

(REFERENCE COPY - Not for submission)

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

File Number: **0000168763** Submit Date: **2021-11-15** FRN: **0006986723** 

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/15/2021

Filing Status: Active

### **Section I - General Information**

### 1. Respondent

FRN	Entity Name
0006986723	Grand Valley State University

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
301 Fulton St. West Room820	Grand Rapids	MI	49504- 6492	+1 (616) 331- 6666	rademakj@gvsu. edu

# 2. Contact Representative

Name	Organization
Mark Van Bergh	Mark Van Bergh, Esquire

Street	City (and Country if non U.S.		Zip		
Address	address)	State	Code	Phone	Email
1625 S. Nelson St.	Arlington	VA	22204	+1 (703) 298- 4870	mvanbergh@comcast.

# 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 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.

### and Station(s)

### Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name	FRN	
Grand Valley State University	0006986723	

Fac. ID No.	Call Sign	City	State	Service
4174	WGVU-FM	ALLENDALE	МІ	FM
24783	WGVK	KALAMAZOO	МІ	DTV
24784	WGVU-TV	GRAND RAPIDS	MI	DTV
24785	WGVU	KENTWOOD	MI	AM
33695	WGVS	MUSKEGON	МІ	AM
33696	WGVS-FM	WHITEHALL	MI	FM
147577	W237CZ	GRAND RAPIDS	MI	FX

### **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.

Occument Information	
Description of contract or instrument	By-Laws
Parties to contract or instrument	Board of Trustees
Date of execution	04/2020
Date of expiration	No expiration date
Agreement type (check all that apply)	Other  Agreement Type: Board of Trustees 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	0006986723	0006986723	
Entity Name	Grand Valley State University	Grand Valley State University	
Address	РО Вох		
	Street 1	301 Fulton St. West	
	Street 2	Room820	
	City	Grand Rapids	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49504-6492	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent	Respondent	
Positional Interests (check all that apply)	Respondent	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 Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			

Ownership Information			
FRN	9990128323		
Name	Victor M. Cardenas	Victor M. Cardenas	
Address	РО Вох		
	Street 1	45175 10 Mile	
	Street 2		
	City	Novi	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	48375	
	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)  Assistant City Manager		
Principal Profession or Occupation			

By Whom Appointed or Elected	Governor	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Male
Persons Only)	Ethnicity	Hispanic or Latino
	Race	White
Interest Percentages	Voting	12.5%
(enter percentage values from 0.0 to 100.0)	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?		

Ownership Information			
FRN	9990128351	9990128351	
Name	Megan S. Rydecki		
Address	РО Вох		
	Street 1	110 Fitzhugh Ave. SE	
	Street 2		
	City	Grand Rapids	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49506	
	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	Deputy City Manager, City of V	Vyoming	
By Whom Appointed or Elected	Governor		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Asian	
Interest Percentages	Voting	12.5%	
(enter percentage values from 0.0 to 100.0)	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	9990128355				
Name	Kate Pew Wolters				
Address	PO Box				
	Street 1 2260 Cascade Springs Dr.				
	Street 2				
	City	Grand Rapids			
	State ("NA" if non-U.S. address)				
	Zip/Postal Code	49546			
	Country (if non-U.S. United States address)				
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)				
Principal Profession or Occupation	Philanthropist				
By Whom Appointed or Elected	Governor	Governor			
Citizenship, Gender,	Citizenship	us			
Ethnicity, and Race Information (Natural	Gender	Female			
Persons Only)	Ethnicity	Not Hispanic or Latino			
	Race	White			
Interest Percentages	Voting	12.5%			
(enter percentage values from 0.0 to 100.0)	Equity	0.0%			
	Total assets (Equity Debt Plus)				
Does interest holder have a	an attributable interest in one oreport?	r more broadcast stations No			

