

FRN

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

File Number: 0000226595Submit Date: 2023-11-16FRN: 0003232030Purpose: Noncommercial Broadcast Stations Biennial Ownership ReportStatus: SubmittedStatus Date:11/16/2023Filing Status: Active

### **Section I - General Information**

#### 1. Respondent

Entity Name

0003232030 Bascomb Memorial Broadcasting Foundation
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Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2921 Coral Way	Miami	FL	33145	+1 (305) 662- 8889	hduperly@staff. wdna.org

#### 2. Contact Representative

1.ch	1000	itativ	

Howard Du	iperly	Interim General Manager	
Street	City (and Country if non U.S.		

Organization

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2921 Coral Way	Miami	FL	33145- 3502	+1 (305) 662- 8889	hduperly@staff.wdna. org

#### Not Applicable

Name

3. Application Filing Fee

# 4. Control of Respondent

(a) Provide the following information	on about the Respondent:		
Relationship to stations/permits	Licensee		
Is the Respondent's governing boain directly under the control of ano		y) directly or	No
(b) Provide the following information	on about this report:		
Purpose	Bie	ennial	
"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.

Licensee/Permittee Name FRN				
Bascomb Memorial Broadcasting Foundation 0003232030				
Fac. ID No.	Call Sign	City	State	Service
			Jiale	Service
4030	WDNA	MIAMI	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	Bascomb Memorial Broadcasting Foundation
Date of execution	10/1971
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	Bylaws
Parties to contract or instrument	Bascomb Memorial Broadcasting Foundation
Date of execution	01/1995
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	0003232030	0003232030			
Entity Name	Bascomb Memorial Broadcas	Bascomb Memorial Broadcasting Foundation			
Address	PO Box				
	Street 1	2921 Coral Way			
	Street 2				
	City	Miami			
	State ("NA" if non-U.S. address)	FL			
	Zip/Postal Code	33145			
	Country (if non-U.S. address)	United States			
Listing Type	Respondent	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 a that do not appear on this	an attributable interest in one o report?	r more broadcast stations No			

FRN	9990148612	
Name	Cecil Persaud	
Address	PO Box	
	Street 1	2921 Coral Way
	Street 2	
	CityMiamiState ("NA" if non-U.S. address)FLZip/Postal Code33145	
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	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	Asian
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	11.1%
	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	9990148613		
Name	Viviam Maria Lopez		
Address	PO Box		
	Street 1	2921 Coral Way	
	Street 2		
	City	Miami	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33145	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Radio and TV Host		
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	11.1%	
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	9990148615				
Name	Ed Blanco				
Address	PO Box				
	Street 1	2921 Coral Way			
	Street 2				
	City	Miami			
	State ("NA" if non-U.S. address)	FL			
	Zip/Postal Code	33145			
	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				
By Whom Appointed or Elected	Board				
Citizenship, Gender,	Citizenship	US			
Ethnicity, and Race Information (Natural	Gender	Male			
Persons Only)	Ethnicity	Hispanic or Latino			
	Race	White			
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	11.1%			
	Equity	0.0%			
	Total assets (Equity Debt Plus)				
Does interest holder have an that do not appear on this re	attributable interest in one or port?	more broadcast stations	No		

#### **Ownership Information**

FRN	9990148616	
Name	Luis Wifredo Fernandez	
Address	PO Box	
	Street 1	2921 Coral Way
	Street 2	
	City	Miami

	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33145	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Investor		
By Whom Appointed or Elected	Board		
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US	
	Gender	Male	
Persons Only)	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	11.1%	
(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 report?	r more broadcast stations	No

FRN	9990148617	
Name	Hector Gutierrez	
Address	PO Box	
	Street 1	2921 Coral Way
	Street 2	
	City	Miami
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33145
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	CEO	
By Whom Appointed or Elected	Board	

Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	11.1%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast station		r more broadcast stations	No

#### **Ownership Information**

that do not appear on this report?

FRN	9990148618	9990148618	
Name	Jim Gasior		
Address	PO Box		
	Street 1	2921 Coral Way	
	Street 2		
	City	Miami	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33145	
	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	Musician		
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	11.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		

Ownership Information			
FRN	9990148619		
Name	Carole Ann Taylor	Carole Ann Taylor	
Address	PO Box		
	Street 1	2921 Coral Way	
	Street 2		
	City	Miami	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33145	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Business Owner		
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
Interest Percentages	Voting	11.1%	
(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	an attributable interest in one o report?	r more broadcast stations	No

Ownership Information		
FRN	9990153716	
Name	Stanley Rubin	
Address	PO Box	
	Street 1	2921 Coral Way
	Street 2	
	City	Miami
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33145

	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	Banker				
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	11.1%			
	Equity	0.0%			
	Total assets (Equity Debt Plus)				

that do not appear on this report?

No

Ownership Information			
FRN	9990153719	9990153719	
Name	Leah Weston		
Address	PO Box		
	Street 1	2921 Coral Way	
	Street 2		
	City	Miami	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33145	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (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,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)		1	

	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	11.1%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one of report?	more broadcast stations	No
., .	at any interests, including equit his filing are non-attributable. an explanation.	y, financial, or voting	Yes
(c) Is Respondent seeking duties wholly unrelated to	an attribution exemption for any	/ officer or director with	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 without 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: Interim General Manager Exact Legal Title or Name of Respondent: Bascomb Memorial Broadcasting Foundation Name: Howard Duperly Phone: 3056628889 11/16/2023