



(REFERENCE COPY - Not for submission)

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

File Number: 0000047637 | Submit Date: 2018-03-02 | FRN: 0016632697

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 03/02/2018

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0016632697		Inter Mirifica, Inc.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
8383 CRAIG STREET, SUITE 280	Indianapolis	IN	46250	+1 (317) 870-8400	BOB@TEIPENCPA.COM

2. Contact Representative

Name		Organization			
Stuart W. Nolan, Jr.		LegalWorks Apostolate, PLLC			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
4 Family Life Lane	Front Royal	VA	22630	+1 (540) 622-8070	Nolan@LegalWorks.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  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
Inter Mirifica, Inc.	0016632697

Fac. ID No.	Call Sign	City	State	Service
93486	WSPM	CLOVERDALE	IN	FM
171743	WSQM	NOBLESVILLE	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	State of Indiana
Date of execution	01/1999
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> governing document

Document Information	
Description of contract or instrument	Bylaws
Parties to contract or instrument	Inter Mirifica, Inc.
Date of execution	01/1999
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> governing document

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	0016632697	
Entity Name	Inter Mirifica, Inc.	
Address	PO Box	
	Street 1	8383 CRAIG STREET, SUITE 280
	Street 2	
	City	Indianapolis
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46250
	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	9990132898	
Name	Robert Teipen	
Address	PO Box	
	Street 1	13161 DUVAL DRIVE
	Street 2	
	City	Fishers
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46037
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Chairman of BOD, CEO Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	Certified Public Accountant		
By Whom Appointed or Elected	Members of the Board		
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	10.0%	
	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	9990132899	
Name	Sharon Teipen	
Address	PO Box	
	Street 1	13161 DUVAL DRIVE
	Street 2	
	City	Fishers
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46037
	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	Homemaker	
By Whom Appointed or Elected	Members of the 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	10.0%
	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	9990132900	
Name	James Ganley	
Address	PO Box	
	Street 1	12744 HOWE ROAD
	Street 2	
	City	Fishers
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46038
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - President and Chief Operating OfficerMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Broadcast Radio Executive, General Manager	
By Whom Appointed or Elected	Members of the Board	
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	10.0%
	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	9990132901	
Name	Lee Ashton	
Address	PO Box	
	Street 1	1945 Observatory Road
	Street 2	

	<div>City</div>	Martinsville	
	<div>State ("NA" if non-U.S. address)</div>	IN	
	<div>Zip/Postal Code</div>	46151	
	<div>Country (if non-U.S. address)</div>	United States	
<div>Listing Type</div>	Other Interest Holder		
<div>Positional Interests<div>(check all that apply)</div></div>	Member of Governing Board (or other governing entity)		
<div>Principal Profession or Occupation</div>	Retiree		
<div>By Whom Appointed or Elected</div>	Members of the Board		
<div>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</div>	<div>Citizenship</div>	US	
	<div>Gender</div>	Male	
	<div>Ethnicity</div>	Not Hispanic or Latino	
	<div>Race</div>	White	
<div>Interest Percentages<div>(enter percentage values from 0.0 to 100.0)</div></div>	<div>Voting</div>	10.0%	
	<div>Equity</div>	0.0%	
	<div>Total assets (Equity Debt Plus)</div>	0.0%	
<div>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</div>		No	

Ownership Information		
<div>FRN</div>	9990132903	
<div>Name</div>	Paul Habecker	
<div>Address</div>	<div>PO Box</div>	
	<div>Street 1</div>	12996 Dreslin Ct.
	<div>Street 2</div>	
	<div>City</div>	Fishers
	<div>State ("NA" if non-U.S. address)</div>	IN
	<div>Zip/Postal Code</div>	46037
	<div>Country (if non-U.S. address)</div>	United States
<div>Listing Type</div>	Other Interest Holder	
<div>Positional Interests<div>(check all that apply)</div></div>	Member of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	Business Owner	

By Whom Appointed or Elected	Members of the Board	
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	10.0%
	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	9990132904	
Name	Jerry Hatley	
Address	PO Box	
	Street 1	13881 Berenger Lane
	Street 2	
	City	Carmel
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46032
	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	Sales Management, Versalift Southwest LLC	
By Whom Appointed or Elected	Members of the Board	
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	10.0%
	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
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Ownership Information		
FRN	9990132906	
Name	Dyan Huey	
Address	PO Box	
	Street 1	4933 Katelyn Dr
	Street 2	
	City	Indianapolis
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46228
	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	Homemaker	
By Whom Appointed or Elected	Members of the Board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	Asian
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	10.0%
	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	9990132909	
Name	Gordon Smith	
Address	PO Box	
	Street 1	14626 Warner Trail
	Street 2	
	City	Westfield



	<b>State ("NA" if non-U.S. address)</b>	IN
	<b>Zip/Postal Code</b>	46074
	<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)	Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Insurance Executive	
<b>By Whom Appointed or Elected</b>	Members of the Board	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Male
	<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>	10.0%
	<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>		No

Ownership Information		
<b>FRN</b>	9990132910	
<b>Name</b>	Bryan Weiss	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	135 Hawthorne Lane
	<b>Street 2</b>	
	<b>City</b>	Greenwood
	<b>State ("NA" if non-U.S. address)</b>	IN
	<b>Zip/Postal Code</b>	46142
	<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)	Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Financial Consultant	
<b>By Whom Appointed or Elected</b>	Members of the Board	

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	10.0%
	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	9990133518	
Name	George Maley	
Address	PO Box	
	Street 1	5392 Thicket Hill Lane
	Street 2	
	City	Indianapolis
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46226
	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	Retiree	
By Whom Appointed or Elected	Members of the Board	
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	10.0%
	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

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

Respondent is a nonprofit corporation and is the station licensee. Respondent has direct ownership of the station, and there are no parent business entities with ownership stakes or voting interests in respondent.

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: <b>Chairman</b> Exact Legal Title or Name of Respondent: <b>Inter Mirifica, Inc.</b> Name: <b>Robert Teipen</b> Phone: <b>3178708400</b>  03/02/2018