



(REFERENCE COPY - Not for submission)

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

File Number: **0000100747** | Submit Date: **2020-01-27** | FRN: **0002875862**
Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **01/27/2020**
Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0002875862		Ball State University			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2000 West University Avenue	Muncie	IN	47306	+1 (756) 285-1249	dlutz@bsu.edu

2. Contact Representative

Name		Organization			
Brad Deutsch		Foster Garvey P.C.			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac St., NW Suite 200	Washington	DC	20007	+1 (202) 298-1793	brad.deutsch@foster.com

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	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
Ball State University	0002875862

Fac. ID No.	Call Sign	City	State	Service
3645	WBST	MUNCIE	IN	FM
3646	WIPB	MUNCIE	IN	DTV
3647	WBSJ	PORTLAND	IN	FM
3648	WBSH	HAGERSTOWN	IN	FM
3649	WBSW	MARION	IN	FM
3650	WBSB	ANDERSON	IN	FM
47007	WWHI	MUNCIE	IN	FM

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	Membership Certification
Parties to contract or instrument	Public Broadcasting Service
Date of execution	07/2019
Date of expiration	06/2020
Agreement type (check all that apply)	Other Agreement Type: Membership Certification

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.

Ownership Information		
FRN	0002875862	
Entity Name	Ball State University	
Address	PO Box	
	Street 1	2000 West University Avenue
	Street 2	
	City	Muncie
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	47306
	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%
	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	9990121081	
Name	Thomas C. Bracken	
Address	PO Box	
	Street 1	1246 W. Warwick Rd.
	Street 2	
	City	Muncie
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	47304
	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	President of the George and Frances Ball Foundation	

By Whom Appointed or Elected	Appointed by Governor	
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	11.1%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990121082	
Name	Richard J. Hall	
Address	PO Box	
	Street 1	1514 Prestwick Circle
	Street 2	
	City	Carmel
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46032
	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	
By Whom Appointed or Elected	Appointed by Governor	
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	11.1%
	Equity	0.0%
	Total assets (Equity Debt Plus)	

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	9990121076	
Name	Michael D. McDaniel	
Address	PO Box	
	Street 1	7421 Sunset Lane
	Street 2	
	City	Indianapolis
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46260
	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	Governmental Affairs	
By Whom Appointed or Elected	Appointed by Governor	
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	11.1%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990121075	
Name	Jean Ann Harcourt	
Address	PO Box	128
	Street 1	
	Street 2	
	City	Milroy

	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46156
	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	Small Business Owner	
By Whom Appointed or Elected	Appointed by Governor	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	11.1%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990121077	
Name	Brian Gallagher	
Address	PO Box	
	Street 1	3709 Underwood St.
	Street 2	
	City	Chevy Chase
	State ("NA" if non-U.S. address)	MD
	Zip/Postal Code	20815
	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	Non-profit executive	
By Whom Appointed or Elected	Appointed by Governor	

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	11.1%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990121083	
Name	Matthew J. Momper	
Address	PO Box	
	Street 1	4702 Wyndemere Ln.
	Street 2	
	City	Fort Wayne
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46835
	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	President of Momper Insulation	
By Whom Appointed or Elected	Appointed by Governor	
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	11.1%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990121079	
Name	E. Renae Conley	
Address	PO Box	
	Street 1	1307 W. Wrightwood Ave.
	Street 2	Apt. 208
	City	Chicago
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60614
	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	Retired	
By Whom Appointed or Elected	Appointed by Governor	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	11.1%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990140514	
Name	Henry O. Hall	
Address	PO Box	
	Street 1	6804 Covington Creek Trail
	Street 2	
	City	Fort Wayne
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46804

	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	President, Skytech Products	
By Whom Appointed or Elected	Appointed by Governor	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	11.1%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990140515	
Name	L. Rebeca Mena	
Address	PO Box	
	Street 1	317 North Greenwood Avenue
	Street 2	
	City	Muncie
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	47303
	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	Student	
By Whom Appointed or Elected	Appointed by Governor	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female

	Ethnicity	Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	11.1%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
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) 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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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

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: Vice President for Business Affairs and Treasurer Exact Legal Title or Name of Respondent: Ball State University Name: Alan Finn Phone: 7562851046 01/27/2020

