

Federal Communications Commission (REFERENCE COPY - Not for submission)

FRN

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000092013
 Submit Date:
 2019-11-29
 FRN:
 0003769833
 Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 12/02/2019 Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0003769833	New Albany Broadcasting Co Inc

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 2623	Clarksville	IN	47131	+1 (812) 949- 1570	david@wkyitv. com

2. Contact Representative

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	70471	+1 (985) 629- 0777	jchautin@hardycarey. com

3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	No

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	MAR	3	95	\$210.00
		·	·	•	Total	\$210.00

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	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	
New Albany Broadcasting Co Inc	0003769833	

Fac. ID No.	Call Sign	City	State	Service
14553	WLRS	NEW ALBANY	IN	AM
25078	WMYO-CD	LOUISVILLE	КY	DCA
36525	WLRT	NICHOLASVILLE	KY	AM
64024	WKYI	EMINENCE	KY	AM
91679	W270CR	NEW ALBANY	IN	FX
156171	W231DB	LAGRANGE	KY	FX
200913	W270DE	LEXINGTON	KY	FX

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.

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) 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	0003769833	
Entity Name	New Albany Broadcasting Co	Inc
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	Respondent	

Ownership Information

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	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one c report?	r more broadcast stations	No

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 Code	47150	
	Country (if non-U.S. address)United States		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
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	Voting	51.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	51.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			No

Ownership Information

FRN	0020025441	
Name	David B. Smith	

Clarksville Clarksville Clarksville Clarksville Clarksville UN Clarksville UN Clarksville UN UN Clarksville UN		
n-U.S. IN 47131 J.S. United States der Stockholder US		
n-U.S. IN 47131 J.S. United States der Stockholder US		
47131 J.S. United States der Stockholder US		
United States United States Uer		
der Stockholder US		
Stockholder US		
US		
Male	Male	
Not Hispanic or Latir	Not Hispanic or Latino	
White	White	
49.0%	Jointly Held? No	
49.0%		
lity Debt 0.0%	0.0%	
	tions No	
ι	uity Debt 0.0% est in one or more broadcast sta	

(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.	

(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, as defined in 47 C.F.R. Section 73.3555?	No
If " <u>Yes</u> ," provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below.	
Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option.	
NOTE: Spreadsheets must be submitted in a special XML	
Spreadsheet format with the appropriate structure that is	
specified in the documentation. For instructions on how to	
use the spreadsheet option to complete this question	
(including templates to start with), please Click Here.	
If using the subform, 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	
newspaper entity solely on the basis of the Commission's	
Equity Debt Plus attribution standard, 47 C.F.R. Section	
73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA"	
into the percentage of total assets (Equity Debt Plus) field	
for an interest holder unless that interest holder has an	
attributable interest in the newspaper entity solely on the	
basis of the Commission's Equity Debt Plus attribution	
standard.	
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.	

(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 duties wholly unrelated to the Licensee(s)?	No
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.	

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

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: 8129491570 11/29/2019