

(REFERENCE COPY - Not for submission)

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

File Number: 0000229981 | Submit Date: 2023-11-30 | FRN: 0005853098

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/30/2023

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 St Ste 200	Portland	OR	97214- 4502	+1 (503) 943-5828	mattkovich@allclassical. 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 boindirectly under the control of ano	ard (or other governing entity) directly or ther 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
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	03/2022	
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	0005853098		
Entity Name	All Classical Public Media, Inc	All Classical Public Media, Inc.		
Address	PO Box			
	Street 1	211 SE Caruthers St		
	Street 2	Ste 200		
	City	Portland		
	State ("NA" if non-U.S. address)	OR		
	Zip/Postal Code	97214-4502		
	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	Voting	0.0%		
(enter percentage values 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	or more broadcast stations No		

Ownership Information	
FRN	9990121345
Name	Nancy L. Ives

Address	РО Вох	
	Street 1	211 SE Caruthers St
	Street 2	Ste 200
	City	Portland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97214-4502
	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	Elected by the Board	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Female
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages	Voting	12.5%
(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 or more broadcast stations No that do not appear on this report?	

Ownership Information			
FRN	9990121351		
Name	Joan Kingsley	Joan Kingsley	
Address	РО Вох	PO Box	
	Street 1	211 SE Caruthers St	
	Street 2	Ste 200	
	City	Portland	
	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97214-4502	
	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	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	Voting	12.5%	
(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 or more broadcast stations that do not appear on this report?		

Ownership Information			
FRN	9990135537		
Name	Elaine Durst		
Address	РО Вох		
	Street 1	211 SE Caruthers St	
	Street 2	Ste 200	
	City	Portland	
	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97214-4502	
	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	Retired		
By Whom Appointed or Elected	Elected by the Board		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	12.5%	
(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 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	
	Street 2	Ste 200	
	City	Portland	
	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97214-4502	
	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	Elected by the Board	Elected by the Board	
Citizenship, Gender,	Citizenship	us	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	0.0%	
(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 or more broadcast stations hat do not appear on this report?			

Ownership Information		
FRN	9990135539	
Name	Matt Kovich	
Address	PO Box	
Street 1 211 SE Caruthers St		211 SE Caruthers St

	Street 2	Ste 200	
	City	Portland	
	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97214-4502	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Chief Operating	ng Officer	
Principal Profession or Occupation	Chief Operating Officer		
By Whom Appointed or Elected	Elected by the Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	0.0%	
(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	or more broadcast stations	No

Ownership Information		
FRN	9990121342	
Name	Richard O. Simpson	
Address	PO Box	
	Street 1	211 SE Caruthers St
	Street 2	Ste 200
	City	Portland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97214-4502
	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	Elected by the Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	12.5%	
(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 or more broadcast stations hat do not appear on this report?		

Ownership Information			
FRN	9990147430		
Name	Isaac Montes	Isaac Montes	
Address	PO Box		
	Street 1	211 SE Caruthers St	
	Street 2	Ste 200	
	City	Portland	
	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97214-4502	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder	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	Sustainability Consultant		
By Whom Appointed or Elected	Elected by the Board	Elected by the Board	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	12.5%	
(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 r	n attributable interest in one or eport?	more broadcast stations	No

Ownership Information			
FRN	9990147431		
Name	Sarah Robinson		
Address	РО Вох		
	Street 1	211 SE Caruthers St	
	Street 2	Ste 200	
	City	Portland	
	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97214-4502	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Treasurer; Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Wealth Advisor		
By Whom Appointed or Elected	Elected by the Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	12.5%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a	an attributable interest in one o	r more broadcast stations	No

Ownership Information			
FRN	9990147432	9990147432	
Name	Susan Layne Nielser	Susan Layne Nielsen	
Address	РО Вох		
	Street 1	211 SE Caruthers St	
	Street 2	Ste 200	
		'	

	City	Portland		
	State ("NA" if non-U.S. address)	OR		
	Zip/Postal Code	97214-4502		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Other - Secretary; Me	Officer, Other - Secretary; Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired	Retired		
By Whom Appointed or Elected	Elected by the Board			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	12.5%		
(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	or more broadcast stations	No	

Ownership Information				
FRN	9990147433			
Name	Olivia Kingsley			
Address	PO Box			
	Street 1	211 SE Caruthers St		
	Street 2	Ste 200		
	City	Portland		
	State ("NA" if non-U.S. address)	OR		
	Zip/Postal Code	97214-4502		
	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	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	12.5%	
	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
	nat any interests, including equi his filing are non-attributable.	ty, financial, or voting	Yes

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
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.	

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 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: President and CEO Exact Legal Title or Name of Respondent: All Classical Public Media, Inc. Name: Suzanne Nance Phone: 5038029411 11/30/2023
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