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

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Application Submitted

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General Information

Application Purpose: Noncommercial Broadcast
Stations Biennial Ownership
Report

Filing Type: Biennial
 Filing information: Licensee
 "As Of" Filing Date: 10/01/2017
 Status: Submitted
 Date Submitted: 02/12/2018

Respondent Information

Name: Eastern Michigan University
 Address:
 Ypsilanti, MI 48198-0350
 US
 Phone: +1 (734) 487-2229
 Email: mmotherw@emich.edu

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 Plain Writing Act
 (<http://www.fcc.gov/encyclopedia/plain-writing-fcc>)
 2009 Recovery and Reinvestment Act
 (<http://www.fcc.gov/encyclopedia/american-recovery-and-reinvestment-act-2009>)



(REFERENCE COPY - Not for submission)

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

File Number: 0000041899 | Submit Date: 2018-02-12 | FRN: 0005815519

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Submitted | Status Date: 02/12/2018 | Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0005815519	Eastern Michigan University

Street Address	City (and Country If non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 980350	Ypsilanti	MI	48198-0350	+1 (734) 487-2229	mmotherw@emich.edu

2. Contact Representative

Name	Organization
Richard A. Helmick	Wilkinson Barker Knauer, LLP

Street Address	City (and Country If non U.S. address)	State	Zip Code	Phone	Email
1800 M Street, NW Suite 800N	Washington	DC	20036	+1 (202) 835-4178	rhelmick@wbklaw.com

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	10/01/2017
	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
Eastern Michigan University		0005815519

Fac. ID No.	Call Sign	City	State	Service
18311	WEMU	YPSILANTI	MI	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 required to be filed pursuant to 47 C.F.R. Section 73.3613 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	0005815519	
Entity Name	Eastern Michigan University	
Address	PO Box	980350
	Street 1	
	Street 2	
	City	Ypsilanti
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48198-0350
	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 (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	9990123691	
Name	Dennis Beagen	
Address	PO Box	
	Street 1	38895 Westchester Lane
	Street 2	
	City	Northville
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48167
	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	Governor, State of Michigan	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%
	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	9990123688	
Name	Michelle Crumm	
Address	PO Box	
	Street 1	2016 Valleyview
	Street 2	
	City	Ann Arbor
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48105
	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	Entrepreneur	
By Whom Appointed or Elected	Governor, State of Michigan	
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	12.5%
	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	9990123692	
Name	Mike Hawks	
Address	PO Box	
	Street 1	3711 Beech Tree Lane
	Street 2	
	City	Okemos
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48864
	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	Lobbyist	
By Whom Appointed or Elected	Governor, State of Michigan	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%
	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	9990123693	
Name	Eunice Jeffries	
Address	PO Box	
	Street 1	38315 Wynmar
	Street 2	
	City	Farmington Hills
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48331
	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	Government Relations	
By Whom Appointed or Elected	Governor, State of Michigan	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%
	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	9990123689	
Name	Mary Treder Lang	
Address	PO Box	
	Street 1	277 Touraine Road
	Street 2	
	City	Grosse Pointe Farms
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48236
	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	Development Officer	
By Whom Appointed or Elected	Governor, State of Michigan	
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	12.5%
	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	9990123695	
Name	Mike Morris	
Address	PO Box	

	Street 1	48070 Bellagio Court
	Street 2	
	City	Northville
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48167
	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	Governor, State of Michigan	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%
	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	9990123796	
Name	Vicki Reaume	
Address	PO Box	
	Street 1	207 Welch Hall
	Street 2	
	City	Ypsilanti
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48197
	Country (If non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Secretary to Board of Regents	

Principal Profession or Occupation	Vice President of Licensee	
By Whom Appointed or Elected	Office of the President of Licensee	
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	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	9990123694	
Name	Alexander Simpson	
Address	PO Box	
	Street 1	30411 Balewood Street
	Street 2	
	City	Southfield
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48076
	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	Governor, State of Michigan	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%
	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	9990123687	
Name	James Webb	
Address	PO Box	
	Street 1	16272 Oak Forest Court
	Street 2	
	City	Northville
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48168
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Board Chairman Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	retired	
By Whom Appointed or Elected	Governor, State of Michigan	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%
	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) 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.

Licensee has no parent entities.

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 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: Vice President and Secretary to Board of Regents Exact Legal Title or Name of Respondent: Eastern Michigan University Name: Vicki Reaume Phone: 7344872410 02/12/2018