

### (REFERENCE COPY - Not for submission)

FRN

# **Commercial Broadcast Stations Biennial** Ownership Report (FCC Form 323)

File Number: 0000226867 Submit Date: 2023-11-17 FRN: 0020024311 Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/17/2023 Filing Status: Active

# **Section I - General Information**

### 1. Respondent

#### **Entity Name** 0020024311 Ross A. Biederman Living Trust Dated 10/09/1991

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
314 E. Front Street	Traverse City	MI	49684	+1 (231) 947- 7675	rossb@wtcmradio. com

### 2. Contact Representative

Name	Organization
Dennis J. Kelly	Law Office of Dennis J. Kelly

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
30628 Detroit Road, Box 278	Westlake	ОН	44145	+1 (202) 293- 2300	dkellyfcclaw1@comcast. net

## 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	10/01/2023
	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	
WATZ Radio, Inc.	0003730769	

Fac. ID No.	Call Sign	City	State	Service
49304	WRGZ	ROGERS CITY	МІ	FM
71108	WATZ-FM	ALPENA	МІ	FM
190373	WZTK	ALPENA	MI	FM

Licensee/Permittee Name	FRN
WBCM Radio, Inc.	0003730777

Fac. ID No.	Call Sign	City	State	Service
49591	WKLT	KALKASKA	MI	FM
71210	WBCM	BOYNE CITY	MI	FM

Licensee/Permittee Name	FRN
WTCM Radio, Inc.	0003730751

Fac. ID No.	Call Sign	City	State	Service
70524	WTCM	TRAVERSE CITY	MI	AM
70525	WTCM-FM	TRAVERSE CITY	MI	FM

Licensee/Permittee Name	FRN
WKJF Radio, Inc.	0004081642

Fac. ID No.	Call Sign	City	State	Service
5207	WJZQ	CADILLAC	MI	FM

Licensee/Permittee Name	FRN	
WCCW Radio, Inc.	0003730819	

Fac. ID No.	Call Sign	City	State	Service
20421	WCCW	TRAVERSE CITY	МІ	AM
20423	WCCW-FM	TRAVERSE CITY	MI	FM

# 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	0020024311		
Entity Name	Ross A. Biederman Living Trust Dated 10/09/1991		
Address	PO Box		
	Street 1	314 E. Front Street	
	Street 2		
	City	Traverse City	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49684	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
<b>Positional Interests</b> (check all that apply)	Respondent		
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%	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 No that do not appear on this report?			No

#### **Ownership Information**

FRN	0011383502		
Name	Ross Biederman		
Address	PO Box		
	Street 1	1003 Peninsula Drive	
	Street 2		
	City	Traverse City	
	State ("NA" if non-U.S. address)	МІ	
	Zip/Postal Code	49686-2745	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee and Sole Beneficiary		
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US	
	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	100.0%	
	Total assets (Equity Debt Plus)	100.0%	
Does interest holder have an attributable interest in one or more broadcast stationsNothat do not appear on this report?			No
(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.			Yes

(c) 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.

(d) Is Respondent seeking an attribution exemption for any officer or director withNoduties 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.

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: <b>Trustee</b> Exact Legal Title or Name of Respondent: <b>Ross A. Biederman Living Trust Dated 10/09</b> /1991 Name: <b>Ross A. Biederman</b> Phone: <b>2319477675</b> 11/17/2023