Approved by OMB (Office of Management and Budget) 3060-0084
July 2019

Federal Communications Commission

(REFERENCE COPY - Not for submission)

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

File Number: **0000176417** | Submit Date: **2021-12-01** | FRN: **0005853098**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **12/01/2021**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0005853098	All Classical Public Media, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
211 SE Caruthers Suite 200	Portland	OR	97214	+1 (503) 943-5828	mattkovich@allclassical.org

2. Contact Representative

Name	Organization
Melodie A. Virtue	Foster Garvey PC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac Street NW Suite 200	Washington	DC	20007	+1 (202) 965-7880	melodie.virtue@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	10/01/2021 **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
All Classical Public Media, Inc.	0005853098

Fac. ID No.	Call Sign	City	State	Service
37731	KSLC	MCMINNVILLE	OR	FM
59343	KQAC	PORTLAND	OR	FM
91191	KQOC	GLENEDEN BEACH	OR	FM
173887	KQMI	MANZANITA	OR	FM
175508	KQHR	THE DALLES	OR	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	Restated By-Laws
Parties to contract or instrument	All Classical Public Media, Inc.
Date of execution	09/2009
Date of expiration	No expiration date
Agreement type (check all that apply)	Other **Agreement Type:** Restated By-Laws

Document Information	
Description of contract or instrument	Amended and Restated Articles of Incorporation
Parties to contract or instrument	State of Oregon
Date of execution	02/2009
Date of expiration	No expiration date
Agreement type (check all that apply)	Other **Agreement Type:** Amended and Restated Articles of Incorporation

Document Information	
Description of contract or instrument	Amendment to By-Laws
Parties to contract or instrument	All Classical Public Media, Inc.
Date of execution	09/2013
Date of expiration	No expiration date
Agreement type (check all that apply)	Other **Agreement Type:** Amendment to 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) 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	0005853098	
Entity Name	All Classical Public Media, Inc.	
Address	**PO Box**	
	Street 1	211 SE Caruthers
	Street 2	Suite 200
	City	Portland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97214
	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	9990121345
Name	Nancy L. Ives

Address	**PO Box**	
	Street 1	211 SE Caruthers St., Suite 200
	Street 2	
	City	Portland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97214
	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	Symphony Musician	
By Whom Appointed or Elected	Board elected	
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)	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	9990121351	
Name	Joan Kingsley	
Address	**PO Box**	
	Street 1	211 SE Caruthers St., Suite 200
	Street 2	
	City	Portland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97214
	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	Retired	
By Whom Appointed or Elected	Board elected	
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)	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	9990135537	
Name	Elaine Durst	
Address	**PO Box**	
	Street 1	211 SE Caruthers St., Suite 200
	Street 2	
	City	Portland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97214
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Chair and Board MemberMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	Board elected	
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	**Voting**	11.1%

from 0.0 to 100.0)	**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	9990121349	
Name	Suzanne Nance	
Address	**PO Box**	
	Street 1	211 SE Caruthers St., Suite 200
	Street 2	
	City	Portland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97214
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - President and CEO	
Principal Profession or Occupation	Media Executive and Producer	
By Whom Appointed or Elected	Board nominated	
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**	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	9990135539	
Name	Matt Kovich	
Address	**PO Box**	
	Street 1	211 SE Caruthers St., Suite 200

	Street 2	
	City	Portland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97214
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Chief Operating Officer	
Principal Profession or Occupation	Chief Operating Officer	
By Whom Appointed or Elected	Board nominated	
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**	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	9990121342	
Name	Richard O. Simpson	
Address	**PO Box**	
	Street 1	211 SE Caruthers St., Suite 200
	Street 2	
	City	Portland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97214
	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	Retired Computer Scientist	
By Whom Appointed or Elected	Board	
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	9990140526	
Name	Rebecca L. Graham	
Address	**PO Box**	
	Street 1	211 SE Caruthers St., Suite 200
	Street 2	
	City	Portland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97214
	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	Self Employed Consultant	
By Whom Appointed or Elected	Board	
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	9990147430	
Name	Josh Cramer-Montes	
Address	**PO Box**	
	Street 1	211 SE Caruthers St., Suite 200
	Street 2	
	City	Portland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97214
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Vice Chair and Board MemberMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Sustainability Consultant	
By Whom Appointed or Elected	Board elected	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	**Citizenship**	US
	Gender	Male
	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

Ownership Information		
FRN	9990147431	
Name	Sarah Robinson	
Address	**PO Box**	
	Street 1	211 SE Caruthers St., Suite 200
	Street 2	

	City	Portland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97214
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Treasurer and Board MemberMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Wealth Advisor	
By Whom Appointed or Elected	Board elected	
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	9990147432	
Name	Susan Layne Nielsen	
Address	**PO Box**	
	Street 1	211 SE Caruthers St., Suite 200
	Street 2	
	City	Portland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97214
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Secretary and Board memberMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	

By Whom Appointed or Elected	Board elected	
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	9990147433	
Name	Olivia Kingsley	
Address	**PO Box**	
	Street 1	211 SE Caruthers St., Suite 200
	Street 2	
	City	Portland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97214
	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	Creative Director	
By Whom Appointed or Elected	Board elected	
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

(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 "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.	No

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 does not have a 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: **President and CEO** Exact Legal Title or Name of Respondent: **All Classical Public Media, Inc.** Name: **Suzanne Nance** Phone: **5038029411** 12/01/2021