

(REFERENCE COPY - Not for submission)

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

File Number: 0000092960 | Submit Date: 2019-12-09 | FRN: 0003729464

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

12/09/2019 Filing Status: Active

### **Section I - General Information**

### 1. Respondent

FRN	Entity Name
0027144922	Robert E Smith Family Trust

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
W11573 Town Creek Road	Black River Falls	WI	54615	+1 (715) 284- 9740	wwis@wwisradio.

## 2. Contact Representative

Name	Organization
John Neely, Esq.	Miller and Neely, PC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
3750 University Blvd., West Suite 203	Kensington	MD	20895	+1 (301) 933-6304	johnsneely@yahoo.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	Other trust	

(b) Provide the following information about this report:		
Purpose	Transfer of control or assignment of license/permit	
"As of" date	11/01/2019	
	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) /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
WWIS Radio, Inc.	0003729464

Fac. ID No.	Call Sign	City	State	Service
74188	wwis	BLACK RIVER FALLS	WI	AM
74189	WWIS-FM	BLACK RIVER FALLS	WI	FM

### 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.

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) 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	0027144922			
Entity Name	Robert E Smith Family Trust	Robert E Smith Family Trust		
Address	РО Вох			
	Street 1	W11573 Town Creek Road		
	Street 2			
	City	Black River Falls		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	54615		

	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%	Jointly Held? No
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	No

Ownership Information				
FRN	0019298355	0019298355		
Name	Daniel Smith			
Address	PO Box			
	Street 1	W11573 Town Creek Road		
	Street 2			
	City	Black River Falls		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	54615		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Other - voting co-trustee			
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? Yes	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	100.0%		
	Does interest holder have an attributable interest in one or more broadcast stations  Yes that do not appear on this report?			

Ownership Information				
FRN	2130012871	2130012871		
Name	Peter Smith			
Address	РО Вох			
	Street 1	W11573 Town Creek Road		
	Street 2			
	City	Black River Falls		
	State ("NA" if non-U.S. address)	WI		

	<b>Zip/Postal Code</b> 54615		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - voting co-trustee		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	Jointly Held? Yes
	Total assets (Equity Debt Plus)	100.0%	
Does interest holder have that do not appear on this	an attributable interest in one or report?	r more broadcast stations	No
	hat any interests, including equi this filing are non-attributable.	ty, financial, or voting	Yes

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? If "Yes," 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.

No

(d) 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?

Yes

If "Yes," provide the following information for each such the relationship.

Family Relationships				
FRN	0019298355	Name	Daniel Smith	
FRN	2130012871	Name	Peter Smith	
Relationship	Siblings			

(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.	

### 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: Voting Trustee Exact Legal Title or Name of Respondent: Robert E Smith Family Trust Name: Daniel Smith Phone: 7152849740  12/09/2019