

#### (REFERENCE COPY - Not for submission)

FRN

0025010414

Not Applicable

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

 File Number:
 0000226878
 Submit Date:
 2023-11-20
 FRN:
 0025010414

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 11/20/2023

 Filing Status:
 Active
 Status:
 Status Date:
 11/20/2023

## **Section I - General Information**

Neuhoff Family Limited Partnership

## 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
1501 North Washington Avenue	Danville	IL	61832	+1 (217) 442-1700	MikeHulvey@neuhoffmedia. com

## 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

# 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	Limited partnership			

#### (b) Provide the following information about this report:

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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
Neuhoff Media Decatur, LLC	0018357632

Fac. ID No.	Call Sign	City	State	Service
36945	WSOY	DECATUR	IL	AM
36951	WSOY-FM	DECATUR	IL	FM
46942	WCZQ	MONTICELLO	IL	FM
47004	WDZQ	DECATUR	IL	FM
53348	WDZ	DECATUR	IL	AM

Licensee/Permittee Name	FRN
Neuhoff Media Lafayette, LLC	0026715508

Fac. ID No.	Call Sign	City	State	Service
59361	WASK-FM	BATTLE GROUND	IN	FM
63185	WKHY	LAFAYETTE	IN	FM
71064	WKOA	LAFAYETTE	IN	FM
71065	WASK	LAFAYETTE	IN	АМ
72676	WXXB	DELPHI	IN	FM

Licensee/Permittee Name	FRN
Neuhoff Media Springfield, LLC	0016864092

Fac. ID No.	Call Sign	City	State	Service
4738	WXAJ	HILLSBORO	IL	FM
48331	WFMB-FM	SPRINGFIELD	IL	FM
48333	WFMB	SPRINGFIELD	IL	АМ
70275	WCVS-FM	VIRDEN	IL	FM

Licensee/P	ermittee Name	FRN
Neuhoff Me	edia Bloomington, LLC	0024949216

Fac. ID No.	Call Sign	City	State	Service
4617	WIHN	NORMAL	IL	FM
164104	WBBE	HEYWORTH	IL	FM
164105	WWHX	NORMAL	IL	FM

Licensee/Permittee Name	FRN
Neuhoff Media Danville, LLC	0005019351

Fac. ID No.	Call Sign	City	State	Service
48330	WDAN	DANVILLE	IL	AM
48332	WDNL	DANVILLE	IL	FM
57465	WRHK	DANVILLE	IL	FM

## Section II – Biennial Ownership Information

## 1. 47 C.F.R. Section 73.3613 and Other 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. 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 Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, 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) 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	0025010414			
Entity Name	Neuhoff Family Limited Partnership			
Address	PO Box			
	Street 1	1501 North Washington Avenue		
	Street 2			
	City	Danville		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	61832		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			

#### **Ownership Information**

<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 (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No

### **Ownership Information**

FRN	0020028882			
Entity Name	Neuhoff Corp.			
Address	PO Box			
	Street 1	1501 North Washington Avenu	Je	
	Street 2			
	City	Danville		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	61832		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - General Partner of Neuhoff Family Limited Partnership			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal r	nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
Total assets (Equity Debt Plus)				
Does interest holder have ar that do not appear on this re	an attributable interest in one or more broadcast stations No report?			

### **Ownership Information**

FRN	0029165073		
Entity Name	Neuhoff Family GP Marital Trust		
Address	PO Box		
	Street 1	2109 Guy Street	
	Street 2		

	City	San Diego	
	State ("NA" if non-U.S. address)	СА	
	Zip/Postal Code	92103	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Owner of Neuhoff Corp.		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	100.0%	· · · · · · · · · · · · · · · · · · ·
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No

### **Ownership Information**

FRN	0032706053			
Name	Makena Neuhoff			
Address	PO Box			
	Street 1	2109 Guy Street		
	Street 2			
	City	San Diego		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	92103		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Co-Trustee of Neuhoff Family GP Marital Trust			
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	50.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		

	Total assets (Equity Debt Plus)		
Does interest holder have ar that do not appear on this re	attributable interest in one or port?	more broadcast stations	No

FRN Name Address	0032706046 Julian Hickman PO Box Street 1 Street 2 City	400 Grove Street	
	PO Box Street 1 Street 2	400 Grove Street	
Address	Street 1 Street 2	400 Grove Street	
	Street 2	400 Grove Street	
	City		
	-	Reading	
	State ("NA" if non-U.S. address)	MA	
	Zip/Postal Code	01867	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Co-Trustee of Neuhoff Family GP Marital Trust		
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	50.0%	Jointly Held? No
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 re	n attributable interest in one o eport?	r more broadcast stations	No
	t any interests, including equi		Yes

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, not reported in this filing are non-attributable.	
If "No," submit as an exhibit an explanation.	

(c) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

If " $\underline{Yes},$ " provide the following information for each such the relationship.

(d) Is Respondent seeking an attribution exemption for any officer or director with<br/>duties wholly unrelated to the Licensee(s)?NoIf "Yes," complete the information in the required fields and submit an Exhibit fully describing<br/>that individual's duties and responsibilities, and explaining why that individual should not be<br/>attributed an interest.No

## 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: <b>Co-Trustee, Neuhoff Family GP</b> <b>Marital Trust</b> Exact Legal Title or Name of Respondent: <b>Neuhoff Family Limited Partnership</b> Name: <b>Makena Chaffin Neuhoff</b> Phone: <b>2714421700</b> 11/18/2023