Ownership Information			
FRN	9990128367		
Name	Randall S. Damstra		
Address	PO Box Street 1 126 Ottawa Avenue NW		
	Street 2 Suite 500		
	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)	Member of Governing Board	(or other governing entity)			
Principal Profession or Occupation	Financial Investment	Financial Investment			
By Whom Appointed or Elected	Governor				
Citizenship, Gender,	Citizenship	US			
Ethnicity, and Race Information (Natural	Gender	Male			
Persons Only)	Ethnicity	Ethnicity Not Hispanic or Latino			
	Race	White			
Interest Percentages	Voting	12.5%			
(enter percentage values from 0.0 to 100.0)	Equity	0.0%			
	Total assets (Equity Debt Plus)				
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No		

Ownership Information			
FRN	9990139587		
Name	Philomena V. Mantella		
Address	PO Box		
	Street 1	1 Campus Drive	
	Street 2		
	City Allendale		
	State ("NA" if non-U.S. MI address)		
	Zip/Postal Code 49401		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	University President		
By Whom Appointed or Elected	Board of Trustees		

Citizenship, Gender, Ethnicity, and Race	Citizenship	US
Information (Natural Persons Only)	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?		

Ownership Information	Ownership Information			
FRN	9990139589			
Name	Matthew E. McLogan			
Address	PO Box			
	Street 1	4727 Stiles Creek Dr NE		
	Street 2			
	City	Grand Rapids		
	State ("NA" if non-U.S. address)	MI		
	Zip/Postal Code	49525		
	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	Vice President for University Relations, Secretary to Board of Trustees			
By Whom Appointed or Elected	Board of Trustees	Board of Trustees		
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)			
Does interest holder have a	an attributable interest in one oreport?	r more broadcast stations	No	

Ownership Information				
FRN	9990139590	9990139590		
Name	Gregory J. Sanial			
Address	PO Box			
	Street 1	7647 Pine Park Dr SE		
	Street 2			
	City	Grand Rapids		
	State ("NA" if non-U.S. address)	MI		
	Zip/Postal Code	49546		
	Country (if non-U.S. address)			
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer			
Principal Profession or Occupation	Chief Financial Officer, Treasurer to Board of Trustees			
By Whom Appointed or Elected	Board of Trustees			
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)			
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No		

Ownership Information			
FRN	9990139591		
Name	Elizabeth C. Emmitt		
Address	PO Box		
	Street 1 7265 Rosie Shores Dr. Street 2		
	City Byron Center		
	State ("NA" if non-U.S. MI address)		
	Zip/Postal Code 49315		

	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	Advisor for Spectrum Health	Advisor for Spectrum Health		
By Whom Appointed or Elected	Governor			
Citizenship, Gender,	Citizenship	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity Not Hispanic or Latino			
	Race	White		
Interest Percentages	Voting	12.5%		
(enter percentage values from 0.0 to 100.0)	Equity	Equity 0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have a that do not appear on this r	an attributable interest in one oreport?	r more broadcast stations	No	

Ownership Information			
FRN	9990139594		
Name	Susan M. Jandernoa		
Address	PO Box		
	Street 1	171 Monroe Ave NW	
	Street 2	Suite 410	
	City	Grand Rapids	
	State ("NA" if non-U.S. MI address)		
	Zip/Postal Code 49503		
	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 Educator		
By Whom Appointed or Elected	Governor		
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	White	
	Voting	12.5%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations	No

Ownership Information			
FRN	9990145583	9990145583	
Name	Mikyia Aaron		
Address	PO Box		
	Street 1	2161 West Grand Boulevard	
	Street 2		
	City	Detroit	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	48208	
	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	Attorney		
By Whom Appointed or Elected	Governor		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female	
	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)	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	9990145585

Address	РО Вох		
	Street 1	307 East Main Street	
	Street 2		
	City	Lowell	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49331	
	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	Attorney		
By Whom Appointed or Elected	Governor		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	12.5%	
(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	an attributable interest in one o	or more broadcast stations	No
	at any interests, including equi	ity, financial, or voting	Yes

(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.

### **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: Vice President for University Relations Exact Legal Title or Name of Respondent: Grand Valley State University Name: Matthew E McLogan Phone: 6163312190