM SPRINGS , CALIFORNIA	TV Translator or LPTV station
47.	KSAW-LD	59256	TWIN FALLS , IDAHO	TV Translator or LPTV station
48.	K27DX	59257	MCCALL , IDAHO	Class A TV
49.	W22BW	2711	STURGEON BAY , WISCONSIN	Class A TV
50.	K16EO	36915	ORO VALLEY/TUCSON , ARIZONA	TV Translator or LPTV station
51.	K42AA-D	48802	PAHRUMP , NEVADA	TV Translator or LPTV station
52.	K44JR-D	52252	LAUGHLIN , NEVADA	TV Translator or LPTV station
53.	K29KF-D	181414	PALM SPRINGS , CALIFORNIA	TV Translator or LPTV station
54.	K44LD-D	181411	PALM SPRINGS , CALIFORNIA	TV Translator or LPTV station
55.	W31BK	2712	MENOMINEE , MICHIGAN	TV Translator or LPTV station

8. Respondent is:

Sole Proprietorship Not-for-profit corporation Limited partnership
 For-profit corporation General partnership 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 radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio 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 INCORPORATION	JOURNAL BROADCAST CORPORATION	Month MARCH Year 1998	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

2.	ARTICLES OF MERGER	JOURNAL BROADCAST GROUP, INC. INTO JOURNAL BROADCAST CORP.	Month MARCH Year 1998	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
3.	KMIR-TV/WTMJ-TV AFFILIATION AGREEMENT	NBC-TV	Month JANUARY Year 2002	Month DECEMBER Year 2012 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
4.	KTVN-TV AFFILIATION AGREEMENT	ABC-TV	Month FEBRUARY Year 2004	Month DECEMBER Year 2012 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
5.	KIVI/KSAW-LP AFFILIATION AGREEMENT	ABC-TV	Month FEBRUARY Year 2004	Month DECEMBER Year 2012 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
6.	KGUN(TV) AFFILIATION AGREEMENT	ABC-TV	Month DECEMBER Year 2005	Month FEBRUARY Year 2012 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
7.	WFTX(TV) AFFILIATION AGREEMENT	FOX-TV	Month AUGUST Year 2010	Month DECEMBER Year 2014 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
8.	WGBA(TV) AFFILIATION AGREEMENT	NBC-TV	Month JANUARY Year 2002	Month JANUARY Year 2013 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
9.	KMTV NETWORK AFFILIATION AGREEMENT	CBS	Month AUGUST Year 2006	Month AUGUST Year 2009 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other

10.	KNIN-TV NETWORK AFFILIATION AGREEMENT	FOX-TV	Month SEPTEMBER Year 2010	Month DECEMBER Year 2014 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input type="checkbox"/> Other
11.	BY-LAWS, AS AMENDED	JOURNAL BROADCAST CORPORATION	Month APRIL Year 1998	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
12.	WSYM-TV AFFILIATION AGREEMENT	FOX-TV	Month AUGUST Year 2010	Month DECEMBER Year 2014 <input type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input checked="" type="checkbox"/> Network Affiliation Agreement <input 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

Capitalization Information

Copy	Class of stock (preferred, common or other)	Voting or Non-voting	Number of shares			
			Authorized	Issued and Outstanding	Treasury	Unissued
1.	<input type="radio"/> Preferred <input checked="" type="radio"/> Common <input type="radio"/> Other (specify)	<input checked="" type="radio"/> Voting <input type="radio"/> Non-Voting	50000	1000	0	49000

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	JOURNAL BROADCAST CORPORATION
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1.	Address	Street 3355 SOUTH VALLEY VIEW BLVD. City/State LAS VEGAS , NEVADA Postal/ZIP Code 89102 - Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> 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/LC/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): RESPONDENT
	FCC Registration Number	0002710192
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity)	
	Gender	<input type="radio"/> Male <input type="radio"/> Female
	Ethnicity	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
	Race	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races
	Citizenship	
Percentage of votes	0.0 %	
Percentage of equity	0.0 %	
Percentage of total assets (equity debt plus)	0.0 %	
Copy	Name	JAMES P. PRATHER

2.	Address	Street 3355 SOUTH VALLEY VIEW BLVD. City/State LAS VEGAS , NEVADA Postal/ZIP Code 89102 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input 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 checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LC/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	0019273416
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> US
	Percentage of votes	0.0 %
	Percentage of equity	0.0 %
	Percentage of total assets (equity debt plus)	0.0 %
Copy	Name	STEVEN J. SMITH

