

FRN

0002586535

Not Applicable

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

File Number:0000164287Submit Date:2021-10-20FRN:0002586535Purpose:Noncommercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:10/25/2021Filing Status:Active

## **Section I - General Information**

Iowa Public Broadcasting Board

## 1. Respondent

Entity Name

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 6450 6450 Corporate Drive	Johnston	IA	50131	+1 (515) 725- 9700	molly@iptv. org

### 2. Contact Representative

Name	Organization
Barry S. Persh	Gray Miller Persh LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2233 Wisconsin Ave., NW Suite 226	Washington	DC	20007	+1 (202) 776- 2458	bpersh@graymillerpersh. com

## 3. Application Filing Fee

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	10/01/2021 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
Iowa Public Broadcasting Board	0002586535

Fac. ID No.	Call Sign	City	State	Service
5471	KQIN	DAVENPORT	IA	DTV
29085	KHIN	RED OAK	IA	DTV
29086	KYIN	MASON CITY	IA	DTV
29095	KIIN	IOWA CITY	IA	DTV
29096	KSIN-TV	SIOUX CITY	IA	DTV
29100	KTIN	FORT DODGE	IA	DTV
29102	KDIN-TV	DES MOINES	IA	DTV
29108	KBIN-TV	COUNCIL BLUFFS	IA	DTV
29114	KRIN	WATERLOO	IA	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	BOARD BYLAWS	
Parties to contract or instrument	ENTITY	
Date of execution	08/2006	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: BYLAWS	

Document Information		
Description of contract or instrument	PBS USERS AGREEMENT	
Parties to contract or instrument	PBS	
Date of execution	07/1974	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Network Affiliation Agreement	

(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	0002586535			
Entity Name	Iowa Public Broadcasting Board			
Address	<b>PO Box</b> 6450			
	Street 1	6450 Corporate Drive		
	Street 2			
	City	Johnston		
	State ("NA" if non-U.S. address)	ΙΑ		
	Zip/Postal Code	50131		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
<b>Positional Interests</b> (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%		
	nterest holder have an attributable interest in one or more broadcast stations No			

**Ownership Information** 

FRN	9990118173		
Name	Courtney Maxwell Greene		
Address	PO Box		

	Street 1	214 NE 64th Street	
	Street 2		
	City	Pleasant Hill	
	State ("NA" if non-U.S. address)	ΙΑ	
	Zip/Postal Code	50327	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer, Other - Vice ChairMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	Communications Director		
By Whom Appointed or Elected	Governor		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	American Indian or Alaska Native, Black or African American	
Interest Percentages	Voting	11.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations No	

•		
FRN	9990118185	
Name	Gary W. Steinke	
Address	PO Box	
	Street 1	9601 Madison Ave.
	Street 2	
	City	Urbandale
	State ("NA" if non-U.S. address)	ΙΑ
	Zip/Postal Code	50322
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer, Other - ChairMember	of Governing Board (or other governing entity)

Principal Profession or Occupation	Association President		
By Whom Appointed or Elected	lowa Assoc of Independent C	olleges and Universities	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	11.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
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	9990118172	
Name	Jason Giles	
Address	PO Box	
	Street 1	4008 156th Street
	Street 2	
	City	Urbandale
	State ("NA" if non-U.S. address)	ΙΑ
	Zip/Postal Code	50323
	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	Attorney	
By Whom Appointed or Elected	Governor	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Male
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages	Voting	11.1%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt	

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

No

Ownership Information			
FRN	9990118167		
Name	Kevin Krause		
Address	РО Вох		
	Street 1	5626 Glen Oaks Pt.	
	Street 2		
	City	West Des Moines	
	State ("NA" if non-U.S. address)	ΙΑ	
	Zip/Postal Code	50266	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (o	or other governing entity)	
Principal Profession or Occupation	Professor		
By Whom Appointed or Elected	Governor		
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	11.1%	
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an that do not appear on this re	attributable interest in one or port?	more broadcast stations	No

FRN	9990118174	
Name	Bruce G. McKee	
Address	PO Box	
	Street 1	12182 Partridge Ave.
	Street 2	
	City	Mason City

	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	50401	
	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	Retired educator		
By Whom Appointed or Elected	Iowa Association of Communi	ty College Trustees	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	11.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No

## **Ownership Information** FRN 9990136945 Name Kevin Fangman Address PO Box Street 1 909 Thompson Avenue Street 2 City Des Moines State ("NA" if non-U.S. IA address) **Zip/Postal Code** 50316 Country (if non-U.S. **United States** address) Listing Type Other Interest Holder Member of Governing Board (or other governing entity) **Positional Interests** (check all that apply) **Principal Profession or Education Administrator** Occupation **AEA Administrators** By Whom Appointed or Elected

Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	11.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have	an attributable interest in one o	r more broadcast stations	No

that do not appear on this report?

FRN	9990144367	
Name	Greta Rouse	
Address	PO Box	
	Street 1	4061 370th Street
	Street 2	
	City	Emmetsburg
	State ("NA" if non-U.S. address)	IA
	Zip/Postal Code	50536
	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	Stay at home parent	
By Whom Appointed or Elected	Board of Regents	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Female
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values	Voting	11.1%
from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have a that do not appear on this r	n attributable interest in one o eport?	more broadcast stations No

FRN	9990144368		
Name	Angela Anderson		
Address	PO Box		
	Street 1	425 Euclid Ave.	
	Street 2		
	City	Cherokee	
	State ("NA" if non-U.S. address)	ΙΑ	
	Zip/Postal Code	51012	
	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	Tax professional, enrolled age	ent with IRS	
By Whom Appointed or Elected	Governor		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	11.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No

FRN	9990144369	
Name	Brooke Axiotis	
Address	PO Box	
	Street 1	408 43rd Street
	Street 2	
	City	Des Moines
	State ("NA" if non-U.S. address)	ΙΑ
	Zip/Postal Code	50312
	Country (if non-U.S. address)	United States

g Board (or other governing kforce Development tion US Female Not Hispanic or L Black or African A 11.1% 0.0%	Latino	
tion US Female Not Hispanic or L Black or African 11.1% 0.0%		
US Female Not Hispanic or L Black or African 11.1% 0.0%		
Female Not Hispanic or L Black or African 11.1% 0.0%		
Not Hispanic or L         Black or African         11.1%         0.0%		
Black or African A 11.1% 0.0%		
0.0%	American	
0.0%		
Debt		
in one or more broadcast	stations	No
ing equity, financial, or vo ıtable.	oting	Yes
on for any officer or directo	or with	No
lt	able.	ng equity, financial, or voting able. In for any officer or director with

## **Section III - Certification**

## Certification

3. Organizational Chart (Licensees Only)

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: Executive Director / General Manager Exact Legal Title or Name of Respondent: Iowa Public Broadcasting Board Name: Molly M. Phillips Phone: 5157259701 10/20/2021