

(REFERENCE COPY - Not for submission)

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

File Number: 0000048098 | Submit Date: 2018-03-05 | FRN: 0007318348

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 03/05/2018

Filing Status: Active

#### **Section I - General Information**

#### 1. Respondent

FRN	Entity Name
0007318348	Northwest Indiana Public Broadcasting, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non- U.S. address)	Zip Code	Phone	Email
8625 Indiana Place	Merrillville	IN	46410- 6352	+1 (219) 756-5656	jmuhammad@lakeshorepublicmedia. org

## 2. Contact Representative

Name	Organization
Lawrence M. Miller	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	20007-3501	+1 (202) 298-2534	lmiller@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 boaindirectly under the control of ano	No			

### (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
Northwest Indiana Public Broadcasting, Inc.	0007318348

Fac. ID No.	Call Sign	City	State	Service
49803	WYIN	GARY	IN	DTV
89212	WLPR-FM	LOWELL	IN	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	Articles of Incorporation			
Parties to contract or instrument	Northwest Indiana Public Broadcasting, Inc.			
Date of execution	03/1979			
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	B-Laws			
Parties to contract or instrument	Northwest Indiana Public Broadcasting, Inc.			
Date of execution	01/2007			
Date of expiration	No expiration date			
Agreement type (check all that apply)	Other Agreement Type: By-Laws			

Document Information				
Description of contract or instrument	Membership Certification			
Parties to contract or instrument	Public Broadcasting Service			
Date of execution	06/2017			
Date of expiration	06/2018			
Agreement type (check all that apply)	Other Agreement Type: Membership Certification			

# 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	0007318348			
Entity Name	Northwest Indiana Public Broadcasting, Inc.			
Address	PO Box			
	Street 1	8625 Indiana Place		
	Street 2			
	City	Merrillville		
	State ("NA" if non-U.S. address)	IN		
	Zip/Postal Code	46410-6352		
	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 r	nation or Tribal entity		
Interest Percentages	Voting	0.0%		
(enter percentage values 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 or more broadcast stations No that do not appear on this report?				

Ownership Information	nership Information		
FRN	0004864674	0004864674  Larry A. Brechner	
Name	Larry A. Brechner		
Address	PO Box		
	Street 1	330 Indian Boundary Road	
	Street 2		
	City	Chesterton	

	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	46304-1511	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Vice-Chair - M	lember of Governing Board (or othe	er governing entity)
Principal Profession or Occupation	Retired- School Administrator Theater Director		
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No

Ownership Information			
FRN	0027183649		
Name	Bonita D. Neff		
Address	PO Box		
	Street 1	8320 Greenwood Ave.	
	Street 2		
	City	Munster	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	46321	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Member of Lakeshore Public Media Board of Directors - Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Professor and Chair, Communication, Performing Arts		
By Whom Appointed or Elected	Board		

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	9.1%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No

Ownership Information			
FRN	0027183813		
Name	Larry G. Evans		
Address	РО Вох		
	Street 1	51 E. Division Road	
	Street 2		
	City	Valparaiso	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	46383	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Chair - Governance Committee - Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Attorney		
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this r	n attributable interest in one o eport?	r more broadcast stations	No

Ownership Information			
FRN	9990124370		
Name	Danita Johnson Hughes		
Address	РО Вох		
	Street 1	909 Buckthorne Court	
	Street 2		
	City	Valparaiso	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	46383	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Secretary -		
Principal Profession or Occupation	Healthcare Executive		
By Whom Appointed or Elected	Board	Board	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations No	

Ownership Information			
FRN	9990124371		
Name	Janice Ryba	Janice Ryba	
Address	PO Box		
	Street 1	1437 Wellington Terrace	
	Street 2		
	City	Munster	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	46321	

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Audit Committ governing entity)	Officer, Other - Audit Committee Chairperson - Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Hospital Administrator and CE	Hospital Administrator and CEO	
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this r	an attributable interest in one oreport?	r more broadcast stations No	

Ownership Information		
FRN	9990124372	
Name	Kenneth M. Wilk	
Address	PO Box	
	Street 1	523 Turnberry Drive
	Street 2	
	City	Schererville
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46375
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Director - Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Attorney	
By Whom Appointed or Elected	Board	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Male
Persons Only)		

Interest Percentages (enter percentage values from 0.0 to 100.0)	Ethnicity	Not Hispanic or Latino	
	Race	White	
	Voting	9.1%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	No

Ownership Information			
FRN	9990124374		
Name	Calvin Bellamy	Calvin Bellamy	
Address	РО Вох		
	Street 1	1634 Cherry Blossom Dr.	
	Street 2		
	City	Munster	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	46321-5143	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Director, Chair of Finance Committee - Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Attorney		
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No	

Ownership Information	
FRN	0027240241

Name	Ana M. Grandfield		
Address	РО Вох		
	Street 1	7 The Thumb	
	Street 2		
	City	Portage	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	46368-8706	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - President, Board of Trustees - Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired, Administrator, Library		
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations No	

Ownership Information		
FRN	9990128350	
Name	Charles Blum	
Address	РО Вох	
	Street 1 1125 Royal Dublin Lane	
	Street 2	
	<b>City</b> Dyer	
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46311
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Entertainment Executive		
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	us	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	9.1%	
	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?			

FRN	9990129399	
Name	Dewey Pearman	
Address	РО Вох	
	Street 1	916 Haymarket Court
	Street 2	
	City	Crown Point
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46307
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Director - Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Association Manager, Construction Advancement Foundation of Northwest Indiana, inc.	
By Whom Appointed or Elected	Board	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Male
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values	Voting	9.1%

from 0.0 to 100.0)	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	

FRN	9990133833		
Name	Karen Tallian		
Address	РО Вох		
	Street 1	200 W. Washington Street	
	Street 2		
	City	Indianapolis	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	46204	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Senator		
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No

and do not apposit on ano report.	
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.  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)?	No
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.	

# 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 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: <b>President and CEO</b> Exact Legal Title or Name of Respondent: <b>Northwest Indiana Public Broadcasting, Inc.</b> Name: <b>James Muhammad</b> Phone: <b>2197565656</b>