



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial
Ownership Report (FCC Form 323)

File Number: 0000228095 | Submit Date: 2023-11-27 | FRN: 0007606338

Purpose: Commercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 11/27/2023

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0027289198		MCGRAW FAMILY TRUST			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
61644 Windridge Court	Centreville	MI	49032	+1 (269) 548-7004	scottmcgraw@me.com

2. Contact Representative

Name		Organization			
Mark N. Lipp, Esq.		Fletcher, Heald & Hildreth, P.L.C.			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 North 17th Street Suite 1100	Arlington	VA	22209	+1 (703) 812-0445	lipp@fhhlaw.com

3. Application Filing Fee

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees
Nature of Respondent	Other Family Trust

(b) Provide the following information about this report:	
Purpose	Biennial
"As of" date	10/01/2023 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
Impact Radio, LLC	0007606338

Fac. ID No.	Call Sign	City	State	Service
70461	WLKM-FM	THREE RIVERS	MI	FM
70462	WRCI	THREE RIVERS	MI	AM
72782	WBNO-FM	BRYAN	OH	FM
72784	WQCT	BRYAN	OH	AM
143953	W243DP	BRYAN	OH	FX
154378	W246BW	THREE RIVERS	MI	FX
201024	W295DA	STURGIS	MI	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.

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, 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.

Ownership Information		
FRN	0027289198	
Entity Name	MCGRAW FAMILY TRUST	
Address	PO Box	
	Street 1	61644 Windridge Court
	Street 2	

	<div>City</div>	Centreville	
	<div>State ("NA" if non-U.S. address)</div>	MI	
	<div>Zip/Postal Code</div>	49032	
	<div>Country (if non-U.S. address)</div>	United States	
<div>Listing Type</div>	Respondent		
<div>Positional Interests (check all that apply)</div>	Respondent		
<div>Tribal Nation or Tribal Entity</div>	Interest holder is not a Tribal nation or Tribal entity		
<div>Interest Percentages (enter percentage values from 0.0 to 100.0)</div>	<div>Voting</div>	0.0%	<div>Jointly Held?</div> <div>No</div>
	<div>Equity</div>	0.0%	
	<div>Total assets (Equity Debt Plus)</div>	0.0%	
<div>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</div>			<div>No</div>

Ownership Information			
<div>FRN</div>	0027289594		
<div>Name</div>	SCOTT MCGRAW		
<div>Address</div>	<div>PO Box</div>		
	<div>Street 1</div>	61644 Windridge Court	
	<div>Street 2</div>		
	<div>City</div>	Centreville	
	<div>State ("NA" if non-U.S. address)</div>	MI	
	<div>Zip/Postal Code</div>	49032	
	<div>Country (if non-U.S. address)</div>	United States	
<div>Listing Type</div>	Other Interest Holder		
<div>Positional Interests (check all that apply)</div>	Other - CO-TRUSTEE		
<div>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</div>	<div>Citizenship</div>	US	
	<div>Gender</div>	Male	
	<div>Ethnicity</div>	Not Hispanic or Latino	
	<div>Race</div>	White	
<div>Interest Percentages (enter percentage values from 0.0 to 100.0)</div>	<div>Voting</div>	50.0%	<div>Jointly Held?</div> <div>No</div>
	<div>Equity</div>	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	0027289602		
Name	MARCIA MCGRAW		
Address	PO Box		
	Street 1	61644 Windridge Court	
	Street 2		
	City	Centreville	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49032	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - CO-TRUSTEE		
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	50.0%	Jointly Held? No
	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 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) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings? If " <u>Yes</u> ," provide the following information for each such the relationship.	Yes
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Family Relationships			
FRN	0027289594	Name	SCOTT MCGRAW

FRN	0027289602	Name	MARCIA MCGRAW
Relationship	Spouses		

<p>(d) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	No
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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: Co-Trustee Exact Legal Title or Name of Respondent: McGraw Family Trust Name: Scott McGraw Phone: 2695487004 11/27/2023