

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000044381Submit Date: 2018-02-27FRN: 0027289198Purpose: Commercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 02/27/2018Filing Status: ActiveStatus: ActiveStatus Date: 02/27/2018

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
10608 DANDALE STREET	PORTAGE	МІ	49002	+1 (269) 548- 7004	SCOTTMCGRAW@ME. COM

2. Contact Representative

Name	Organization
MATTHEW H. MCCORMICK, ESQ.	Fletcher, Heald & Hildreth, PLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N. 17th Street, 11th Floor	Arlington	VA	22209	+1 (703) 812- 0438	mccormick@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 TRUST			

(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			
Impact Radio, LLC		0007606338			
Fac. ID No.	Call Sign	City		State	Service
70461	WLKM-FM	THREE RIVERS		МІ	FM
70462	WRCI	THREE RIVERS		МІ	АМ
72782	WBNO-FM	BRYAN		ОН	FM
72784	WQCT	BRYAN		ОН	АМ

Section II – Biennial Ownership Information

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all 1.47 C.F.R. 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 Section 73.3613 report. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be and Other disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an **Documents** 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. (a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by 2. Ownership generating a series of subforms. Answer each guestion on each subform. The first subform listing should be for the Respondent Interests 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 **10608 DANDALE STREET** Street 2 PORTAGE City State ("NA" if non-U.S. MI address)

	Zip/Postal Code	49002		
	Country (if non-U.S. address)	United States		
Listing Type	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 (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	or more broadcast stations	No	

Ownership Information				
FRN	0027289594	0027289594		
Name	SCOTT MCGRAW	SCOTT MCGRAW		
Address	PO Box			
	Street 1	10608 DANDALE STREET		
	Street 2			
	City	PORTAGE		
	State ("NA" if non-U.S. address)	MI		
	Zip/Postal Code	49002		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - CO-TRUSTEE			
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	50.0%	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 o report?	or more broadcast stations	No	

Ownership Information				
FRN	0027289602			
Name	MARCIA MCGRAW	MARCIA MCGRAW		
Address	PO Box			
	Street 1	10608 DANDALE STREET		
	Street 2			
	City	PORTAGE		
	State ("NA" if non-U.S. address)	МІ		
	Zip/Postal Code	49002		
	Country (if non-U.S. United States address) United States			
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - CO-TRUSTEE	Other - CO-TRUSTEE		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	50.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	Vebt 0.0%		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			No	
interests, not reported in th	(b) Respondent certifies that any interests, including equity, financial, or votingYesinterests, not reported in this filing are non-attributable.If "No," submit as an exhibit an explanation.			



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

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

(e) Is Respondent seeking an attribution exemption for any officer or director with No 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.

Certificatio	n

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: CO-TRUSTEE Exact Legal Title or Name of Respondent: MCGRAW FAMILY TRUST Name: SCOTT MCGRAW Phone: 2695487004 02/27/2018