3.	Address	Street 3355 SOUTH VALLEY VIEW BLVD. City/State LAS VEGAS , NEVADA Postal/ZIP Code 89102 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input 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 checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LC/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	0019273457
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> US
	Percentage of votes	0 %
	Percentage of equity	0 %
	Percentage of total assets (equity debt plus)	0 %
Copy	Name	THOMAS L. PORTERFIELD

4.	Address	Street 3355 SOUTH VALLEY VIEW BLVD. City/State LAS VEGAS , NEVADA Postal/ZIP Code 89102 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input 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 checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LC/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	0019273408
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)	
	Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
	Ethnicity	<input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	Race	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races
	Citizenship	US
	Percentage of votes	0.0 %
	Percentage of equity	0.0 %
	Percentage of total assets (equity debt plus)	0.0 %
Copy	Name	MARY HILL LEAHY

5.	Address	Street 3355 SOUTH VALLEY VIEW BLVD. City/State LAS VEGAS , NEVADA Postal/ZIP Code 89102 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input 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 checked="" 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 type="checkbox"/> Other (please specify):
	FCC Registration Number	0019270412
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)	
	Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
	Ethnicity	<input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	Race	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races
	Citizenship	US
	Percentage of votes	0.0 %
	Percentage of equity	0.0 %
	Percentage of total assets (equity debt plus)	0.0 %
Copy	Name	ANDRE J. FERNANDEZ

6.	Address	Street 3355 SOUTH VALLEY VIEW BLVD City/State LAS VEGAS , NEVADA Postal/ZIP Code 89102 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input 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 type="checkbox"/> LC/LC/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	0019272418
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input checked="" type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> US
	Percentage of votes	0.0 %
	Percentage of equity	0.0 %
	Percentage of total assets (equity debt plus)	0.0 %
Copy	Name	JAMES B. KOONCE

7.	Address	Street 3355 SOUTH VALLEY VIEW BLVD City/State LAS VEGAS , NEVADA Postal/ZIP Code 89102 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input 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 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	0019273218
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)	
	Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
	Ethnicity	<input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	Race	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races
	Citizenship	US
	Percentage of votes	0.0 %
	Percentage of equity	0.0 %
	Percentage of total assets (equity debt plus)	0.0 %
Copy	Name	KAREN O. TRICKLE

8.	Address	Street 3355 SOUTH VALLEY VIEW BLVD City/State LAS VEGAS , NEVADA Postal/ZIP Code 89102 - Country (if not U.S.) US
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input 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 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	0019273507
	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> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> US
Percentage of votes	0.0 %	
Percentage of equity	0.0 %	
Percentage of total assets (equity debt plus)	0.0 %	
Copy Name	TRACY J. GRANVILLE-ABBOTT	

9.	Address	Street 3355 SOUTH VALLEY VIEW BLVD City/State LAS VEGAS , NEVADA Postal/ZIP Code 89102 - Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input 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 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	0019272962
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)	
	Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
	Ethnicity	<input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	Race	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races
	Citizenship	UK
	Percentage of votes	0.0 %
	Percentage of equity	0.0 %
	Percentage of total assets (equity debt plus)	0.0 %
Copy	Name	THE JOURNAL COMPANY

10.

	Address	Street 333 WEST STATE STREET City/State MILWAUKEE , WISCONSIN Postal/ZIP Code 53203 - 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 type="radio"/> Person with attributable interest <input checked="" type="radio"/> 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 checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	0019345933
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity)
		Gender <input type="radio"/> Male <input type="radio"/> Female
		Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
		Race <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races
		Citizenship
	Percentage of votes	100.0 %
	Percentage of equity	100.0 %
	Percentage of total assets (equity debt plus)	0.0 %

(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.	THE JOURNAL COMPANY	WACY-TV	City APPLETON State WISCONSIN	361	0.0 %	0.0 %	0.0 %	<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): SUBSIDIARY TBA
2.	JOURNAL BROADCAST CORPORATION	WACY-TV	City APPLETON State WISCONSIN	361	0.0 %	0.0 %	0.0 %	<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): SUBSIDIARY TBA

