



(REFERENCE COPY - Not for submission)

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

File Number: **0000042296** | Submit Date: **2018-02-15** | FRN: **0007268774**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **02/15/2018**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0007268774		Salt Pond Community Broadcasting, Inc.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 170 1186 Acadia Highway	East Orland	ME	04431-0170	+1 (207) 469-6600	matt@weru.org

2. Contact Representative

Name		Organization			
John Crigler		Garvey Schubert Barer			

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	JCRIGLER@GSBLAW.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	
Salt Pond Community Broadcasting, Inc.			0007268774	

Fac. ID No.	Call Sign	City	State	Service
58726	WERU-FM	BLUE HILL	ME	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 MAINE
Date of execution	01/1984
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	SALT POND COMMUNITY BROADCASTING COMPANY
Date of execution	11/2001
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: BY-LAWS

Document Information	
Description of contract or instrument	AMENDMENT TO BY-LAWS
Parties to contract or instrument	SALT POND COMMUNITY BROADCASTING , INC.
Date of execution	04/2005
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: AMENDMENT TO BY-LAWS

Document Information	
Description of contract or instrument	AMENDMENT TO BY-LAWS
Parties to contract or instrument	SALT POND COMMUNITY BROADCASTING, INC.

Date of execution	01/2012
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: AMENDMENT TO BY-LAWS

Document Information	
Description of contract or instrument	AMENDMENT TO BY-LAWS
Parties to contract or instrument	SALT POND COMMUNITY BROADCASTING, INC.
Date of execution	04/2016
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: AMENDMENT TO BY-LAWS

Document Information	
Description of contract or instrument	AMENDMENT TO BY-LAWS
Parties to contract or instrument	SALT POND COMMUNITY BROADCASTING, INC.
Date of execution	05/2016
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: AMENDMENT TO 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	0007268774	
Entity Name	Salt Pond Community Broadcasting, Inc.	
Address	PO Box	170
	Street 1	1186 Acadia Highway
	Street 2	

	City	East Orland	
	State ("NA" if non-U.S. address)	ME	
	Zip/Postal Code	04431-0170	
	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	9990123384	
Name	Starr Gilmartin	
Address	PO Box	
	Street 1	831 Oak Point Rd
	Street 2	
	City	Trenton
	State ("NA" if non-U.S. address)	ME
	Zip/Postal Code	04605
	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	SOCIAL WORKER	
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	16.7%	
	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	9990123391		
Name	JON VAN AMRINGE		
Address	PO Box		
	Street 1	1369 Shore Rd	
	Street 2		
	City	Lamoine	
	State ("NA" if non-U.S. address)	ME	
	Zip/Postal Code	04605	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Vice President, TreasurerMember 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	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	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	9990123392	
Name	Kate Harris	
Address	PO Box	

	Street 1	42 Mayo St.	
	Street 2		
	City	Belfast	
	State ("NA" if non-U.S. address)	ME	
	Zip/Postal Code	04915	
	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	Librarian		
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	16.7%	
	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	9990123393	
Name	Pat Pugh	
Address	PO Box	
	Street 1	367 Pretty Marsh Rd
	Street 2	
	City	Mount Desert
	State ("NA" if non-U.S. address)	ME
	Zip/Postal Code	04660
	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	Retired		
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	16.7%	
	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	9990123394	
Name	Matt Murphy	
Address	PO Box	
	Street 1	33 Sunset Drive
	Street 2	
	City	Penobscot
	State ("NA" if non-U.S. address)	ME
	Zip/Postal Code	04476
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - EX OFFICIO BOARD MEMBERMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	STATION 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	0.0%
	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	9990123395	
Name	MICHAEL DONAHUE	
Address	PO Box	
	Street 1	48 Allen Point Ln
	Street 2	
	City	Blue Hill
	State ("NA" if non-U.S. address)	ME
	Zip/Postal Code	04614
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - PresidentMember 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	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%
	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	9990123396	
Name	Lynn Soucy	
Address	PO Box	
	Street 1	19 Broadway
	Street 2	

	City	Rockland
	State ("NA" if non-U.S. address)	ME
	Zip/Postal Code	04841
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - SecretaryMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Hospital Financial Officer	
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	16.7%
	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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(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)? 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.	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.

Salt Pond Community Broadcasting, Co. is the licensee of WERU. It is governed by a self-selecting volunteer Board of Directors. 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: President Exact Legal Title or Name of Respondent: Salt Pond Community Broadcasting, Inc. Name: Lynn Soucy Phone: 2074696600 02/15/2018