

(REFERENCE COPY - Not for submission)

Amendment to a Non-Commercial Broadcast Stations Biennial Ownership Report

File Number: **0000173801** Submit Date: **2022-06-07** FRN: **0011086873**

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

06/07/2022 Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0011086873	Northwestern Michigan College

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1701 E Front St	Traverse City	МІ	49686	+1 (231) 995- 2562	ehines@nmc.

2. Contact Representative

Name	Organization
Eric Hines	Northwestern Michigan College

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
WNMC 1701 E Front St	Traverse City	MI	49686	+1 (231) 995-2562	ehines@nmc.edu

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	10/01/2021
	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.
Reason for Amendment	Neglected to include Board of Trustees members

5. Licensee(s) and Station(s)

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

Licensee/Permittee Name	FRN	
Northwestern Michigan College	0011086873	

Fac. ID No.	Call Sign	City	State	Service
49782	WNMC-FM	TRAVERSE CITY	МІ	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	0011086873	0011086873	
Entity Name	Northwestern Michigan College		
Address	РО Вох		
	Street 1	1701 E Front St	
	Street 2		
	City	Traverse City	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49686	
	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	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	r more broadcast stations	No

Ownership Information			
FRN	9990150195		
Name	Rachel A. Johnson		
Address	PO Box		
	Street 1	1701 E. Front Street	
	Street 2		
	City	Traverse City	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49686	
	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	Business		
By Whom Appointed or Elected	Voters of Grand Traverse County		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.2%	
(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 No that do not appear on this report?		r more broadcast stations No	

Ownership Information	
FRN	9990150196
Name	Laura J. Oblinger

Address	PO Box		
	Street 1	1701 E. Front Street	
	Street 2		
	City	Traverse City	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49686	
	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 Services		
By Whom Appointed or Elected	Voters of Grand Traverse County		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Ethnicity Not Hispanic or Latino	
	Race White		
Interest Percentages	Voting	14.2%	
(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	9990150202	9990150202	
Name	Kenneth E. Warner	Kenneth E. Warner	
Address	РО Вох		
	Street 1	1701 E. Front Street	
	Street 2		
	City	Traverse City	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49686	
	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	Retired Academic		
By Whom Appointed or Elected	Voter of Grand Traverse County		
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US	
	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.2%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt 0.0% 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	9990150203	
Name	Andrew K. Robitshek	
Address	PO Box	
	Street 1	1701 E. Front Street
	Street 2	
	City	Traverse City
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	49686
	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 Speech Pathologist	
By Whom Appointed or Elected	NMC 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 14.2%	
(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 eport?	r more broadcast stations	No

Ownership Information			
FRN	9990150204		
Name	Douglas S. Bishop		
Address	PO Box		
	Street 1	1701 E. Front Street	
	Street 2		
	City	Traverse City	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49686	
	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	Voters of Grand Traverse County		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.2%	
(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	r more broadcast stations	No

Ownership Information			
FRN	9990150205		
Name	Chris M. Bott	Chris M. Bott	
Address	PO Box Street 1 1701 E. Front Street		

	Street 2		
	City	Traverse City	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49686	
	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	Accountant		
By Whom Appointed or Elected	Voters of Grand Traverse County		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.2%	
(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	r more broadcast stations	No

Ownership Information			
FRN	9990150206		
Name	Kennard R. Weaver		
Address	PO Box		
	Street 1	1701 E. Front Street	
	Street 2		
	City Traverse City		
	State ("NA" if non-U.S. MI address)		
	Zip/Postal Code	49686	
	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	Voters of Grand Traverse County		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.2%	
(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	
(b) Respondent certifies that interests, not reported in this If "No," submit as an exhibit an		y, 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.

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

WNMC is wholly owned and operated by Northwestern Michigan College, a government entity with an elected board of trustees. Eric Hines is an employee of college and its representative.

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,	

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: Station Manager Exact Legal Title or Name of Respondent: Mr. Name: Eric Charles Hines Phone: 2319952562
		06/07/2022