

Commission

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

File Number: 0000099421 Submit Date: 2020-01-23 FRN: 0007384001 Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 01/23/2020 Filing Status: Active

Section I - General Information

FRN **Entity Name** 1. Respondent 0007384001 Plymouth-Canton Community Schools Street City (and Country if non U.S. State ("NA" if non-U.S. Address address) address) Zip Code Phone Email 454 S. +1 (734) 416-Plymouth MI 48170bill. 1717 7732 Harvey keith@pccsk12. com Organization Name 2. Contact Representative Bill Keith WSDP-FM Zip Street Address City (and Country if non U.S. address) State Code Phone Email 48187 +1 (734) 416-7732 bill.keith@pccsk12.com 46181 Joy Rd. Canton MI Not Applicable 3. Application **Filing Fee** (a) Provide the following information about the Respondent: 4. Control of Respondent **Relationship to stations/permits** Licensee Is the Respondent's governing board (or other governing entity) directly or No indirectly under the control of another entity? (b) Provide the following information about this report: Purpose **Biennial** "As of" date 10/01/2019 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.

Licensee/Permittee Name FRN				
Plymouth-Canton Community Schools 0007384001			1	
Fac. ID No.	Call Sign	City	State	Service
52840	WSDP	PLYMOUTH	MI	FM

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents	contracts and other instruments report. If the agreement is a net	s set forth in 47 C.F.R. Section 73	full power television, AM, and/or FM stations should list all 3.3613(a) through (c) for the facility or facilities listed on this < the appropriate box. Otherwise, select "Other." Non-Licensee question.
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. 		
	Ownership Information		
	FRN	0007384001	
	Entity Name	Plymouth-Canton Community	Schools
	Address	PO Box	
		Street 1	454 S. Harvey
		Street 2	
		City	Plymouth
		State ("NA" if non-U.S. address)	MI

Zip/Postal Code

address)

Respondent

Respondent

Listing Type

Positional Interests

(check all that apply)

Country (if non-U.S.

48170-1717

United States

Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	
	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	9990120246	9990120246	
Name	Anupam Chugh Sidhu		
Address	PO Box		
	Street 1	454 S. Harvey	
	Street 2		
	City	Plymouth	
	State ("NA" if non-U.S. address)	МІ	
	Zip/Postal Code	48170	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Instructional Technology Manager		
By Whom Appointed or Elected	Voters	Voters	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Asian	
Interest Percentages (enter percentage values	Voting	14.2%	
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 re	n attributable interest in one o eport?	r more broadcast stations	No

Ownership Information FRN 9990120248 Name Patricia McCoin

Address	PO Box		
	Street 1	454 S. Harvey	
	Street 2		
	City	Plymouth	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	48170	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Teacher		
By Whom Appointed or Elected	Voters		
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	0.0%	

Ownership Information		
FRN	9990120245	
Name	Patrick Kehoe	
Address	PO Box	
	Street 1	454 S. Harvey
	Street 2	
	City	Plymouth
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48170
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Product Management	Product Management	
By Whom Appointed or Elected	Voters		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	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

Ownership Information

FRN	9990120255	
Name	Kate Borninski	
Address	PO Box	
	Street 1	454 S. Harvey
	Street 2	
	City	Plymouth
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48170
	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	Homemaker	
By Whom Appointed or Elected	Voters	
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	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		No	

Does interest noider have an attributable	interest in one or	more proadcast	stations
that do not appear on this report?			

Ownership Information			
FRN	9990120663	9990120663	
Name	Doug Brooks		
Address	PO Box		
	Street 1	454 S. Harvey	
	Street 2		
	City	Plymouth	
	State ("NA" if non-U.S. address)	МІ	
	Zip/Postal Code	48170-1717	
	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		
By Whom Appointed or Elected	Voters		
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%	

Ownership Information		
FRN	9990139892	
Name	John Lazarowicz	
Address	PO Box	
	Street 1	454 S. Harvey

	Street 2		
	City	Plymouth	
	State ("NA" if non-U.S. address)	МІ	
	Zip/Postal Code	48170-1717	
	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	Police Officer		
By Whom Appointed or Elected	Voters		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.2%	
	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?			

FRN	9990139893	
Name	Leonardo Savage	
Address	PO Box	
	Street 1	454 S. Harvey
	Street 2	
	City	Plymouth
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48170-1717
	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		
By Whom Appointed or Elected	Voters		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.2%	
	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	9990124465	
Name	Monica Merritt	
Address	PO Box	
	Street 1	454 S. Harvey
	Street 2	
	City	Plymouth
	State ("NA" if non-U.S. address)	МІ
	Zip/Postal Code	48170-1717
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Superintendent	
By Whom Appointed or Elected	Board of Education	
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	Voting	0.0%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%

	Total assets (Equity D Plus)	ebt 0.0%	
	Does interest holder have an attributable interest in that do not appear on this report?	one or more broadcast stations	No
	(b) Respondent certifies that any interests, including interests, not reported in this filing are non-attributa If "No," submit as an exhibit an explanation.		Yes
	(c) Is Respondent seeking an attribution exemption duties wholly unrelated to the Licensee(s)?	or any officer or director with	No
	If " <u>Yes</u> ," complete the information in the required fields a that individual's duties and responsibilities, and explaining attributed an interest.	, ,	
3. Organizational Chart (Licensees Only)	Attach a flowchart or similar document showing the Licen entities that have attributable interests in the Licensee. Li- textual Exhibit in lieu of a flowchart or similar document. L	ensees with a single parent entity ma	ay provide a brief explanatory

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

WSDP-FM is owned by the Plymouth-Canton Community Schools. The school district is governed by a seven member school board that is elected by community residents.

Section III - 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: Superintendent of Schools Exact Legal Title or Name of Respondent: Superintendent of Schools Name: Monica L Merritt Phone: 7344163045 01/23/2020

Certification