

(REFERENCE COPY - Not for submission)

FRN

0008690513

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

Entity Name

File Number:0000042550Submit Date:2018-02-20FRN:0008690513Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:Status: Date:02/20/2018Filing Status:ActiveStatus:ActiveStatus:Status:Status:

Section I - General Information

1. Respondent

La Porte County Broadcasting Co., Inc., Debtor-in Possession

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1700 LINCOLNWAY PLACE Suite 8	La Porte	IN	46350	+1 (219) 362- 6144	denny@wcoefm. com

2. Contact Representative

Name	Organization
Dennis Siddall	La Porte County Broadcasting Co., Inc. Debtor in Possession

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
55179 Wintercrest Dr.	New Carlisle	IN	46552	+1 (574) 654-9192	denny@wcoefm.com

3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	No

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	MAR	2	95	\$140.00
		·	·	<u>,</u>	Total	\$140.00

4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
Nature of Respondent	For-profit corporation	

(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
La Porte County Broadcasting Co., Inc., Debtor-in Possession	0008690513

Fac. ID No.	Call Sign	City	State	Service
36541	WCOE	LA PORTE	IN	FM
36542	WLOI	LA PORTE	IN	AM

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.

Document Information		
Description of contract or instrument	ARTICLES OF INCORPORATION	
Parties to contract or instrument	SHAREHOLDERS	
Date of execution	09/1955	
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	BYLAWS	
Parties to contract or instrument	SHAREHOLDERS	
Date of execution	09/1955	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: BYLAWS	

Document Information			
Description of contract or instrument	NOTICE OF BANKRUPTCY CASE FILING. LAPORTE COUNTY BROADCASTING CO. INC. d/b/a WLOI-AM and WCOE-FM		
Parties to contract or instrument	U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF INDIANA		
Date of execution	01/2017		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: NOTICE OF BANKRUPTCY CASE FILING LAPORTE COUTNY BROADCASTING CO. INC. d/b /a WLOI-AM and WCOE-FM		

2. Ownership Interests

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(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	0008690513		
Entity Name	La Porte County Broadcasting Co., Inc., Debtor-in Possession		
Address	PO Box		
	Street 1	1700 LINCOLNWAY PLACE	
	Street 2	Suite 8	
	City	La Porte	

	State ("NA" if non-U.S. address)	IN		
	Zip/Postal Code	46350		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent	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	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have	an attributable interest in one c	or more broadcast stations	No	

that do not appear on this report?

Ownership Information

FRN	0020001764		
Name	John H. Coe		
Address	PO Box		
	Street 1	3405 Shore Drive	
	Street 2		
	City	Celina	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	45822	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Race White	
Interest Percentages (enter percentage values	Voting	22.0%	Jointly Held? Yes
from 0.0 to 100.0)	Equity	22.0%	
	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?

Yes

Ownership Information				
FRN	0020001772			
Name	Penny P. Myers	Penny P. Myers		
Address	PO Box			
	Street 1	648 ST. ANDREWS DR.		
	Street 2			
	City	DAYTON		
	State ("NA" if non-U.S. address)	NV		
	Zip/Postal Code	89403		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Stockholder			
Citizenship, Gender,	Citizenship US			
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	22.0%	Jointly Held? Yes	
from 0.0 to 100.0)	Equity	22.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?			Yes	

Ownership Information

FRN	0023195779	
Name	DeEtta Coe	
Address	PO Box	
	Street 1	2591 HICKORY COURT
	Street 2	
	City	LAPORTE
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46350

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	38.0%	Jointly Held? Yes
from 0.0 to 100.0)	Equity	38.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations			Yes

Ownership Information

that do not appear on this report?

FRN	0020027074		
Name	Mary Ann Hanson		
Address	PO Box		
	Street 1	620 HEATHER COURT	
	Street 2		
	City	GRIFFITH	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	46310	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	11.0%	Jointly Held? Yes
from 0.0 to 100.0)	Equity	11.0%	
	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?	Yes
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.	Yes

If "No," submit as an exhibit an explanation.

(c) Does the Respondent or any reported interest holder	No
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?	
If "Yes," 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.	
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.	
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.	
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.	

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

Family Relationships

FRN	0020001764	Name	John H Coe
FRN	0020001772	Name	Penny P Myers
Relationship	Siblings		

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?

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.

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.

No

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

Licensee has no parent entities.

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 LICENSEOR 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: General Manager Exact Legal Title or Name of Respondent: Dennis Siddall Name: Dennis Siddall Phone: 2193626144 02/19/2018