Approved by OMB (Office of Management and Budget) 3060-0084
July 2019

Federal Communications Commission

(REFERENCE COPY - Not for submission)

# Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number: **0000041173** | Submit Date: **2018-02-02** | FRN: **0005853098**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **02/02/2018**

Filing Status: **Active**

## Section I - General Information

### 1. Respondent

| FRN | Entity Name |
|---|---|
| 0005853098 | All Classical Public Media, Inc. |

| Street Address | City (and Country if non U.S. address) | State ("NA" if non-U.S. address) | Zip Code | Phone | Email |
|---|---|---|---|---|---|
| 211 SE Caruthers Suite 200 | Portland | OR | 97214 | +1 (503) 802-9406 | andrearennie@allclassical.org |

### 2. Contact Representative

| Name | Organization |
|---|---|
| John Crigler | Garvey Schubert Barer |

| Street Address | City (and Country if non U.S. address) | State | Zip Code | Phone | Email |
|---|---|---|---|---|---|
| 1000 Potomac St. NW 2nd Floor | Washington | DC | 20007 | +1 (202) 965-7880 | JCrigler@gsblaw.com |

### 3. Application Filing Fee

Not Applicable

### 4. Control of Respondent

| (a) Provide the following information about the Respondent: | | |
|---|---|---|
| **Relationship to stations/permits** | Licensee | |
| **Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?** | | No |

| (b) Provide the following information about this report: | |
|---|---|
| **Purpose** | Biennial |
| **"As of" date** | 10/01/2017<br><br>**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) and Station(s)**

**Respondent is filing this report to cover the following Licensee(s) and station(s):**

| Licensee/Permittee Name | FRN |
|---|---|
| All Classical Public Media, Inc. | 0005853098 |

| Fac. ID No. | Call Sign | City | State | Service |
|---|---|---|---|---|
| 59343 | KQAC | PORTLAND | OR | FM |
| 91191 | KQOC | GLENEDEN BEACH | OR | FM |
| 173887 | KQMI | MANZANITA | OR | FM |
| 175508 | KQHR | THE DALLES | OR | FM |

## Section II – Biennial Ownership Information

**1. 47 C.F.R. Section 73.3613 Documents**

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations 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. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee Respondents should select “Not Applicable” in response to this question.

| Document Information | |
|---|---|
| **Description of contract or instrument** | Amended and Restated Articles of Incorporation |
| **Parties to contract or instrument** | State of Oregon |
| **Date of execution** | 02/2009 |
| **Date of expiration** | No expiration date |
| **Agreement type** (check all that apply) | Other **Agreement Type:** Articles of Incorporation |

| Document Information | |
|---|---|
| **Description of contract or instrument** | Restated By-Laws |
| **Parties to contract or instrument** | All Classical Public Media, Inc. |
| **Date of execution** | 09/2009 |
| **Date of expiration** | No expiration date |
| **Agreement type** (check all that apply) | Other **Agreement Type:** Restated By-Laws |

| Document Information | |
|---|---|
| **Description of contract or instrument** | Amendment to By-Laws |
| **Parties to contract or instrument** | All Classical Public Media, Inc. |
| **Date of execution** | 09/2013 |
| **Date of expiration** | No expiration date |
| **Agreement type** (check all that apply) | Other **Agreement Type:** Amendment to By-Laws |

## 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, members of the governing board (or other governing entity), stockholders, 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) 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) 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** | 0005853098 | |
| **Entity Name** | All Classical Public Media, Inc. | |
| **Address** | **PO Box** | |
| | **Street 1** | 211 SE Caruthers |
| | **Street 2** | Suite 200 |
| | **City** | Portland |
| | **State ("NA" if non-U.S. address)** | OR |
| | **Zip/Postal Code** | 97214 |
| | **Country (if non-U.S. address)** | United States |
| **Listing Type** | Respondent | |
| **Positional Interests** (check all that apply) | Respondent | |
| **Tribal Nation or Tribal Entity** | Interest holder is not a Tribal nation or Tribal entity | |
| **Interest Percentages** (enter percentage values from 0.0 to 100.0) | **Voting** | 0.0% |
| | **Equity** | 0.0% |
| | **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** | 9990121342 | |
| **Name** | Richard O. Simpson | |
| **Address** | **PO Box** | |
| | | |

| | | |
|---|---|---|
| | **Street 1** | 1300 Scarlet Oak Circle |
| | **Street 2** | |
| | **City** | Athens |
| | **State ("NA" if non-U.S. address)** | GA |
| | **Zip/Postal Code** | 30606 |
| | **Country (if non-U.S. address)** | United States |
| **Listing Type** | Other Interest Holder | |
| **Positional Interests** (check all that apply) | Officer, Other - Board ChairMember of Governing Board (or other governing entity) | |
| **Principal Profession or Occupation** | Retired Computer Scientist | |
| **By Whom Appointed or Elected** | Board elected | |
| **Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)** | **Citizenship** | US |
| | **Gender** | Male |
| | **Ethnicity** | Not Hispanic or Latino |
| | **Race** | White |
| **Interest Percentages** (enter percentage values from 0.0 to 100.0) | **Voting** | 16.6% |
| | **Equity** | 0.0% |
| | **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 |

| **Ownership Information** | | |
|---|---|---|
| **FRN** | 9990121343 | |
| **Name** | Darrell Hanks | |
| **Address** | **PO Box** | |
| | **Street 1** | 6232 S.E. Ramona St. |
| | **Street 2** | |
| | **City** | Portland |
| | **State ("NA" if non-U.S. address)** | OR |
| | **Zip/Postal Code** | 97206 |
| | **Country (if non-U.S. address)** | United States |
| **Listing Type** | Other Interest Holder | |
| **Positional Interests** (check all that apply) | Officer, Other - SecretaryMember of Governing Board (or other governing entity) | |
| | | |

