



(REFERENCE COPY - Not for submission)

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

File Number: 0000040296 | Submit Date: 2018-01-17 | FRN: 0004842282

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 01/17/2018

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0004842282	Youngstown State University/WYSU-FM

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
655 Wick Avenue	Youngstown	OH	44555-0001	+1 (330) 941-3363	sexton@wysu.org

2. Contact Representative

Name	Organization
Richard A. Helmick	Cohn and Marks LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1101 17th Street, N. W. Suite 1001	Washington	DC	20036	+1 (202) 452-4831	richard.helmick@cohnmarks.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	10/01/2017 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	
Youngstown State University/WYSU-FM			0004842282	

Fac. ID No.	Call Sign	City	State	Service
74434	WYSU	YOUNGSTOWN	OH	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.

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, 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	0004842282	
Entity Name	Youngstown State University/WYSU-FM	
Address	PO Box	
	Street 1	655 Wick Avenue
	Street 2	
	City	Youngstown
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44555-0001
	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	9990119628		
Name	James P. Tressel		
Address	PO Box		
	Street 1	c/o Youngstown State University	
	Street 2	603 Wick Avenue	
	City	Youngstown	
	State ("NA" if non-U.S. address)	OH	
	Zip/Postal Code	44502	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	President, Youngstown State University		
By Whom Appointed or Elected	Board of Trustees		
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	9990119633		
Name	Martin Abraham		

Address	PO Box	
	Street 1	8502 Ivy Hill Drive
	Street 2	
	City	Poland
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44514
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Provost, Youngstown State University	
By Whom Appointed or Elected	Board of Trustees	
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	9990119634	
Name	Holly A. Jacobs	
Address	PO Box	
	Street 1	c/o Youngstown State University
	Street 2	655 Wick Avenue
	City	Youngstown
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44555-0001
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Vice President and General Counsel, Youngstown State University		
By Whom Appointed or Elected	President, YSU		
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	9990119639	
Name	Capri S. Cafaro	
Address	PO Box	
	Street 1	658 Warner Road
	Street 2	
	City	Hubbard
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44425
	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	Former State Senator	
By Whom Appointed or Elected	Governor, State of Ohio	
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	0.0%

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	9990119640	
Name	Delores E. Crawford	
Address	PO Box	
	Street 1	880 Coitsville-Hubbard Road
	Street 2	
	City	Youngstown
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44505
	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	Community Affairs Director	
By Whom Appointed or Elected	Governor, State of Ohio	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
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	9990119641	
Name	David C. Deibel	
Address	PO Box	
	Street 1	10550 Sharrott Road

	Street 2	
	City	North Lima
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44452
	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	President, Boardman Steel, Inc.	
By Whom Appointed or Elected	Governor, State of Ohio	
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	9990119642	
Name	Anita A. Hackstedde	
Address	PO Box	
	Street 1	295 Aberdeen Court
	Street 2	
	City	Columbiana
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44408
	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	President and CEO, Salem Reg. Medical Center		
By Whom Appointed or Elected	Governor, State of Ohio		
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	9990119643	
Name	John R. Jakubek	
Address	PO Box	
	Street 1	3740 Tippecanoe Place
	Street 2	
	City	Canfield
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44406
	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	Anesthesiologist	
By Whom Appointed or Elected	Governor, State of Ohio	
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	9990119644	
Name	James E. Roberts	
Address	PO Box	
	Street 1	3031 Southwind Trail
	Street 2	
	City	Poland
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44514
	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	Attorney	
By Whom Appointed or Elected	Governor, State of Ohio	
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	9990119645	
Name	Leonard D. Schiavone	
Address	PO Box	
	Street 1	1707 Fifth Avenue
	Street 2	Apartment 17

	<div>City</div>	Youngstown
	<div>State ("NA" if non-U.S. address)</div>	OH
	<div>Zip/Postal Code</div>	44504
	<div>Country (if non-U.S. address)</div>	United States
<div>Listing Type</div>	Other Interest Holder	
<div>Positional Interests<div>(check all that apply)</div></div>	Member of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	President, Metro Land Title Agency	
<div>By Whom Appointed or Elected</div>	Governor, State of Ohio	
<div>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</div>	<div>Citizenship</div>	US
	<div>Gender</div>	Male
	<div>Ethnicity</div>	Not Hispanic or Latino
	<div>Race</div>	White
<div>Interest Percentages<div>(enter percentage values from 0.0 to 100.0)</div></div>	<div>Voting</div>	0.0%
	<div>Equity</div>	0.0%
	<div>Total assets (Equity Debt Plus)</div>	0.0%
<div>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</div>		No

Ownership Information		
<div>FRN</div>	9990119646	
<div>Name</div>	Molly S. Seals	
<div>Address</div>	<div>PO Box</div>	
	<div>Street 1</div>	1295 Fox Den Trail
	<div>Street 2</div>	
	<div>City</div>	Canfield
	<div>State ("NA" if non-U.S. address)</div>	OH
	<div>Zip/Postal Code</div>	44406
	<div>Country (if non-U.S. address)</div>	United States
<div>Listing Type</div>	Other Interest Holder	
<div>Positional Interests<div>(check all that apply)</div></div>	Member of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	retired System VP of Human Resources of Program Delivery, Mercy Health Systems	

By Whom Appointed or Elected	Governor, State of Ohio	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
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	9990119713	
Name	Sam Grooms	
Address	PO Box	
	Street 1	2222 Rickenbacker Parkway West
	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	43217
	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	CEO Hy-Tek Materials Handling, Inc..	
By Whom Appointed or Elected	Governor, State of Ohio	
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
(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 has no parent entities

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: Vice President and General Counsel Exact Legal Title or Name of Respondent: Youngstown State University Name: Holly A Jacobs Phone: 3309412340 01/17/2018