



(REFERENCE COPY - Not for submission)

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

File Number: 0000098122 | Submit Date: 2020-01-17 | FRN: 0001812692

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 01/17/2020

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0001812692		The Nathan B. Stubblefield Foundation, Inc.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1210 E. Martin Luther King Blvd.	Tampa	FL	33603	+1 (813) 238-8001	wmnf@wmnf.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	10/01/2019 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	
The Nathan B. Stubblefield Foundation, Inc.			0001812692	

Fac. ID No.	Call Sign	City	State	Service
47459	WMNF	TAMPA	FL	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	Articles of Incorporation
Parties to contract or instrument	State of Florida
Date of execution	09/1975
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation

Document Information	
Description of contract or instrument	By-Laws
Parties to contract or instrument	NBS Foundation
Date of execution	09/1975
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: 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	0001812692	
Entity Name	The Nathan B. Stubblefield Foundation, Inc.	
Address	PO Box	
	Street 1	1210 E. Martin Luther King Blvd.
	Street 2	
	City	Tampa
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33603
	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	9990120973	
Name	Leticia Valdes	
Address	PO Box	
	Street 1	3705 N Himes Avenue
	Street 2	
	City	Tampa
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33607
	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	Board		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	7.2%	
	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	9990120974	
Name	Pamela Robinson	
Address	PO Box	
	Street 1	13811 Cherry Creek Drive
	Street 2	
	City	Tampa
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33618
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Child care	
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	American Indian or Alaska Native, Black or African American
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	7.2%
	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	9990120976	
Name	Lauren Adriaansen	
Address	PO Box	
	Street 1	807 W. River Heights Ave.
	Street 2	
	City	Tampa
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33603
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	IT Security	
By Whom Appointed or Elected	Board elected	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	7.2%
	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	9990120977	
Name	David Harbeitner	
Address	PO Box	
	Street 1	225 9th Ave. N
	Street 2	

	<div>City</div>	St. Petersburg
	<div>State ("NA" if non-U.S. address)</div>	FL
	<div>Zip/Postal Code</div>	33701
	<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>	Officer, Member of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	Financial Planning	
<div>By Whom Appointed or Elected</div>	Board	
<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>	7.2%
	<div>Equity</div>	0.0%
	<div>Total assets (Equity Debt Plus)</div>	
<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>	9990121002	
<div>Name</div>	Stuart Mellish	
<div>Address</div>	<div>PO Box</div>	
	<div>Street 1</div>	151 7th Street S.
	<div>Street 2</div>	#727
	<div>City</div>	Saint Petersburg
	<div>State ("NA" if non-U.S. address)</div>	FL
	<div>Zip/Postal Code</div>	33701
	<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	

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	7.2%
	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	9990139030	
Name	Jon Greaves	
Address	PO Box	
	Street 1	7006 Lakeshore Drive
	Street 2	
	City	Tampa
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33604
	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	Project Manager	
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	7.2%
	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
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Ownership Information		
FRN	9990139031	
Name	Jennifer Meksraitis	
Address	PO Box	
	Street 1	1107 E. Chelsea Street
	Street 2	
	City	Tample
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33603
	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	Board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	7.2%
	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	9990139032	
Name	Dyllan Furness	
Address	PO Box	
	Street 1	3719 Prescott Street N.
	Street 2	
	City	Saint Petersburg

	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33713
	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	Writer	
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	7.2%
	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	9990139034	
Name	Nancy Johnson	
Address	PO Box	
	Street 1	2303 Forrest Crest Circle
	Street 2	
	City	Lutz
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33549
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired Educator	
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	7.2%
	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	9990139037	
Name	Samuel Wismer	
Address	PO Box	1340
	Street 1	
	Street 2	
	City	Saint Petersburg
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33731-1340
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Research Administrator	
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	7.2%
	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	9990139039	
Name	Carson Holton	
Address	PO Box	
	Street 1	1307 High Hammock Drive
	Street 2	
	City	Tampa
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33619
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Volunteer Youth Seat	
Principal Profession or Occupation	Student	
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	7.2%
	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	9990139040	
Name	Bob Ingham	
Address	PO Box	
	Street 1	2551 Dartmouth Avenue N.
	Street 2	
	City	Saint Petersburg
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33713

	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	CPA	
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	7.2%
	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	9990139042	
Name	John Timmel	
Address	PO Box	
	Street 1	One Barbados Avenue
	Street 2	1D
	City	Tampa
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33606
	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	Boat Captain	
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	7.2%
	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	9990139043	
Name	Katarina Laver	
Address	PO Box	
	Street 1	6319 N. Central Avenue
	Street 2	
	City	Tampa
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33604
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Volunteer Representative Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Financial Servicing	
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	7.2%
	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
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<p>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>If "<u>Yes</u>," 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.</p>	No
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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 has no 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: Director of Finance & Administration Exact Legal Title or Name of Respondent: The Nathan B. Stubblefield Foundation, Inc. Name: Cindy Reichard Phone: 8132388001 01/17/2020