



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000225008** | Submit Date: **2023-11-07** | FRN: **0017019803**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/07/2023**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0019873470	Diamond Hill Equity Corp.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
Four Tower Bridge, Suite 400 200 Barr Harbor Drive	W. Conshohocken	PA	19428	+1 (610) 941-2732	pmoses@diamondhillequity.com

2. Contact Representative

Name	Organization
Melodie A. Virtue, Esq.	Foster Garvey PC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac Street, N.W., Suite 200	Washington	DC	20007	+1 (202) 298-2527	melodie.virtue@foster.com

3. Application Filing Fee

Not Applicable

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	10/01/2023 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.
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5. Licensee(s) and Station(s)

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

Licensee/Permittee Name	FRN
Bicoastal Media Licenses V, LLC	0017019902

Fac. ID No.	Call Sign	City	State	Service
35077	KLOO-FM	CORVALLIS	OR	FM
39483	KRKT-FM	ALBANY	OR	FM
39485	KTHH	ALBANY	OR	AM
39573	KEJO	CORVALLIS	OR	AM
39574	KFLY	CORVALLIS	OR	FM
40845	KODZ	EUGENE	OR	FM
40846	KPNW	EUGENE	OR	AM
54010	KDUK-FM	FLORENCE	OR	FM
67594	KLOO	CORVALLIS	OR	AM

Licensee/Permittee Name	FRN
Bicoastal Media Licenses VI, LLC	0017020009

Fac. ID No.	Call Sign	City	State	Service
14352	KYVL	MEDFORD	OR	AM
27229	KRWQ	GOLD HILL	OR	FM
40983	KLDZ	MEDFORD	OR	FM
42657	KIFS	ASHLAND	OR	FM
60181	KMED	EAGLE POINT	OR	FM
185438	KCMD	GRANTS PASS	OR	FM

Licensee/Permittee Name	FRN
Bicoastal Media Licenses II, LLC	0017019829

Fac. ID No.	Call Sign	City	State	Service
35529	KEJB	EUREKA	CA	AM
35530	KRED	EUREKA	CA	FM
35798	KURY-FM	BROOKINGS	OR	FM

35801	KURY	BROOKINGS	OR	AM
37153	KPOD-FM	CRESCENT CITY	CA	FM
41243	KFMI	EUREKA	CA	FM
41244	KATA	ARCATA	CA	AM
52106	KCRE-FM	CRESCENT CITY	CA	FM
61580	KKHB	EUREKA	CA	FM
72537	KPOD	CRESCENT CITY	CA	AM

Licensee/Permittee Name	FRN
Bicoastal Media Licenses III, LLC	0017019878

Fac. ID No.	Call Sign	City	State	Service
4080	KTEE	NORTH BEND	OR	FM
4086	KDCQ	COOS BAY	OR	FM
5210	KOOS	NORTH BEND	OR	FM
5212	KBBR	NORTH BEND	OR	AM
13872	KSHR-FM	COQUILLE	OR	FM
13874	KWRO	COQUILLE	OR	AM
13875	KBDN	BANDON	OR	FM

Licensee/Permittee Name	FRN
Bicoastal Media Licenses IV, LLC	0016986606

Fac. ID No.	Call Sign	City	State	Service
2813	KRQT	CASTLE ROCK	WA	FM
2814	KEDO	LONGVIEW	WA	AM
12433	KIHR	HOOD RIVER	OR	AM
12434	KCGB-FM	HOOD RIVER	OR	FM
12439	KMSW	THE DALLES	OR	FM
32996	KELA	CENTRALIA-CHEHALIS	WA	AM
38379	KBAM	LONGVIEW	WA	AM
49856	KACI-FM	THE DALLES	OR	FM
49857	KACI	THE DALLES	OR	AM
71007	KLYK	KELSO	WA	FM
162476	KMNT	CHEHALIS	WA	FM
164098	KPPK	RAINIER	OR	FM

Licensee/Permittee Name	FRN
Bicoastal Media Licenses, LLC	0017019803

Fac. ID No.	Call Sign	City	State	Service
20025	KNTI	LAKEPORT	CA	FM
31619	KUKI	UKIAH	CA	AM
31620	KUKI-FM	UKIAH	CA	FM
49198	KXBX-FM	LAKEPORT	CA	FM
49201	KXBX	LAKEPORT	CA	AM
51880	KDAC	FORT BRAGG	CA	AM
65249	KQPM	UKIAH	CA	FM
65697	KLLK	WILLITS	CA	AM

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	0019873470	
Entity Name	Diamond Hill Equity Corp.	
Address	PO Box	
	Street 1	Four Tower Bridge, Suite 400
	Street 2	200 Barr Harbor Drive
	City	W. Conshohocken

	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	19428	
	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%	Jointly Held? No
	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	0019374883		
Name	Brian J. Parente		
Address	PO Box		
	Street 1	Four Tower Bridge, Suite 400	
	Street 2	200 Barr Harbor Drive	
	City	W. Conshohocken	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	19248	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Owner, Stockholder, Other - President		
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	50.0%	Jointly Held? No
	Equity	50.0%	
	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
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Ownership Information

FRN	0019350164		
Name	Paul A. Moses		
Address	PO Box		
	Street 1	Four Tower Bridge, Suite 400	
	Street 2	200 Barr Harbor Drive	
	City	W. Conshohocken	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	19248	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Owner, Stockholder, Other - Vice President		
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	50.0%	Jointly Held? No
	Equity	50.0%	
	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		

(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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(c) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings? If "Yes," provide the following information for each such the relationship.	No
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<p>(d) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	<p>No</p>
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Certification

Section	Question	Response
<p>Authorized Party to Sign</p>	<p>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).</p>	
<p>Certification</p>	<p>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>	<p>Official Title: Vice President Exact Legal Title or Name of Respondent: Diamond Hill Equity Corp. Name: Paul Moses Phone: 6109412732</p> <p>11/07/2023</p>