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

File Number: **0000042339** | Submit Date: **2018-02-16** | FRN: **0002733764**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **02/16/2018**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0002733764		Central Michigan University			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
Public Broadcasting 1999 East Campus Drive	Mt. Pleasant	MI	48859	+1 (989) 774-3105	hende1ww@cmich.edu

2. Contact Representative

Name		Organization			
Barry S. Persh		Gray Miller Persh LLP			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1200 New Hampshire Ave., NW Suite 410	Washington	DC	20036	+1 (202) 776-2458	bpersh@graymillerpersh.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
Central Michigan University	0002733764

Fac. ID No.	Call Sign	City	State	Service
646	WWCM	STANDISH	MI	FM
9907	WCML-FM	ALPENA	MI	FM
9908	WCMU-TV	MOUNT PLEASANT	MI	DTV
9910	WMHW-FM	MOUNT PLEASANT	MI	FM
9911	WCMZ-FM	SAULT STE. MARIE	MI	FM
9913	WCMW	MANISTEE	MI	DTV
9914	WCMB-FM	OSCODA	MI	FM
9917	WCML	ALPENA	MI	DTV
9918	WCMU-FM	MOUNT PLEASANT	MI	FM
9921	WUCX-FM	BAY CITY	MI	FM
9922	WCMV	CADILLAC	MI	DTV
9923	WCMW-FM	HARBOR SPRINGS	MI	FM
69273	WCMZ-TV	FLINT	MI	DTV

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	STATION USER'S AGREEMENT
Parties to contract or instrument	PUBLIC BROADCASTING SYSTEM
Date of execution	07/1974
Date of expiration	No expiration date
Agreement type (check all that apply)	Network Affiliation Agreement

Document Information	
Description of contract or instrument	WUCX FM JOINT OPERATING AGREEMENT
Parties to contract or instrument	DELTA COLLEGE
Date of execution	01/1988
Date of expiration	No expiration date

Agreement type (check all that apply)	Other Agreement Type: JOINT OPERATING AGREEMENT
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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	0002733764	
Entity Name	Central Michigan University	
Address	PO Box	
	Street 1	Public Broadcasting
	Street 2	1999 East Campus Drive
	City	Mt. Pleasant
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48859
	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	9990121573		
Name	Joseph B. Anderson, Jr.		
Address	PO Box		
	Street 1	7275 Ledgerock Ct.	
	Street 2		
	City	Bloomfield Hills	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	48301	
	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	Executive, Business Owner		
By Whom Appointed or Elected	Governor		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	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	9990121575		
Name	William R. Kanine		
Address	PO Box		
	Street 1	501 Kalamazoo Ave.	
	Street 2		
	City	Petoskey	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49770	
	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	Governor		
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	12.5%	
	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	9990121581	
Name	Tricia A. Keith	
Address	PO Box	
	Street 1	972 Oxford
	Street 2	
	City	Birmingham
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48009
	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	Executive	
By Whom Appointed or Elected	Governor	
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	12.5%	
	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	9990121583		
Name	Patricia E. Mooradian		
Address	PO Box		
	Street 1	950 Satterlee Road	
	Street 2		
	City	Bloomfield Hills	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	48304	
	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	CEO		
By Whom Appointed or Elected	Governor		
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	12.5%	
	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	9990121584	
Name	Michael A. Sandler	
Address	PO Box	

	Street 1	4270 Barcroft Way	
	Street 2		
	City	West Bloomfield	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	48323	
	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 Physician, Consultant		
By Whom Appointed or Elected	Governor		
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	12.5%	
	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	9990121585	
Name	Richard K. Studley	
Address	PO Box	
	Street 1	4089 Tall Oaks Drive
	Street 2	
	City	Grand Ledge
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48837
	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	President and CEO, Michigan Chamber of Commerce		
By Whom Appointed or Elected	Governor		
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	12.5%	
	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	9990121588	
Name	Robert F. Wardrop, II.	
Address	PO Box	
	Street 1	300 Ottawa Avenue, N.W.
	Street 2	Suite 150
	City	Grand Rapids
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	49503
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Vice ChairMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Lawyer	
By Whom Appointed or Elected	Governor	
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	12.5%
	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	9990121589	
Name	William H. Weideman	
Address	PO Box	
	Street 1	6013 Londonberrie
	Street 2	
	City	Midland
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48640
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - ChairMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	Governor	
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	12.5%
	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	9990121592	
Name	George E. Ross	
Address	PO Box	
	Street 1	Central Michigan University Office of the President
	Street 2	Warriner Hall 106

	City	Mount Pleasant	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	48859	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	CMU President		
By Whom Appointed or Elected	CMU Board of Trustees		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	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)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990121596	
Name	Mary Jane Flanagan	
Address	PO Box	
	Street 1	Central Michigan University Office of the President
	Street 2	Warriner Hall 106
	City	Mount Pleasant
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48859
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Secretary to the Board of Trustees	

By Whom Appointed or Elected	Not applicable	
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	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	9990121598	
Name	Barrie Wilkes	
Address	PO Box	
	Street 1	443 Fairlane Dr.
	Street 2	
	City	Alma
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48801
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Vice President, Finance and Administration, Central Michigan University	
By Whom Appointed or Elected	Governor	
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
(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
(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)? 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.	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.

Central Michigan University is a public, state institution of education governed by its Board of Trustees. There is 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: Central Michigan University Name: George E. Ross Phone: 9897743131 02/16/2018