Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0906 (November 2008)	FOR FCC USE ONLY	
FCC 31	7		
ANNUAL DTV ANCILLARY SERVICES REPORT FOR DI STATION	IGITAL TELEVISION	FOR COMMISSION USE ONLY FILE NO. BAFCDT - 20061121ACD	
Read INSTRUCTIONS Befo	ere Filling Out Form		

Se	ction I - General Information					
1.	Legal Name of the Licensee of WTWC LICENSEE, LLC	Legal Name of the Licensee or Permittee				
	Mailing Address PWSP LLP ATTN K SCHME 2300 N STREET, NW	LTZER				
	City WASHINGTON		State or Country (if foreign address) DC	ZIP Code 20037 - 1128		
	Telephone Number (include as 2026638217	rea code)	E-Mail Address (if available) KATHRYN.SCHMELTZER@PILLS	BURYLAW.COM		
	FCC Registration Number: 0004970901	Facility ID Number 66908	Call Sign WTWC-TV			
2.	Contact Representative (if oth KATHRYN R. SCHMELTZE	er than Licensee or Permittee) R	Firm or Company Name PWSP LLP			
	Telephone Number (include area code)		E-Mail Address (if available) KATHRYN.SCHMELTZER@PILLS	BURYLAW.COM		
	3. For the twelve-month period ended September 30th, has the DTV licensee or permittee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624?  If "No," complete Question 7 and submit this Report to the Commission.  If "Yes," proceed to Questions 4 through 7.					
4.	Ancillary/Supplementary Services Provided. Briefly describe below the service provided; whether a fee was charged for the provision of such service; and, if so, the amount of gross revenues received therefrom and the amount of DTV bitstream used to provide such service.  [Services Provided]					
5.	Total amount of gross revenue	s derived from feeable ancillary	or supplementary services:	S		
6.	Has the DTV licensee or permittee remitted to the Commission, through the filing of FCC Form 159, a payment in the amount of 5% of the gross revenues derived from the feeable ancillary or supplementary services?					
7.	Certification. I certify that I h Report are true, correct and co		at, to the best of my knowledge and belief,	all statements in this		
	vped or Printed Name of Person AVID B. AMY	Signing	Typed or Printed Title of Person Signing SECRETARY OF THE SOLE MEMBER	3		
Si	gnature		Date			

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0906 (November 2008)	FOR FCC USE ONLY	
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ANNUAL DTV ANCILLARY SERVICES REPORT FOR DI STATION	IGITAL TELEVISION	FOR COMMISSION USE ONLY FILE NO. BAFCDT - 20081125APG	
Read INSTRUCTIONS Befo	re Filling Out Form		

30	ction 1 - General Information				
1.	Legal Name of the Licensee or Permittee WTWC LICENSEE, LLC				
	Mailing Address C/O PILLSBURY ATTN C F 2300 N STREET, NW	IARRINGTON			
	City WASHINGTON		State or Country (if foreign address) DC	ZIP Code 20037 - 1128	
	Telephone Number (include a 2026638000	rea code)	E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLS	BURYLAW.COM	
	FCC Registration Number: 0004970901	Facility ID Number 66908	Call Sign WTWC-TV		
2.	Contact Representative (if oth CLIFFORD HARRINGTON	er than Licensee or Permittee)	Firm or Company Name PWSP LLP		
	Telephone Number (include a 2026638000	rea code)	E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLS	BURYLAW.COM	
	For the twelve-month period ended September 30th, has the DTV licensee or permittee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624?  If "No," complete Question 7 and submit this Report to the Commission.  If "Yes," proceed to Questions 4 through 7.				
4.	Ancillary/Supplementary Se provision of such service; and provide such service. [Services Provided]	rvices Provided. Briefly describ if so, the amount of gross reven	e below the service provided; whether a fee ues received therefrom and the amount of I	was charged for the OTV bitstream used to	
5.	Total amount of gross revenue	s derived from feeable ancillary	or supplementary services:	S	
6.	Has the DTV licensee or permittee remitted to the Commission, through the filing of FCC Form 159, a payment in the amount of 5% of the gross revenues derived from the feeable ancillary or supplementary services?				
	Report are true, correct and co	mplete.	it, to the best of my knowledge and belief,	all statements in this	
DA	ped or Printed Name of Person AVID B. AMY	Signing	Typed or Printed Title of Person Signing SENIOR MANAGER		
Sig	gnature		Date 11/25/2008		

