

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (October 2009)	FOR FCC USE ONLY
<b>FCC 323</b>		<b>FOR COMMISSION USE ONLY</b>
<b>OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS</b>		<b>FILE NO. BOA-20111114AUP</b>

**Section I - General Information**

1.	Legal Name of the Respondent EVANSVILLE LOW POWER PARTNERSHIP		
	Street Address (1) 300 S.E. RIVERSIDE DRIVE		
	Street Address (2) SUITE 100		
	City EVANSVILLE	State or Country (if foreign address) IN	ZIP Code 47713 - 1036
	Telephone Number (include area code) 8124719300	E-Mail Address (if available) JMDUNN@DUNNHOSPITALITY.COM	
	FCC Registration Number: 0003943834	Call Sign WTSN-LD	Facility ID Number 17742
2.	Contact Representative PETER TANNENWALD		Firm or Company Name FLETCHER, HEALD & HILDRETH, P.L.C.
	Street Address (1) 1300 NORTH 17TH ST.		
	Street Address (2) 11TH FLOOR		
	City ARLINGTON	State or Country (if foreign address) VA	ZIP Code 22209 - 3801
	Telephone Number (include area code) 7038120404	E-Mail Address (if available) TANNENWALD@FHHLW.COM	
3.	Nature of Respondent (See Instructions for definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest		
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input checked="" type="radio"/> Other NO FEE FOR CLASS A REPORT <input type="radio"/> N/A (Fee Required)		
5.	All of the information furnished in this Report is accurate as of 10/01/2011 <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)</i>		
6.	Purpose: This Report is filed for: (choose one)		
	a. <input checked="" type="radio"/> Biennial		
	b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)		
	c. <input type="radio"/> Transfer of Control or Assignment of License/Permit		

- d.  Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.
- e.  Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)

f. <input type="radio"/> Amendment to a previously filed Ownership Report	File Number: -
If an Amendment, <b>submit as an Exhibit</b> a listing by Section and Question Number the portions of the previous Report that are being revised.	[ Exhibit 1 ]

7. Licensee and Station Information. The stations listed below are all licensed to the following person or entity:

Licensee Name	Licensee's FCC Registration Number (FRN)
EVANSVILLE LOW POWER PARTNERSHIP	0003943834

**Station List**

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	WTSN-LD	17742	EVANSVILLE , INDIANA	Class A TV
2.	WYYW-LP	20030	EVANSVILLE , INDIANA	Class A TV

8. Respondent is:

Sole Proprietorship                     
  Not-for-profit corporation                     
  Limited partnership  
 For-profit corporation                     
  General partnership                     
  Other

If "Other," describe nature of the Respondent in an Exhibit. [ Exhibit 2 ]

**Section II-B - Biennial Ownership Information**

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreements.

Not Applicable

**[Enter Contract Information]**

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)

Not Applicable

**[Enter Capitalization Information]**

3. (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, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A

"direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. 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 separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

**Ownership Interests Information**

Copy 1.	Name	EVANSVILLE LOW POWER PARTNERSHIP
	Address	Street 300 S.E. RIVERSIDE DRIVE SUITE 100 City/State EVANSVILLE , INDIANA Postal/ZIP Code 47713 - 1036 Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0003943834	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)		<input checked="" type="checkbox"/> N/A (entity)
	<u>Gender</u>	<input type="radio"/> Male <input type="radio"/> Female
	<u>Ethnicity</u>	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
	<u>Race</u> (Check all that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian

		<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
		<u>Citizenship</u>
	Percentage of votes	0.0 %
	Percentage of equity	0.0 %
	Percentage of total assets (equity debt plus)	0.0 %

Copy 2.	Name	DUNN BROADCASTING COMPANY
	Address	Street 300 S.E. RIVERSIDE DR. SUITE 100 City/State EVANSVILLE , INDIANA Postal/ZIP Code 37713 - 1036 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0002885531	

Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity)
	<u>Gender</u> <input type="radio"/> Male <input type="radio"/> Female
	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
	<u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native

		<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
		<u>Citizenship</u>	
	Percentage of votes	60.0 %	
	Percentage of equity	60.0 %	
	Percentage of total assets (equity debt plus)	60.0 %	
Copy 3.	Name	DUNN FAMILY, L.P.	
	Address	Street 300 S.E. RIVERSIDE DR. SUITE 100 City/State EVANSVILLE , INDIANA Postal/ZIP Code 37713 - 1036 Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0020029625	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)		<input checked="" type="checkbox"/> N/A (entity)	
		<u>Gender</u> <input type="radio"/> Male <input type="radio"/> Female	
		<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino	
		<u>Race</u> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native	

		<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
		<u>Citizenship</u>	
	Percentage of votes	40.0 %	
	Percentage of equity	40.0 %	
	Percentage of total assets (equity debt plus)	40.0 %	

(b.) Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable.  Yes  No [ Exhibit 3 ]

If "No," submit as an Exhibit an explanation.

(c.) Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, as defined in 47 C.F.R. Section 73.3555?  Yes  No

If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option. NOTE: Spreadsheets must be submitted in a special "XML Spreadsheet" format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please [Click Here](#).

**[Broadcast Interests Subform]**

**[Newspaper Interests Subform]**

(d.) Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?  Yes  No

If "Yes", complete the information describing the relationship.

**[Enter Familial Relationships Information]**

(e.) Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?  Yes  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.

**[Enter Attribution Exemption Information]**

4.	<p>Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.</p> <p><b>For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.</b></p> <p><b>[Enter Respondent Interests Held Information]</b></p>	<input checked="" type="checkbox"/> N/A
5.	<p>Organizational Chart. <b>LICENSEES ONLY:</b> Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>	<input type="checkbox"/> N/A [ Exhibit 5 ]

**SECTION III - CERTIFICATION**

I certify that I am A PARTNER

(Official Title)

of EVANSVILLE LOW POWER PARTNERSHIP

(Exact legal title or name of Respondent)

and 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.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature JOHN M. DUNN	Date 10/31/2011
Telephone Number of Respondent (Include area code) 8124719300	

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).

**Exhibits**

**Exhibit 5**

**Description:** ORGANIZATIONAL CHART

SEE ATTACHED.

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**Attachment 5**

Description
<a href="#">Chart</a>



