

(REFERENCE COPY - Not for submission)

Amendment to a Non-Commercial Broadcast Stations Biennial Ownership Report

File Number: 0000040281 | Submit Date: 2018-01-30 | FRN: 0006755094

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Amendment Status: Received Status Date:

01/30/2018 Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0006755094	The City College Of New York

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
160 Convent Avenue NAC 1/513	New York	NY	10031	+1 (212) 650- 7147	aharden@ccny. cuny.edu

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.

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 boa indirectly 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	10/01/2017	
	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.	

Reason for Amendment	Correct citizenship information at Section II for board
	member Mikhael Simmonds

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 City College Of New York	0006755094

Fac. ID No.	Call Sign	City	State	Service	
11412	WHCR-FM	NEW YORK	NY	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	0006755094	0006755094	
Entity Name	The City College Of New York	The City College Of New York	
Address	РО Вох		
	Street 1	160 Convent Avenue	
	Street 2	NAC 1/513	
	City	New York	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10031	

	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 0.0% 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	9990119699			
Name	Geraldine Murphy			
Address	РО Вох			
	Street 1	c/o 160 Convent Avenue		
	Street 2	NAC 4/150		
	City	New York		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	10031		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Director of Macaulay Honors (Director of Macaulay Honors College, CCNY		
By Whom Appointed or Elected	CCNY Board of Governors			
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)	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	9990119669			
Name	Karen Witherspoon			
Address	PO Box			
	Street 1	c/o 160 Convent Avenue		
	Street 2	Administration Building, Room 205		
	City	New York		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	10031		
	Country (if non-U.S. United States address)			
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			
Principal Profession or Occupation	Vice President of Government and Community Affairs, CCNY			
By Whom Appointed or Elected	CCNY governing board	CCNY governing board		
Citizenship, Gender,	Citizenship	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Black or African American		
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	an attributable interest in one o	r more broadcast stations No		

Ownership Information			
FRN	9990119710		
Name	Linda Villarosa		
Address	PO Box		
	Street 1 Convent Avenue and 138th Street		
	Street 2 Shepard Hall, Room 463		
	City New York		

	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	10031		
	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	Director of Journalism, Media	Director of Journalism, Media and Communications Arts, CCNY		
By Whom Appointed or Elected	CCNY Governing 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	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 creport?	or more broadcast stations No		

Ownership Information			
FRN	9990119712		
Name	Mikhael Simmonds		
Address	PO Box		
	Street 1	758 Albany Avenue	
	Street 2		
	City Brooklyn		
	State ("NA" if non-U.S. NY address)		
	Zip/Postal Code 11203		
	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	News Room Manager, Solutions Journalism Network		
By Whom Appointed or Elected	CCNY Governing Board		

Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	тт
	Gender	Male
	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 that do not appear on this	an attributable interest in one o	or more broadcast stations No

Ownership Information				
FRN	9990119670			
Name	Erec Koch			
Address	РО Вох			
	Street 1	c/o 160 Convent Avenue		
	Street 2	NAC 5/225		
	City	New York		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	10031		
	Country (if non-U.S. United States address)			
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer			
Principal Profession or Occupation	Dean of Humanities, CCNY			
By Whom Appointed or Elected	CCNY governing board	CCNY governing board		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	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 a that do not appear on this	an attributable interest in one oreport?	r more broadcast stations	No	

Ownership Information				
FRN	9990119668			
Name	Vincent Boudreau			
Address	PO Box			
	Street 1	c/o 160 Convent Avenue		
	Street 2	Administration Building, Room 300		
	City	New York		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	10031		
	Country (if non-U.S. United States address)			
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			
Principal Profession or Occupation	President, City College of New York			
By Whom Appointed or Elected	CCNY governing 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)	0.0%		
Does interest holder have a that do not appear on this r	n attributable interest in one o	r more broadcast stations No		

Ownership Information		
FRN	9990119706	
Name	Voza Rivers	
Address	РО Вох	
	Street 1 253 West 138th Street	
	Street 2	
	City New York	
	State ("NA" if non-U.S. NY address)	
	Zip/Postal Code 10030	

	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	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	Executive Producer, New Her	Executive Producer, New Heritage Theatre Group		
By Whom Appointed or Elected	CCNY Governing Board	CCNY Governing Board		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Black or African American		
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	an attributable interest in one o	r more broadcast stations	No	

Ownership Information			
FRN	9990119698		
Name	Angela Harden		
Address	PO Box		
	Street 1	c/o 160 Convent Avenue	
	Street 2	NAC 1/513	
	City	New Youk	
	State ("NA" if non-U.S. NY address)		
	Zip/Postal Code	10031	
	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	General Manager and Program director, WHCR		
By Whom Appointed or Elected	CCNY governing board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender Female		
Persons Only)			

Interest Percentages (enter percentage values from 0.0 to 100.0)	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
	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	9990119708		
Name	Robert Jackson		
Address	РО Вох		
	Street 1	499 Fort Washington Aveune	
	Street 2	#3A	
	City	New York	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10033	
	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 member of New York City Council		
By Whom Appointed or Elected	CCNYGoverning Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
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	

(b) Respondent certifies that any interests, including equity, financial, or voting		Yes
	interests, not reported in this filing are non-attributable.	
	If "No," submit as an exhibit an explanation.	

(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 any 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 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: Board Member and General Manager WHCR-FM Exact Legal Title or Name of Respondent: City College of New York Name: Angela Harden Phone: 2126507147