| | | |
|---|---|---|
| **Principal Profession or Occupation** | Archetier | |
| **By Whom Appointed or Elected** | Board elected | |
| **Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)** | **Citizenship** | US |
| | **Gender** | Male |
| | **Ethnicity** | Not Hispanic or Latino |
| | **Race** | White |
| **Interest Percentages** (enter percentage values from 0.0 to 100.0) | **Voting** | 16.6% |
| | **Equity** | 0.0% |
| | **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 |

| **Ownership Information** | | |
|---|---|---|
| **FRN** | 9990121345 | |
| **Name** | Nancy L. Ives | |
| **Address** | **PO Box** | |
| | **Street 1** | 1637 SW Spring Garden St. |
| | **Street 2** | |
| | **City** | Portland |
| | **State ("NA" if non-U.S. address)** | OR |
| | **Zip/Postal Code** | 97219 |
| | **Country (if non-U.S. address)** | United States |
| **Listing Type** | Other Interest Holder | |
| **Positional Interests** (check all that apply) | Officer, Other - DirectorMember of Governing Board (or other governing entity) | |
| **Principal Profession or Occupation** | Cellist | |
| **By Whom Appointed or Elected** | Board elected | |
| **Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)** | **Citizenship** | US |
| | **Gender** | Female |
| | **Ethnicity** | Not Hispanic or Latino |
| | **Race** | White |
| **Interest Percentages** (enter percentage values from 0.0 to 100.0) | **Voting** | 16.6% |
| | **Equity** | 0.0% |
| | **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 |

| **Ownership Information** | | |
|---|---|---|
| **FRN** | 9990121346 | |
| **Name** | Joseph G. Rakoski | |
| **Address** | **PO Box** | |
| | **Street 1** | 606 S.E. 117th Ave. |
| | **Street 2** | Suite 100 |
| | **City** | Vancouver |
| | **State ("NA" if non-U.S. address)** | WA |
| | **Zip/Postal Code** | 98683 |
| | **Country (if non-U.S. address)** | United States |
| **Listing Type** | Other Interest Holder | |
| **Positional Interests** (check all that apply) | Officer, Other - TreasurerMember of Governing Board (or other governing entity) | |
| **Principal Profession or Occupation** | CPA | |
| **By Whom Appointed or Elected** | Board elected | |
| **Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)** | **Citizenship** | US |
| | **Gender** | Male |
| | **Ethnicity** | Not Hispanic or Latino |
| | **Race** | White |
| **Interest Percentages** (enter percentage values from 0.0 to 100.0) | **Voting** | 16.6% |
| | **Equity** | 0.0% |
| | **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 |

| **Ownership Information** | | |
|---|---|---|
| **FRN** | 9990121349 | |
| **Name** | Suzanne Nance | |
| **Address** | **PO Box** | |
| | **Street 1** | 3207 NE Alberta St. |
| | **Street 2** | |
| | **City** | Portland |

| | | |
|---|---|---|
| | **State ("NA" if non-U.S. address)** | OR |
| | **Zip/Postal Code** | 97211 |
| | **Country (if non-U.S. address)** | United States |
| **Listing Type** | Other Interest Holder | |
| **Positional Interests** (check all that apply) | Officer, Other - President and CEO | |
| **Principal Profession or Occupation** | Media Executive and Producer | |
| **By Whom Appointed or Elected** | Board nominated | |
| **Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)** | **Citizenship** | US |
| | **Gender** | Female |
| | **Ethnicity** | Not Hispanic or Latino |
| | **Race** | White |
| **Interest Percentages** (enter percentage values from 0.0 to 100.0) | **Voting** | 16.6% |
| | **Equity** | 0.0% |
| | **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 |

| **Ownership Information** | | |
|---|---|---|
| **FRN** | 9990121351 | |
| **Name** | Joan Kingsley | |
| **Address** | **PO Box** | |
| | **Street 1** | 2667 SW Upper Dr. Pl. |
| | **Street 2** | |
| | **City** | Portland |
| | **State ("NA" if non-U.S. address)** | OR |
| | **Zip/Postal Code** | 47201 |
| | **Country (if non-U.S. address)** | United States |
| **Listing Type** | Other Interest Holder | |
| **Positional Interests** (check all that apply) | Officer, Other - Vice PresidentMember of Governing Board (or other governing entity) | |
| **Principal Profession or Occupation** | Retired | |
| **By Whom Appointed or Elected** | Board elected | |
| | | |

| | | |
|---|---|---|
| **Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)** | **Citizenship** | US |
| | **Gender** | Female |
| | **Ethnicity** | Not Hispanic or Latino |
| | **Race** | White |
| **Interest Percentages** (enter percentage values from 0.0 to 100.0) | **Voting** | 16.6% |
| | **Equity** | 0.0% |
| | **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.**<br>If "No," submit as an exhibit an explanation. | Yes |

| | |
|---|---|
| **(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?**<br><br>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. | No |

**3. Organizational Chart (Licensees Only)**

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

**Non-Licensee Respondents should select "N/A" in response to this question.**

Licensee has no parent entity.

## Section III - Certification

**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: **President and CEO**<br>Exact Legal Title or Name of Respondent: **All Classical Public Media, Inc.**<br>Name: **Suzanne Nance**<br>Phone: **5038029411**<br><br>02/02/2018 |