



(REFERENCE COPY - Not for submission)

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

File Number: **0000104241** | Submit Date: **2020-01-31** | FRN: **0006649545**Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **01/31/2020**Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0006649545	KSMQ Public Service Media, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2000 8th Avenue, NW	Austin	MN	55912	+1 (507) 481-2095	CEO@ksmq.org

2. Contact Representative

Name	Organization
Brad Deutsch	Foster Garvey PC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac Street, NW Suite 200	Washington	DC	20007	+1 (202) 298-1793	brad.deutsch@foster.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	10/01/2019 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
KSMQ Public Service Media, Inc.	0006649545

Fac. ID No.	Call Sign	City	State	Service
28510	KSMQ-TV	AUSTIN	MN	DTV

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	ByLaws
Parties to contract or instrument	KSMQ Public Service Media, Inc.
Date of execution	08/2007
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: ByLaws

Document Information	
Description of contract or instrument	Amended Articles of Incorporation
Parties to contract or instrument	KSMQ Public Service Media, Inc.
Date of execution	04/2007
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Amended Articles of Incorporation

Document Information	
Description of contract or instrument	Membership Certification
Parties to contract or instrument	Public Broadcasting Service
Date of execution	07/2019
Date of expiration	06/2020
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	0006649545	
Entity Name	KSMQ Public Service Media, Inc.	
Address	PO Box	
	Street 1	2000 8th Avenue, NW
	Street 2	
	City	Austin
	State ("NA" if non-U.S. address)	MN
	Zip/Postal Code	55912
	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	9990132375	
Name	Edward Ted Hinchcliffe, Ph.D.	
Address	PO Box	
	Street 1	900 4th Street, SW
	Street 2	
	City	Austin

	State ("NA" if non-U.S. address)	MN
	Zip/Postal Code	55912
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Chairman - Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Research Scientist, The Hormel Institute	
By Whom Appointed or Elected	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	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?		No

Ownership Information		
FRN	9990132381	
Name	Patrick Schwab	
Address	PO Box	
	Street 1	2100 7th Avenue, NW
	Street 2	
	City	Austin
	State ("NA" if non-U.S. address)	MN
	Zip/Postal Code	55912
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Vice Chairman - Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Corporate Sales Executive	
By Whom Appointed or Elected	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	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?		No

Ownership Information		
FRN	9990132389	
Name	Dan R. Nistler	
Address	PO Box	
	Street 1	3604 Pine Tree Court, NE
	Street 2	
	City	Austin
	State ("NA" if non-U.S. address)	MN
	Zip/Postal Code	55906
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Treasurer - Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Vice President, Merchants Bank, Rochester	
By Whom Appointed or Elected	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	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?		No

Ownership Information		
FRN	9990132605	
Name	Fred Bogott	
Address	PO Box	
	Street 1	406 21st St., NW
	Street 2	
	City	Austin
	State ("NA" if non-U.S. address)	MN
	Zip/Postal Code	55912
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Past Chairman - Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired, Physician	
By Whom Appointed or Elected	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	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?		No

Ownership Information		
FRN	9990132606	
Name	Miguel Garate	
Address	PO Box	
	Street 1	1100 14th Street, NW, #210
	Street 2	
	City	Austin
	State ("NA" if non-U.S. address)	MN
	Zip/Postal Code	55912

	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	Student Advisor, Riverland Community College	
By Whom Appointed or Elected	Board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	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?		No

Ownership Information

FRN	9990132607	
Name	Kim Norton	
Address	PO Box	
	Street 1	1721 Wilshire Dr., NE
	Street 2	
	City	Rochester
	State ("NA" if non-U.S. address)	MN
	Zip/Postal Code	55906
	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	Mayor of Rochester, Minnesota	
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 an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990132608	
Name	Jeff Baldus	
Address	PO Box	
	Street 1	2015 6th Ave, SE
	Street 2	
	City	Austin
	State ("NA" if non-U.S. address)	MN
	Zip/Postal Code	55912
	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	Executive Director, Austin Area Community Foundation	
By Whom Appointed or Elected	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	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?		No

Ownership Information	
FRN	9990132609

Name	Steve King	
Address	PO Box	
	Street 1	1803 9th Street, SW
	Street 2	
	City	Austin
	State ("NA" if non-U.S. address)	MN
	Zip/Postal Code	55912
	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	County Corrections Director	
By Whom Appointed or Elected	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	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?		No

Ownership Information		
FRN	9990141503	
Name	Jennifer A. Gumbel	
Address	PO Box	
	Street 1	880 Lowell St. E
	Street 2	
	City	LeRoy
	State ("NA" if non-U.S. address)	MN
	Zip/Postal Code	55951
	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	
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 an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information

FRN	9990141506	
Name	Laura Beasley	
Address	PO Box	
	Street 1	1523 Oakwood Drive
	Street 2	
	City	Albert Lea
	State ("NA" if non-U.S. address)	MN
	Zip/Postal Code	56007
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Secretary - Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Nursing Administration Education	
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	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

Ownership Information

FRN	9990141507	
Name	Jeremy Clinefelter	
Address	PO Box	
	Street 1	2000 8th Avenue, NW
	Street 2	
	City	Austin
	State ("NA" if non-U.S. address)	MN
	Zip/Postal Code	55912
	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	
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	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?		No

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

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 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.	<p>Official Title: President and CEO Exact Legal Title or Name of Respondent: KSMQ Public Service Media, Inc. Name: Eric Olson Phone: 5074812095</p> <p>01/31/2020</p>