

(REFERENCE COPY - Not for submission)

FRN

0025011669

Not Applicable

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

Entity Name

 File Number:
 0000099558
 Submit Date:
 2020-01-23
 FRN:
 0025011669

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 01/23/2020

 Filing Status:
 Active
 Status
 Status Date:
 01/23/2020

Section I - General Information

1. Respondent

Advantage Capital 2012 State Tax Credit Investor, LLC

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
909 Poydras St., Suite 2230	New Orleans	LA	70112	+1 (504) 522-4850	mjohnson@advantagecap. com

2. Contact Representative

Name	Organization
Michael T. Johnson	Advantage Capital

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
909 Poydras St. Suite 2230	New Orleans	LA	70112	+1 (504) 522- 4850	mjohnson@advantagecap. com

3. Application Filing 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	Limited liability company		

(b) Provide the following information about this report:

6	
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
	Armada Media - McCook, Inc.	0016305252

Fac. ID No.	Call Sign	City	State	Service
9931	KODY	NORTH PLATTE	NE	AM
9934	KXNP	NORTH PLATTE	NE	FM
37132	KFNF	OBERLIN	KS	FM
57516	KBRL	мссоок	NE	АМ
57517	KICX-FM	мссоок	NE	FM
84864	KJBL	JULESBURG	со	FM
85760	KSTH	HOLYOKE	со	FM
86863	KHAQ	MAXWELL	NE	FM
88537	KADL	IMPERIAL	NE	FM
166033	КQНК	МССООК	NE	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	0025011669	

Entity Name	Advantage Capital 2012 State Tax Credit Investor, LLC			
Address	PO Box			
	Street 1	909 Poydras St., Suite 2230		
	Street 2			
	City	New Orleans		
	State ("NA" if non-U.S. address)	LA		
	Zip/Postal Code	70112		
	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 that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

Ownership Information					
FRN	0025011685				
Entity Name	Advantage Capital NMTC Inv	Advantage Capital NMTC Investor VII, LLC			
Address	PO Box				
	Street 1	909 Poydras Street			
	Street 2	Suite 2230	Suite 2230		
	City	New Orleans			
	State ("NA" if non-U.S. address)	LA			
	Zip/Postal Code	70112			
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	LC/LLC/PLLC Member Interest holder is not a Tribal nation or Tribal entity				
Tribal Nation or Tribal Entity					
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting 24.8% Jointly Held? No				

	Equity	24.8%	
	Total assets (Equity Debt Plus)		
Does interest holder have an	attributable interest in one or	more broadcast stations	No

that do not appear on this report?

Ownership Information				
FRN	0025011735			
Entity Name	Advantage Capital NMTC Investor VIII, LLC			
Address	PO Box			
	Street 1	909 Poydras Street		
	Street 2	Suite 2230		
	City	New Orleans		
	State ("NA" if non-U.S. address)	LA		
	Zip/Postal Code 70112			
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	LC/LLC/PLLC Member			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal n	ation or Tribal entity		
Interest Percentages (enter percentage values	Voting	73.9%	Jointly Held? No	
from 0.0 to 100.0)	Equity	73.9%		
	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				

Ownership Information		
FRN	9990106081	
Name	Steven T. Stull	
Address	PO Box	
	Street 1	Advantage Capital
	Street 2	909 Poydras Street, Suite 2230
	City	New Orleans
	State ("NA" if non-U.S. address)	LA
	Zip/Postal Code	70112

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Manager		
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	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		more broadcast stations	No

Ownership Information

that do not appear on this report?

FRN	9990106362		
Name	M. Scott Murphy		
Address	PO Box		
	Street 1	Advantage Capital	
	Street 2	909 Poydras Street, Suite 2230	
	City	New Orleans	
	State ("NA" if non-U.S. address)	LA	
	Zip/Postal Code	70112	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Manager		
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 attributable interest in one or more broadcast stations that do not appear on this report?

No

Ownership Information			
FRN	9990106099		
Name	Michael T. Johnson		
Address	PO Box		
	Street 1	Advantage Capital	
	Street 2	909 Poydras Street, Suite 2230	
	City	New Orleans	
	State ("NA" if non-U.S. address)	LA	
	Zip/Postal Code	70112	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Manager		
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 an attributable interest in one or more broadcast stations No that do not appear on this report?			No
	nt any interests, including equit is filing are non-attributable. n explanation.	y, financial, or voting	Yes



(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: Manager Exact Legal Title or Name of Respondent: Advantage Capital 2012 State Tax Credit Investor, LLC Name: Michael T. Johnson Phone: 5045224850
		01/23/2020