



(REFERENCE COPY - Not for submission)

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

File Number: 0000073012 | Submit Date: 2019-05-20 | FRN: 0020430153

Purpose: Noncommercial Broadcast Stations Non-Biennial Ownership Report | Status: Received | Status Date: 05/20/2019 | Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0020430153		Holy Family Radio			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2504 Ardmore Street, S. E.	Grand Rapids	MI	49506-4901	+1 (616) 956-1140	contact@holyfamilyradio.net

2. Contact Representative

Name		Organization			
Dennis J. Kelly		Law Office of Dennis J. Kelly			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
Post Office Box 41177	Washington	DC	20018-0577	+1 (202) 293-2300	dkellyfcclaw1@comcast.net

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	Transfer of control or assignment of license/permit
"As of" date	05/20/2019 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) /Permittees(s) and Station(s) /Permit(s)

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

Licensee/Permittee Name	FRN
Holy Family Radio	0020430153

Fac. ID No.	Call Sign	City	State	Service
41667	WVHF	KENTWOOD	MI	AM
172329	WSPB	BEDFORD	MI	FM
173547	WVAV	VICKSBURG	MI	FM

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 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. If the agreement is 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 Michigan
Date of execution	06/2008
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	Restated By-laws
Parties to contract or instrument	Corporation
Date of execution	09/2016
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: By-laws

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) 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	0020430153	
Entity Name	Holy Family Radio	
Address	PO Box	
	Street 1	2504 Ardmore Street, S.E.
	Street 2	
	City	Grand Rapids
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	49506-4901
	Country (if non-U.S. address)	United States
Listing Type	Respondent	
Positional Interests (check all that apply)	Respondent	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	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	9990125442	
Name	David Bevins	
Address	PO Box	
	Street 1	1345 Cornell Drive, S. E.
	Street 2	
	City	Grand Rapids
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	49506-4001
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Attorney at Law	

By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	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	9990125444		
Name	Regan Lamothe		
Address	PO Box		
	Street 1	9760 Ravine Ridge Drive, S. E.	
	Street 2		
	City	Caledonia	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49316-8236	
	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	Brand Strategist		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	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	9990135784		
Name	David Mangan		
Address	PO Box		
	Street 1	45 Bel Air Drive, N.E.	
	Street 2		
	City	Grand Rapids	
	State ("NA" if non-U.S. address)	MI	

	Zip/Postal Code	49503-3915	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Certified Public Accountant		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	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	9990135785		
Name	Kevin Vanderhyde		
Address	PO Box		
	Street 1	32 John Ball Park Drive, N.W.	
	Street 2		
	City	Grand Rapids	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49504-5443	
	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	Contractor		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	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	9990135786

Name	Craig Martin		
Address	PO Box		
	Street 1	1133 Long Road	
	Street 2		
	City	Kalamazoo	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49008-1313	
	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	General Counsel, Wide Open West		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	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	9990135787		
Name	Toni Ruthven		
Address	PO Box		
	Street 1	1844 Sunvale Drive, S.W.	
	Street 2		
	City	Wyoming	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49519-6549	
	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	Homemaker		
By Whom Appointed or Elected	Board of Directors		

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%
	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

(c) Is Respondent seeking an attribution exemption for any officer or director with 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.	No
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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.	Official Title: President Exact Legal Title or Name of Respondent: Holy Family Radio Name: David Bevins Phone: 6169561140 05/20/2019