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0906 (November 2008)	FOR FCC USE ONLY	
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ANNUAL DTV ANCILLARY SERVICES REPORT FOR DI STATION	IGITAL TELEVISION	FOR COMMISSION USE ONLY FILE NO. BAFCDT - 20071130AAG	
Read INSTRUCTIONS Befo	re Filling Out Form		

L	Read INSTRUCT	IONS Before Filling Out Form			
Se	ction I - General Information				
I.	Legal Name of the Licensee of WTWC LICENSEE, LLC	Permittee			
Mailing Address PWSP LLP ATTN K SCHMELTZER 2300 N STREET, NW					
	City WASHINGTON		State or Country (if foreign address) DC	ZIP Code 20037 - 1128	
	Telephone Number (include ar 2026638217	rea code)	E-Mail Address (if available) KATHRYN SCHMELTZER@PILLS	BURYLAW.COM	
	FCC Registration Number: 0004970901	Facility ID Number 66908	Call Sign WTWC-TV		
2.	Contact Representative (if othe KATHRYN R. SCHMELTZE	er than Licensee or Permittee)	Firm or Company Name PWSP LLP		
	Telephone Number (include ar 2026638217	ea code)	E-Mail Address (if available) KATHRYN.SCHMELTZER@PILLS	BURYLAW.COM	
	3. For the twelve-month period ended September 30th, has the DTV licensee or permittee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624?  If "No," complete Question 7 and submit this Report to the Commission.  If "Yes," proceed to Questions 4 through 7.				
4.			e below the service provided; whether a fe- ues received therefrom and the amount of t		
5.	Total amount of gross revenue	s derived from feeable ancillary	or supplementary services:	\$	
6.	Has the DTV licensee or permittee remitted to the Commission, through the filing of FCC Form 159, a payment in the amount of 5% of the gross revenues derived from the feeable ancillary or supplementary services?				
7.	Certification. I certify that I has Report are true, correct and con		at, to the best of my knowledge and belief,	all statements in this	
	ped or Printed Name of Person AVID B. AMY	Signing	Typed or Printed Title of Person Signing SECRETARY OF THE SOLE MEMBER		
Si	gnature		Date 11/05/2007		

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0906 (November 2008)	FOR FCC USE ONLY
FCC 31	7	
ANNUAL DTV ANCILLAR' SERVICES REPORT FOR D STATIO	IGITAL TELEVISION	FOR COMMISSION USE ONLY FILE NO. BAFCDT - 20051108AAE
Read INSTRUCTIONS Befo	ore Filling Out Form	

Se	ction I - General Information				
Legal Name of the Licensee or Permittee     WTWC LICENSEE, LLC					
	Mailing Address PWSP LLP ATTN K SCHME 2300 N STREET, NW				
	City WASHINGTON		State or Country (if foreign address) DC	ZIP Code 20037 - 1128	
	Telephone Number (include area code) 2026638217		E-Mail Address (if available) KATHRYN.SCHMELTZER@PILLS	BURYLAW.COM	
	FCC Registration Number: 0004970901	Facility ID Number 66908	Call Sign WTWC-TV		
2.	Contact Representative (if other KATHRYN R. SCHMELTZE		Firm or Company Name PWSP LLP		
	Telephone Number (include area code)  E-Mail Address (if available)  KATHRYN.SCHMELTZER@PILLSBU			BURYLAW.COM	
	3. For the twelve-month period ended September 30th, has the DTV licensee or permittee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624?  If "No," complete Question 7 and submit this Report to the Commission.  If "Yes," proceed to Questions 4 through 7.				
4.	Ancillary/Supplementary Services Provided. Briefly describe below the service provided; whether a fee was charged for the provision of such service; and, if so, the amount of gross revenues received therefrom and the amount of DTV bitstream used to provide such service.  [Services Provided]				
5.	Total amount of gross revenue	es derived from feeable ancillary	or supplementary services:	S	
6.	Has the DTV licensee or permittee remitted to the Commission, through the filing of FCC Form 159, a payment in the amount of 5% of the gross revenues derived from the feeable ancillary or supplementary services?				
7.	Certification. I certify that I h Report are true, correct and co		at, to the best of my knowledge and belief,	all statements in this	
Ty D	ped or Printed Name of Person AVID B. AMY	Signing	Typed or Printed Title of Person Signing SECRETARY OF THE SOLE MEMBE	R	
Si	gnature		Date 11/08/2005		