3.	STEVEN J. SMITH	WACY-TV	City APPLETON State WISCONSIN	361	0 %	0 %	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): SUBSIDIARY TBA
4.	ANDRE J. FERNANDEZ	WACY-TV	City APPLETON State WISCONSIN	361	0.0 %	0.0 %	0.0 %	<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): SUBSIDIARY TBA
5.	MARY HILL LEAHY	WACY-TV	City APPLETON State WISCONSIN	361	0.0 %	0.0 %	0.0 %	<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): SUBSIDIARY TBA
6.	JAMES P. PRATHER	WACY-TV	City APPLETON State WISCONSIN	361	0.0 %	0.0 %	0.0 %	<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): SUBSIDIARY TBA
7.	KAREN O. TRICKLE	WACY-TV	City APPLETON State WISCONSIN	361	0.0 %	0.0 %	0.0 %	<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): SUBSIDIARY TBA
8.	JAMES B. KOONCE	WACY-TV	City APPLETON State WISCONSIN	361	0.0 %	0.0 %	0.0 %	<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): SUBSIDIARY TBA
9.	THOMAS L. PORTERFIELD	WACY-TV	City APPLETON State WISCONSIN	361	0.0 %	0.0 %	0.0 %	<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): SUBSIDIARY TBA
10.	TRACY J. GRANVILLE- ABBOTT	WACY-TV	City APPLETON State WISCONSIN	361	0.0 %	0.0 %	0.0 %	<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): SUBSIDIARY TBA

[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? If "Yes", complete the information describing the relationship. [Enter Familial Relationships Information]	<input type="radio"/> Yes <input checked="" type="radio"/> No
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(e.)	Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ? 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]	<input type="radio"/> Yes <input checked="" type="radio"/> No
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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
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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.	<input type="checkbox"/> N/A [Exhibit 5]
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Non-Licensee Respondents should select "N/A" in response to this question.

SECTION III - CERTIFICATION

I certify that I am VICE PRESIDENT

(Official Title)

of JOURNAL BROADCAST CORPORATION

(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 STEVEN J. SMITH	Date 11/23/2011
Telephone Number of Respondent (Include area code) 4143329611	

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 5

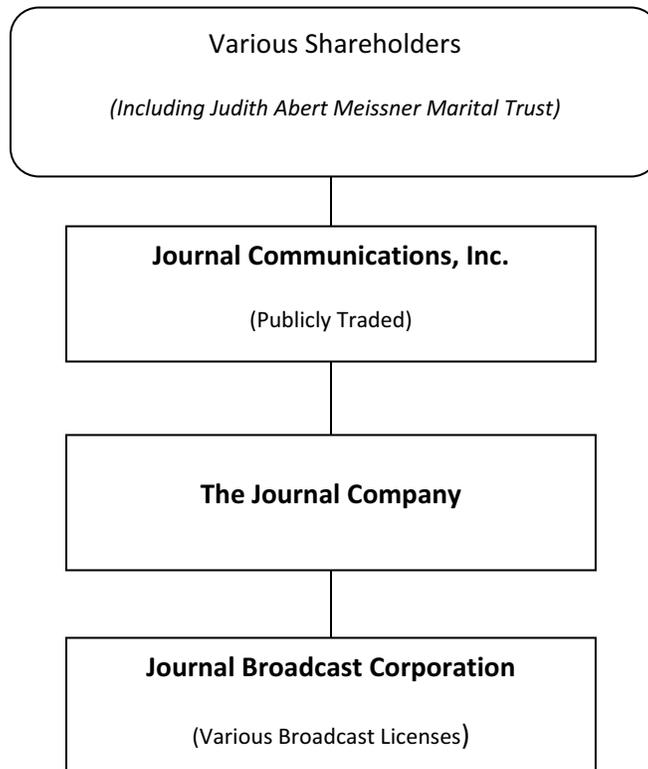
Description: EXHIBIT 5

JOURNAL BROADCAST GROUP, INC., A SUBSIDIARY OF JOURNAL BROADCAST CORPORATION, IS THE TIME-BROKER OF WACY-TV, FAC. ID NO. 361, APPLETON, WISCONSIN, PURSUANT TO A TELEVISION AFFILIATION AGREEMENT DATED JUNE 7, 1993, AS AMENDED.

Attachment 5

Description
Organizational Chart

Journal Broadcast Corporation Organizational Chart



Journal Broadcast Group, Inc., a subsidiary of Journal Broadcast Corporation, is the time-broker of WACY-TV, Fac. ID No. 361, Appleton, Wisconsin, pursuant to a television affiliation agreement dated June 7, 1993, as amended. This interest is reflected in Section II-B, Question 3(c) of this report.