+1 (812) 945-

1209

david@wkyitv.

com

47131



FRN

PO Box

Not Applicable

2623

Commercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323)

 File Number:
 0000109682
 Submit Date:
 2020-03-27
 FRN:
 0003769833

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

 03/27/2020
 Filing Status:
 Active
 Status:
 Status:
 Status:

IN

Section I - General Information

1. Respondent

Clarksville

0003769833		New Albany Broadcasting Co Inc					
Street Address	City (and Coun address)	try if non U.S.	State ("NA" if non-U.S. address)	Zip Code	Phone	Email	

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2. Contact Representative

veh	162	ente	111 V	e

Name	Organization	
Joseph C. Chautin III	Hardy, Carey, Chautin & Balkin, LLP	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1080 WEST CAUSEWAY APPROACH	Mandeville	LA	70448	+1 (985) 629- 0777	jchautin@hardycarey. com

3. Application Filing Fee

4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
Nature of Respondent	For-profit corporation	

(b) Provide the following information about this report:

Purpose	Transfer of control or assignment of license/permit
"As of" date	03/18/2020
	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.

Licensee/Permittee Name			FRN	
New Albany Broadcasting Co Inc			0003769833	
Fac. ID No.	Call Sign	City	State Service	

Fac. ID No.	Call Sign	City	State	Service
1125	WLLV	LOUISVILLE	KY	АМ
31883	WLOU	LOUISVILLE	KY	AM
38462	W284AD	NEW ALBANY	IN	FX

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other 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. 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/Permittee 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	08/1993		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Governing Document		

Document Information			
Description of contract or instrument	Bylaws		
Parties to contract or instrument	Shareholders		
Date of execution	09/1993		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: 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, 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) 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	0003769833	0003769833		
Entity Name	New Albany Broadcasting Co	New Albany Broadcasting Co Inc		
Address	PO Box			
	Street 1	PO Box 2623		
	Street 2			
	City	Clarksville		
State ("NA" if non-U.S. IN address)		IN		
	Zip/Postal Code	47131		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent			
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
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 Yes that do not appear on this report?			Yes	

Ownership Information

- · · • • · · · ·			
FRN	0020025391		
Name	Peter C. Boyce		
Address	PO Box		
	Street 1	410 Mt. Tabor Road	
	Street 2 City New Albany		
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code47150		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
Interest Percentages (enter percentage values	Voting	51.0%	Jointly Held? No

from 0.0 to 100.0)	Total assets (Equity Debt Plus)	51.0%	
Does interest holder have an attributable interest in one or more broadcast stations			Yes

that do not appear of	on this report?
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Ownership Information				
FRN	0020025441	0020025441		
Name	David B. Smith	David B. Smith		
Address	PO Box			
	Street 1	PO BOX 2623		
	Street 2			
	City	CLARKSVILLE		
	State ("NA" if non-U.S. address)	IN		
	Zip/Postal Code	47131		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Stockholder			
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	49.0%	Jointly Held? No	
	Total assets (Equity Debt Plus)	49.0%		
Does interest holder have that do not appear on this	an attributable interest in one c report?	or more broadcast stations	Yes	
(b) Respondent certifies th	at any interests, including equi	ity, financial, or voting	Yes	

(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: Vice-President Exact Legal Title or Name of Respondent: New Albany Broadcasting Co., Inc. Name: David B. Smith Phone: 8129451209
		03/27/2020