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0906 (November 2008)	FOR FCC USE ONLY	
FCC 31	7		
ANNUAL DTV ANCILLARY SERVICES REPORT FOR DI STATION	GITAL TELEVISION	FOR COMMISSION USE ONLY FILE NO. BAFCDT - 20101116AKA	
Read INSTRUCTIONS Befo	re Filling Out Form		

-	1,000 1110 1110 01	TOTAL DELOTE FIRING OUT FORM				
-	ection I - General Information					
1.	Legal Name of the Licensee or Permittee WTWC LICENSEE, LLC					
	Mailing Address C/O PILLSBURY ATTN C H 2300 N STREET, NW					
	City WASHINGTON		State or Country (if foreign address) DC	ZIP Code 20037 - 1128		
	Telephone Number (include ar 2026638000	ea code)	E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLS			
	FCC Registration Number: 0004970901	Facility ID Number 66908	Call Sign WTWC-TV			
2.	Contact Representative (if othe CLIFFORD HARRINGTON	r than Licensee or Permittee)	Firm or Company Name PWSP LLP			
	Telephone Number (include an 2026638000	ea code)	E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLS	BURYLAW COM		
	For the twelve-month period ended September 30th, has the DTV licensee or permittee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624?  If "No," complete Question 7 and submit this Report to the Commission.  If "Yes," proceed to Questions 4 through 7.					
ш	Ancillary/Supplementary Ser provision of such service; and, provide such service. [Services Provided]	vices Provided. Briefly describe if so, the amount of gross revent	e below the service provided; whether a fee ues received therefrom and the amount of I	was charged for the DTV bitstream used to		
5.	Total amount of gross revenues	derived from feeable ancillary of	or supplementary services:	5		
	Has the DTV licensee or permittee remitted to the Commission, through the filing of FCC Form 159, a payment in the amount of 5% of the gross revenues derived from the feeable ancillary or supplementary services?					
	Report are true, correct and con	ipiete.	it, to the best of my knowledge and belief,	all statements in this		
)A	oed or Printed Name of Person S VID B. AMY	Signing	Typed or Printed Title of Person Signing SENIOR MANAGER			
ig	nature		Date			

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0906 (November 2008)	FOR FCC USE ONLY	
FCC 31	7		
ANNUAL DTV ANCILLARY SERVICES REPORT FOR D STATION	IGITAL TELEVISION	FOR COMMISSION USE ONLY FILE NO. BAFCDT - 20091120AEQ	
Read INSTRUCTIONS Befo	re Filling Out Form		

	to the Detere I thing Out I out				
Section I - General Information					
Legal Name of the Licensee or WTWC LICENSEE, LLC	Permittee				
Mailing Address C/O PILLSBURY ATTN C HA 2300 N STREET, NW	ARRINGTON				
City WASHINGTON		State or Country (if foreign address) DC	ZIP Code 20037 - 1128		
Telephone Number (include are 2026638000	ea code)	E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLS			
FCC Registration Number: 0004970901	Facility ID Number 66908	Call Sign WTWC-TV			
Contact Representative (if other CLIFFORD HARRINGTON	than Licensee or Permittee)	Firm or Company Name PWSP LLP			
Telephone Number (include are 2026638000	a code)	E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLS	BURYLAW.COM		
1f "No," complete Question 7 an  If "Yes," proceed to Questions 4	If "No," complete Question 7 and submit this Report to the Commission.				
Ancillary/Supplementary Service provision of such service; and, is provide such service.  [Services Provided]	rices Provided. Briefly describe f so, the amount of gross revenu	below the service provided; whether a fee es received therefrom and the amount of I	was charged for the OTV bitstream used to		
5. Total amount of gross revenues of	derived from feeable ancillary o	r supplementary services:	S		
6. Has the DTV licensee or permitt payment in the amount of 5% of services?	Has the DTV licensee or permittee remitted to the Commission, through the filing of FCC Form 159, a payment in the amount of 5% of the gross revenues derived from the feeable ancillary or supplementary.				
report are true, correct and com	piete.	t, to the best of my knowledge and belief, a	Il statements in this		
Typed or Printed Name of Person Si DAVID B. AMY		Typed or Printed Title of Person Signing SENIOR MANAGER			
ignature		Date 11/20/2009			