



(REFERENCE COPY - Not for submission)

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

File Number: 0000226397 | Submit Date: 2023-11-15 | FRN: 0027159516
Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 11/15/2023
Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name				
0027159516	WIOX, Inc.				
Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 100	Roxbury	NY	12474-0100	+1 (607) 326-3900	wiox@wioxradio.org

2. Contact Representative

Name	Organization				
Dwayne D. Sam, Esq.	Foster Garvey PC				
Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac St NW Ste 200	Washington	DC	20007-3568	+1 (202) 298-1701	dwayne.sam@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	10/01/2023 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			
WIOX, Inc.	0027159516			
Fac. ID No.	Call Sign	City	State	Service
172638	WIOX	ROXBURY	NY	FM

Section II – Biennial Ownership

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	WIOX Certificate of Incorporation
Parties to contract or instrument	Department of Education of the State of New York
Date of execution	09/2012
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Formation document

Document Information	
Description of contract or instrument	Bylaws of WIOX, Inc., as amended
Parties to contract or instrument	WIOX, Inc.
Date of execution	09/2019
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Bylaws

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	0027159516	
Entity Name	WIOX, Inc.	
Address	PO Box	
	Street 1	PO Box 100
	Street 2	
	City	Roxbury
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12474-0100
	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	9990134707	
Name	Michael Teitelbaum	
Address	PO Box	
	Street 1	PO Box 100
	Street 2	
	City	Roxbury
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12474-0100
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Vice Chair, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Writer, Editor	
By Whom Appointed or Elected	Elected by the 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	14.3%
	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	9990141870	
Name	Arnold Schwartz	
Address	PO Box	
	Street 1	PO Box 100
	Street 2	
	City	Roxbury
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12474-0100
	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	Educator	

By Whom Appointed or Elected	Elected by the 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	14.3%
	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	9990147546	
Name	Raymond Pucci	
Address	PO Box	
	Street 1	PO Box 100
	Street 2	
	City	Roxbury
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12474-0100
	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	Chamber of Commerce Executive	
By Whom Appointed or Elected	Elected by the 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	14.3%
	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	9990147548	
Name	Elizabeth Sherr, PhD.	
Address	PO Box	
	Street 1	PO Box 100
	Street 2	
	City	Roxbury
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12474-0100
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
	Officer, Other - Treasurer, Member of Governing Board (or other governing entity)	

Positional Interests (check all that apply)		
Principal Profession or Occupation	Educator	
By Whom Appointed or Elected	Elected by the 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	14.3%
	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	9990147550	
Name	Allen Hinkley	
Address	PO Box	
	Street 1	PO Box 100
	Street 2	
	City	Roxbury
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12474-0100
	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	Town Supervisor	
By Whom Appointed or Elected	Elected by the 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	14.3%
	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	9990153340	
Name	Daniel O'Connell	
Address	PO Box	
	Street 1	PO Box 100
	Street 2	
	City	Roxbury
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12474-0100

	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Secretary, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Real Estate Sales	
By Whom Appointed or Elected	Elected by the 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	14.3%
	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	9990153341	
Name	John Dugan	
Address	PO Box	
	Street 1	PO Box 100
	Street 2	
	City	Roxbury
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12474-0100
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Chair, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Attorney	
By Whom Appointed or Elected	Elected by the 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	14.3%
	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)?	No
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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.	
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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 does not have a parent entity.

Section III - C

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: Chair Exact Legal Title or Name of Respondent: WIOX, Inc. Name: John Dugan Phone: 6073263900 11/15/2023