

FRN

0004978490

Not Applicable

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

**Entity Name** 

 File Number:
 0000098849
 Submit Date:
 2020-01-21
 FRN:
 0004161410

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 01/21/2020

 Filing Status:
 Active
 Status
 Status Date:
 01/21/2020

## **Section I - General Information**

## 1. Respondent

Emmis Radio License Corporation of New York

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
One EMMIS Plaza 40 Monument Circle, Suite 700	Indianapolis	IN	46204	+1 (317) 684- 6574	legal@emmis. com

## 2. Contact Representative

Name	Organization
Kathleen Kirby	Wiley Rein LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1776 K Street, NW	Washington	DC	20006	+1 (202) 719-3360	kkirby@wileyrein.com

3.	Application
Fi	ling Fee

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
 For-profit corporation

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2019
	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) and Station(s)

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

Licensee/Permittee Name	FRN				
Emmis New York Radio License LLC				0021784996	
Fac. ID No.	Call Sign	City	State	Service	
63781	WEPN-FM	NEW YORK	NY	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	0004978490			
Entity Name	Emmis Radio License Corpora	Emmis Radio License Corporation of New York		
Address	PO Box			
	Street 1	One EMMIS Plaza		
	Street 2	40 Monument Circle, Suite 700		
	City	Indianapolis		
	State ("NA" if non-U.S. address)	IN		
	Zip/Postal Code	46204		

	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	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 or more broadcast stations that do not appear on this report?		r more broadcast stations	No

Ownership Information				
FRN	0019276062			
Name	Patrick M. Walsh			
Address	PO Box			
	Street 1	One EMMIS Plaza		
	Street 2	40 Monument Circle, Suite 700		
	City	Indianapolis		
	State ("NA" if non-U.S. address)	IN	IN	
	Zip/Postal Code	46204		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer	Officer		
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	0.0%	Jointly Held? No	
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 report?	r more broadcast stations	Yes	

FRN	0024830077			
Name	Christopher Rickenbach			
Address	PO Box			
	Street 1	One EMMIS Plaza		
	Street 2	40 Monument Circle, Suite 700		
	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			
<b>Positional Interests</b> (check all that apply)	Officer			
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	0.0%	Jointly Held? No	
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 report?	r more broadcast stations	Yes	

FRN	0019276286			
Name	Traci Thomson			
Address	PO Box			
	Street 1	One EMMIS Plaza		
	Street 2	40 Monument Circle, Suite 700		
	City Indianapolis			
	State ("NA" if non-U.S. IN address)			
	Zip/Postal Code	46204		
	Country (if non-U.S.     United States       address)     Image: Country of the states			
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			

Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US		
	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
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)			
Does interest holder have an attributable interest in one or more broadcast st that do not appear on this report?			Yes	

Ownership Information				
FRN	0019275809			
Name	Gregory T. Loewen			
Address	PO Box			
	Street 1	One EMMIS Plaza		
	Street 2	40 Monument Circle, Suite 700		
	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			
<b>Positional Interests</b> (check all that apply)	Officer			
Citizenship, Gender,	Citizenship	СА		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
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)			
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?			Yes	

FRN	0010492403
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Name	Jeffrey H. Smulyan			
Address	PO Box			
	Street 1	One EMMIS Plaza	One EMMIS Plaza	
	Street 2	40 Monument Circle, Suite 700		
	City	Indianapolis		
	State ("NA" if non-U.S. address)	IN		
	Zip/Postal Code	46204	46204	
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer, Director			
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	0.0%	Jointly Held? No	
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	Yes	

FRN	0014077655		
Entity Name	Emmis Operating Company		
Address	PO Box		
	Street 1	One EMMIS Plaza	
	Street 2	40 Monument Circle, Suite 700	
	City Indianapolis		
	State ("NA" if non-U.S. address)INZip/Postal Code46204		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder		

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	100.0%	Jointly Held? No
	Equity	100.0%	
	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?		Yes	

FRN	0024986499		
Name	Elizabeth M. Ellis		
Address	PO Box		
	Street 1	One EMMIS Plaza	
	Street 2	40 Monument Circle, Suite 700	
	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		
<b>Positional Interests</b> (check all that apply)	Officer		
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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have	an attributable interest in one o	r more broadcast stations	Yes

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?

Yes

•		
FRN	0019275718	
Name	Jonathan S. Enright	
Address	PO Box	
	Street 1	One EMMIS Plaza

	Street 2	40 Monument Circle, Suite 700	
	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		
<b>Positional Interests</b> (check all that apply)	Officer		
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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an that do not appear on this re	attributable interest in one or port?	more broadcast stations	Yes

Ownership	Information
Ownership	mormation

FRN	0019275684	
Name	Richard F. Cummings	
Address	PO Box	
	Street 1	790 E. Colorado Boulevard
	Street 2	Suite 900
	City	Pasadena
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	91101
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer	
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	0.0%	Jointly Held? No
	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?			Yes

whership information			
RN	0019276153		
ame	Ryan A. Hornaday		
ddress	PO Box		
	Street 1	One EMMIS Plaza	
-	Street 2	40 Monument Circle, Suite 700	
	City	Indianapolis	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	46204	
	Country (if non-U.S. address)	United States	
isting Type	Other Interest Holder		
cositional Interests check all that apply)	Officer		
itizenship, Gender,	Citizenship	US	
thnicity, and Race	Gender	Male	
ersons Only)	Ethnicity	Not Hispanic or Latino	
-	Race	White	
nterest Percentages enter percentage values	Voting	0.0%	Jointly Held? No
om 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
oes interest holder have an nat do not appear on this rep	attributable interest in one o port?	r more broadcast stations	Yes
hat do not appear on this rep		ty financial or voting	Ves

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, not reported in this filing are non-attributable.	
If "No," submit as an exhibit an explanation.	



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

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

(e) Is Respondent seeking an attribution exemption for any officer or director with No 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.

Certif	ication

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: Executive Vice President Exact Legal Title or Name of Respondent: Emmis Radio License Corporation of New York Name: J Scott Enright Phone: 3176846565