



(REFERENCE COPY - Not for submission)

# Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000048282** | Submit Date: **2018-03-05** | FRN: **0005019351**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **03/05/2018**

Filing Status: **Active**

## Section I - General Information

### 1. Respondent

FRN	Entity Name
0027247691	NEUHOFF FAMILY GP TRUST

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 418	Jupiter	FL	33468	+1 (561) 745-1188	BETHNEUHOFF@NEUHOFFMEDIA.COM

### 2. Contact Representative

Name	Organization
Brad C. Deutsch	Garvey Schubert Barer

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac Street NW Suite 200	Washington	DC	20007	+1 (202) 965-7880	bdeutsch@gsblaw.com

### 3. Application Filing Fee

Not Applicable

### 4. Nature of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees
Nature of Respondent	Other Trust

(b) Provide the following information about this report:	
Purpose	Biennial
"As of" date	10/01/2017  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
Neuhoff Media Decatur, LLC	0018357632

Fac. ID No.	Call Sign	City	State	Service
36945	WSOY	DECATUR	IL	AM
36951	WSOY-FM	DECATUR	IL	FM
46942	WCZQ	MONTICELLO	IL	FM
47004	WDZQ	DECATUR	IL	FM
53348	WDZ	DECATUR	IL	AM

Licensee/Permittee Name	FRN
Neuhoff Media Lafayette, LLC	0026715508

Fac. ID No.	Call Sign	City	State	Service
59361	WASK-FM	BATTLE GROUND	IN	FM
63185	WKHY	LAFAYETTE	IN	FM
71064	WKOA	LAFAYETTE	IN	FM
71065	WASK	LAFAYETTE	IN	AM
72676	WXXB	DELPHI	IN	FM

Licensee/Permittee Name	FRN
Neuhoff Media Springfield, LLC	0016864092

Fac. ID No.	Call Sign	City	State	Service
4738	WXAJ	HILLSBORO	IL	FM
48331	WFMB-FM	SPRINGFIELD	IL	FM
48333	WFMB	SPRINGFIELD	IL	AM
70275	WCVS-FM	VIRDEN	IL	FM

Licensee/Permittee Name	FRN
Neuhoff Media Bloomington, LLC	0024949216

Fac. ID No.	Call Sign	City	State	Service
4617	WIHN	NORMAL	IL	FM
164104	WBBE	HEYWORTH	IL	FM
164105	WWHX	NORMAL	IL	FM

Licensee/Permittee Name	FRN
Neuhoff Media Danville, LLC	0005019351

Fac. ID No.	Call Sign	City	State	Service
48330	WDAN	DANVILLE	IL	AM
48332	WDNL	DANVILLE	IL	FM
57465	WRHK	DANVILLE	IL	FM

## Section II – Biennial Ownership Information

### 1. 47 C.F.R. Section 73.3613 and Other 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. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question.

Not Applicable.

### 2. Ownership Interests

**(a) Ownership Interests.** This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated partners, non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) 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	0027247691	
Entity Name	NEUHOFF FAMILY GP TRUST	
Address	PO Box	418
	Street 1	
	Street 2	
	City	Jupiter
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33468
	Country (if non-U.S. address)	United States
Listing Type	Respondent	

<b>Positional Interests</b> (check all that apply)	Respondent		
<b>Tribal Nation or Tribal Entity</b>	Interest holder is not a Tribal nation or Tribal entity		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			Yes

Ownership Information			
<b>FRN</b>	0025069022		
<b>Name</b>	Elizabeth T. Neuhoff		
<b>Address</b>	<b>PO Box</b>	418	
	<b>Street 1</b>		
	<b>Street 2</b>		
	<b>City</b>	Jupiter	
	<b>State ("NA" if non-U.S. address)</b>	FL	
	<b>Zip/Postal Code</b>	33468	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Other - Trustee of Neuhoff Family GP Trust		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US	
	<b>Gender</b>	Female	
	<b>Ethnicity</b>	Not Hispanic or Latino	
	<b>Race</b>	White	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	100.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>		
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			Yes

<b>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.</b> If "No," submit as an exhibit an explanation.	Yes
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<p><b>(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, as defined in 47 C.F.R. Section 73.3555?</b></p> <p>If "<u>Yes</u>," provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below. Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option.</p> <p>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 <a href="#">Click Here</a>.</p> <p>If using the subform, 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 newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA" into the percentage of total assets (Equity Debt Plus) field for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard.</p> <p>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.</p>	<p>No</p>
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<p><b>(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings?</b></p> <p>If "<u>Yes</u>," provide the following information for each such the relationship.</p>	<p>No</p>
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<p><b>(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</b></p> <p>If "<u>Yes</u>," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.</p>	<p>No</p>
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**Certification**

Section	Question	Response
<p><b>Authorized Party to Sign</b></p>	<p>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).</p>	

**Certification**

I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.

Official Title: **TRUSTEE, ON BEHALF OF**  
Exact Legal Title or Name of Respondent:  
**NEUHOFF FAMILY GP TRUST**  
Name: **ELIZABETH NEUHOFF**  
Phone: **5617451188**

03/05/2018