

(REFERENCE COPY - Not for submission)

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

File Number: 0000080954 Submit Date: 2019-09-06 FRN: 0028330793

Purpose: Noncommercial Broadcast Stations Non-Biennial Ownership Report Status: Received Status Date:

09/06/2019 Filing Status: Active

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

### 1. Respondent

FRN	Entity Name
0028330793	Miami Valley Public Media, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
150 East South College Street	Yellow Springs	ОН	45387	+1 (937) 769- 1370	nellis@wyso. org

# 2. Contact Representative

Name		Organization	
	John Wells King	Law Office of John Wells King, PLLC	

			Zip			
	Street Address	City (and Country if non U.S. address)	State	Code	Phone	Email
	4051 Shoal Creek Ln E	Jacksonville	FL	32225	+1 (904) 647-9610	John@JWKingLaw.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 boo indirectly under the control of another the control of an	ard (or other governing entity) directly or ther entity?	No	

# (b) Provide the following information about this report: Purpose Transfer of control or assignment of license/permit "As of" date 08/30/2019 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) /Permittees(s) and Station(s) /Permit(s)

#### Respondent is filing this report to cover the following Licensee(s)/Permittee(s) and station(s)/permit(s):

Licensee/Per	mittee Name	FRN
Miami Valley	Public Media, Inc.	0028330793

Fac. ID No.	Call Sign	City	State	Service
2374	WYSO	YELLOW SPRINGS	ОН	FM

### **Section II – Non-Biennial Ownership Information**

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

Licensee/Permittee Respondents 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/Permittee Respondents should select "Not Applicable" in response to this question.

Document Information	ument Information	
Description of contract or instrument	Articles of Incorporation	
Parties to contract or instrument	State of Ohio	
Date of execution	05/2018	
Date of expiration	05/2023	
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation	

Document Information		
Description of contract or instrument	Code of Regulations	
Parties to contract or instrument	Board of Directors	
Date of execution	04/2019	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Code of Regulations	

## 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) or Permittee(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) or Permittee(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	0028330793	0028330793		
Entity Name	Miami Valley Public Media, In	Miami Valley Public Media, Inc.		
Address	РО Вох			
	Street 1	150 East South College Street		
	Street 2			
	City	Yellow Springs		
	State ("NA" if non-U.S. address)	ОН		
	Zip/Postal Code	45387		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent			
Interest Percentages	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt 0.0% Plus)			
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?				

Ownership Information				
FRN	9990136415			
Name	Neenah Ellis			
Address	РО Вох			
	Street 1	4 Helen Court		
	Street 2			
	City	Yellow Springs		
	State ("NA" if non-U.S. address)	ОН		
	Zip/Postal Code	45387		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)  General Manager			
Principal Profession or Occupation				
By Whom Appointed or Elected	Board			
Interest Percentages	Voting	14.3%		

(enter percentage values from 0.0 to 100.0)	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	9990136416		
Name	William Linesch		
Address	PO Box		
	Street 1	4508 Royal Ridge Way	
	Street 2		
	City	Dayton	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	45429	
	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	Retired corporate Human Res	sources officer	
By Whom Appointed or Elected	Board		
Interest Percentages	<b>Voting</b> 14.3%		
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a	an attributable interest in one o	r more broadcast stations	No

Ownership Information		
FRN	9990136417	
Name	Jeffrey T. Cox	
Address	PO Box Street 1 7 Springhouse Road	
	Street 2	
	City	Dayton
	State ("NA" if non-U.S. address)	ОН
	Zip/Postal Code	45409
	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	Attorney		
By Whom Appointed or Elected	Board		
Interest Percentages	<b>Voting</b> 14.3%		
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus) 0.0%		
Does interest holder have a that do not appear on this r	n attributable interest in one o	or more broadcast stations	No

Ownership Information			
FRN	9990136418		
Name	Kathy Hollingsworth		
Address	PO Box		
	Street 1	166 Strathmore Crossing	
	Street 2		
	City	Dayton	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	45429	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Management consultant		
By Whom Appointed or Elected	Board		
Interest Percentages	<b>Voting</b> 14.3%		
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have at that do not appear on this re	n attributable interest in one of eport?	more broadcast stations No	

Ownership Information		
FRN	9990136419	
Name	Bruce Bradtmiller	
Address	PO Box	
	Street 1	120 Miami Drive

	Street 2		
	City	Yellow Springs	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	45387	
	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	Business owner		
By Whom Appointed or Elected	Board		
Interest Percentages	Voting	14.3%	
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one or report?	r more broadcast stations	No

Ownership Information		
FRN	9990136420	
Name	Kevin McGruder	
Address	PO Box	
	Street 1	622 Omar Circle
	Street 2	
	City	Yellow Springs
	State ("NA" if non-U.S. OH address)	
	Zip/Postal Code 45387	
	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	College professor and vice president for academic affairs	
By Whom Appointed or Elected	Board	
Interest Percentages	Voting	14.3%
(enter percentage values from 0.0 to 100.0)	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	9990136421		
Name	Susan Miller		
Address	РО Вох		
	Street 1	318 West Center College	
	Street 2		
	City	Yellow Springs	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	45387	
	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	Retired business executive		
By Whom Appointed or Elected	Board		
Interest Percentages	Voting	14.3%	
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a	an attributable interest in one oreport?	r more broadcast stations	No

Ownership Information			
FRN	9990136422	9990136422	
Name	Art Boulet	Art Boulet	
Address	PO Box		
	Street 1	1365 Meadow Lane	
	Street 2		
	City	Yellow Springs	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	45387	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder	Other Interest Holder	

Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Finance manager		
By Whom Appointed or Elected	Board		
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations	No

Name Address	9990136423  Lucas Dennis  PO Box  Street 1	1210 Spillon Bood	
	PO Box Street 1	1210 Spillon Bood	
Address	Street 1	1210 Spillon Bood	
		1210 Spillon Bood	
		1310 Spillan Road	
	Street 2		
	City	Yellow Springs	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	45387	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Fundraiser and manager		
By Whom Appointed or Elected	Board		
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt 0.0% Plus)		
Does interest holder have and that do not appear on this re	n attributable interest in one or eport?	r more broadcast stations	No

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

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

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

### 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</b> Exact Legal Title or Name of Respondent: <b>Miami Valley Public Media, Inc.</b> Name: <b>Neenah Ellis</b> Phone: <b>9377691370</b> 09/06/2019