

(REFERENCE COPY - Not for submission)

FRN

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000164949Submit Date:2021-10-27FRN:0003789823Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:10/27/2021Filing Status:Active

Section I - General Information

1. Respondent

Entity Name

0003789823		Kalamazo	Kalamazoo Broadcasting Company Inc.					
Street Address	City (and Countr S. address)	y if non U.	State ("NA" if non-U. S. address)	Zip Code	Phone	Email		
200	Orand Danida		N AL	40504	. 4 (040)			

Address	S. address)	S. address)	Code	Phone	Email
399 Garfield Avenue	Grand Rapids	МІ	49504	+1 (616) 451-9387	WFURAMFM@SBCGLOBAL. NET

2. Contact Representative

Name		Organization		
	Aaron P. Shainis	Shainis & Peltzman, Chartered		

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1850 M Street NW Suite 240	Washington	DC	20036	+1 (202) 293-0567	aaron@s-plaw.com

3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	No

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	MAR	1	95	\$85.00
		·	·	·	Total	\$85.00

4. Nature of Respondent

(a) Provide the following information about the Respondent:				
Relationship to stations/permits	Licensee			
Nature of Respondent	For-profit corporation			

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2021
	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
Kalamazoo Broadcasting Company Inc.	0003789823

Fac. ID No.	Call Sign	City	State	Service
33280	WKPR	KALAMAZOO	МІ	AM
150326	W286AU	KALAMAZOO	МІ	FX

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other 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. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, 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 MICHIGAN					
Date of execution	09/1960					
Date of expiration	No expiration date					
Agreement type (check all that apply)	Other Agreement Type: ARTICLES OF INCORPORATION					

(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, non-insulated partners, non-insulated members, 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.

FRN	0003789823	0003789823				
Entity Name	Kalamazoo Broadcasting Cor	Kalamazoo Broadcasting Company Inc.				
Address	PO Box					
	Street 1	399 Garfield Avenue				
	Street 2					
	City	Grand Rapids				
	State ("NA" if non-U.S. address)	МІ				
	Zip/Postal Code	49504				
	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	Voting	0.0%	Jointly Held? No			
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 c report?	or more broadcast stations	No			

Ownership Information

	Ownership Information	
	FRN	0019421940
Name WILLIAM E. KUI		WILLIAM E. KUIPER, JR.

Address	PO Box			
	Street 1	399 GARFIELD AVENUE		
	Street 2			
	City	GRAND RAPIDS		
	State ("NA" if non-U.S. address)	МІ		
	Zip/Postal Code	49504		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Stockholder			
Citizenship, Gender,	Citizenship	US		
thnicity, and Race nformation (Natural rersons Only)	Gender	Male		
	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	33.3%	Jointly Held? No	
from 0.0 to 100.0)	Equity	33.3%		
	Total assets (Equity Debt Plus)	33.3%		

Ownership Information

FRN	0019422005		
Name	CHARLES DAMON		
Address	PO Box		
	Street 1	399 GARFIELD AVENUE	
	Street 2		
	City	GRAND RAPIDS	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49504	
Country (if non-U.S. address)		United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
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%	Jointly Held? No	
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	

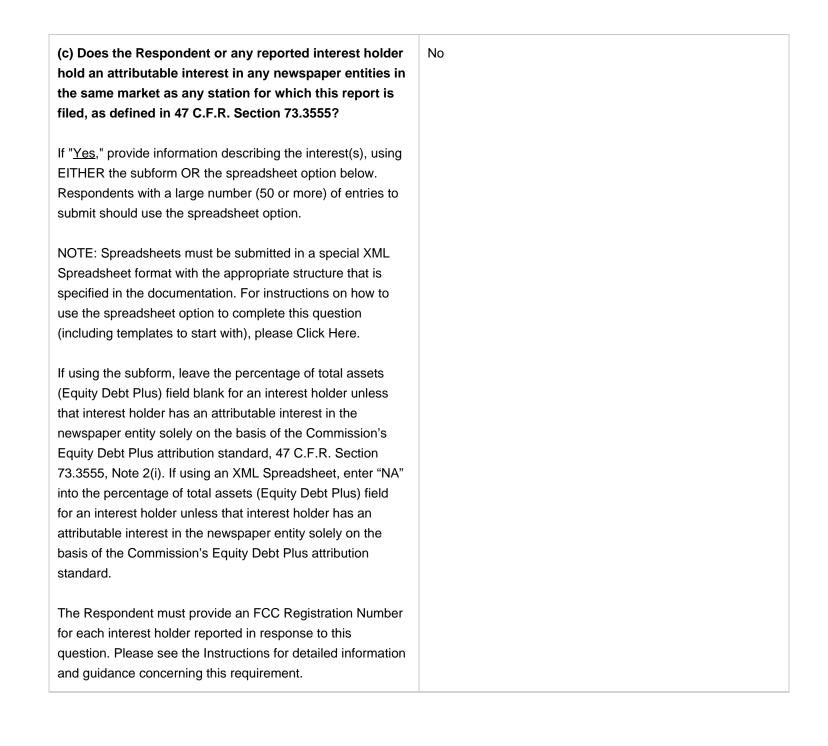
Ownership Information

FRN	0022473441	0022473441		
Name	DANIEL R. KUIPER			
Address	PO Box			
	Street 1	399 GARFIELD AVENUE		
	Street 2			
	City	GRAND RAPIDS	GRAND RAPIDS	
	State ("NA" if non-U.S. address)	MI		
	Zip/Postal Code	49504	49504	
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Stockholder			
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	33.3%	Jointly Held? No	
from 0.0 to 100.0)	Equity	33.3%		
	Total assets (Equity Debt	33.3%		

Ownership Information

FRN	0022472989	
Name	STEVEN KUIPER	
Address	PO Box	

	Street 1	399 GARFIELD AVENUE		
	Street 2			
	City	GRAND RAPIDS		
	State ("NA" if non-U.S. address)	MI		
	Zip/Postal Code	49504		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Stockholder			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race nformation (Natural Persons Only)	Gender	Male		
	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	33.3% Jointly Held? No		
rom 0.0 to 100.0)	Equity	33.3%		
	Total assets (Equity Debt Plus)	33.3%		
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	
	at any interests, including equi nis filing are non-attributable. an explanation.	ty, financial, or voting	Yes	



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

amily Relationships			
FRN	0022473441 Name		DANIEL R KUIPER
FRN	0022472989	Name	STEVEN KUIPER
Relationship	Siblings		

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Family Relationships

FRN	0019421940	Name	WILLIAM E KUIPER , JR
FRN	0022472989	Name	STEVEN KUIPER
Relationship	Siblings		

Family Relationships

FRN	0019421940	Name	WILLIAM E KUIPER , JR
FRN	0022473441	Name	DANIEL R KUIPER
Relationship Siblings			

(e) 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.

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.

No

Non-Licensee Respondents should select "N/A" in response to this question.

The Licensee has no parent company ownership interests.

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: President Exact Legal Title or Name of Respondent: Kalamazoo Broadcasting Company, Inc. Name: William E Kuiper , Jr. Phone: 6164519387 10/27/2021