

FRN

Not Applicable

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

File Number: 0000230815Submit Date: 2023-12-01FRN: 0011053717Purpose: Noncommercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 12/01/2023Filing Status: ActiveStatusStatus

## **Section I - General Information**

## 1. Respondent

Entity Name

0011053717 Indianapolis Community Television, Inc.						
Street Address	City (and Count address)	try if non U.S.	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
3901 Highway 121	Bedford		тх	76021	+1 (817) 571- 1229	arnold. torres@daystar.com

## 2. Contact Representative

Name	Organization
Mark Denbo	Smithwick & Belendiuk, P.C.

			Zip		
Street Address	City (and Country if non U.S. address)	State	Code	Phone	Email
5028 Wisconsin Avenue, N.W. Suite 301	Washington	DC	20016	+1 (202) 350-9656	mdenbo@fccworld.com

## 3. Application Filing Fee

4.	<b>Control of</b>	
Re	espondent	

(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 No indirectly under the control of another entity?				
(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.

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

Licensee/Permittee Name				FRN	
Indianapolis Community Television, Inc. 0011053717					
Fac. ID No.	Call Sign	City	State	Service	
7908	WDTI	INDIANAPOLIS	IN	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	Articles of Incorporation	
Parties to contract or instrument	State of Texas	
Date of execution	04/2004	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation	

Document Information		
Description of contract or instrument	Bylaws	
Parties to contract or instrument	Board of Directors	
Date of execution	04/2004	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Bylaws	

#### 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.

FRN	0011053717			
Entity Name	Indianapolis Community Tele	vision, Inc.		
Address	PO Box			
	Street 1	3901 Highway 121		
	Street 2			
	City	Bedford		
	State ("NA" if non-U.S. address)	ТХ		
	Zip/Postal Code	76021		
	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	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		

#### **Ownership Information**

FRN	9990006828			
Name	Joni T. Lamb			
Address	PO Box			
	Street 1	3901 Highway 121, South		
	Street 2			
	City	Bedford		
	State ("NA" if non-U.S. address)	ТХ		
	Zip/Postal Code	76021		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)			
Principal Profession or	Television Producer			

Occupation			
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	16.7%	
(enter percentage values 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 Yes			

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

Yes

FRN	9990117720	
Name	Rob Price	
Address	PO Box	
	Street 1	809 Summitcrest
	Street 2	
	City	Indianapolis
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46241
	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	Community Counselor-Producer	
By Whom Appointed or Elected	Board of Directors	
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	16.7%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%

Ownership Information			
FRN	9990117721		
Name	Peter Keenan		
Address	PO Box		
	Street 1	4646 N. Michigan Road	
	Street 2		
	City	Indianapolis	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	46221	
	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	Producer		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Race White	
Interest Percentages	Voting	16.7%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an that do not appear on this re	n attributable interest in one or eport?	more broadcast stations	No

#### **Ownership Information**

FRN	9990117722	
Name	Vernon Piercey	
Address	PO Box	
	Street 1	10706 Stillcreek Drive
	Street 2	
	City	Indianapolis
	State ("NA" if non-U.S. address)	IN

	Zip/Postal Code	46239	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Director of Fine Arts-Producer		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	16.7%	
(enter percentage values 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 No			No

that do not appear on this report?

Ownership Information			
FRN	9990117681		
Name	Alan Bullock		
Address	PO Box		
	Street 1	7301 Oak Ridge Drive	
	Street 2		
	City	North Richland Hills	
	State ("NA" if non-U.S. TX address)		
	Zip/Postal Code     76180		
	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	Minister		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Gender Male		Male	

Information (Natural Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have	an attributable interest in one o	or more broadcast stations Yes	

**Ownership Information** 

that do not appear on this report?

FRN	9990117724		
Name	Byron Wilkes		
Address	PO Box		
	Street 1	6001 Kentucky Avenue	
	Street 2		
	City	Indianapolis	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	46221	
	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	Director of Music-Producer		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	16.7%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Doog interest halder have a	n attributable interest in one or	r more broadcast stations	No

If "No," submit as an exhibit an explanation.

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

### 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.

The Board Members are listed at Section II, Item 2 to this Report.

## **Section III - 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 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: <b>Secretary</b> Exact Legal Title or Name of Respondent: <b>Indianapolis Community Television, Inc.</b> Name: <b>Arnold Torres</b> Phone: <b>8175711229</b> 12/01/2023

#### Certification