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| Federal Communications Commission Washington, D.C. 20554 | Approved by OMB 3060-0084 (June 2002) | FOR FCC USE ONLY |
| FCC 323-E | | |
| Ownership Report For Noncommercial Educational Broadcast Station | | FOR COMMISSION USE ONLY FILE NO. BOA - 20160601AAB |
| Read INSTRUCTIONS Before Filling Out Form | | |

Section I - General

| | | | |
|----|--|--|----------------------------|
| 1. | Legal Name of the Licensee/Permittee BOARD OF TRUSTEES, MICHIGAN STATE UNIVERSITY | | |
| | Mailing Address WKAR-AM/FM/TV 404 WILSON RD, ROOM 212 | | |
| | City EAST LANSING | State or Country (if foreign address) MI | ZIP Code 48824 - 1212 |
| | Telephone Number (include area code) 5178844700 | E-Mail Address (if available) | |
| | FCC Registration Number: 0007619026 | Call Sign WKAR-TV | Facility ID Number 6104 |
| 2. | Contact Representative (if other than Licensee/Permittee) JONATHAN V. COHEN | | |
| | Firm or Company Name WILKINSON BARKER KNAUER, LLP | | |
| | Mailing Address 1800 M STREET, NW SUITE 800N | | |
| | City WASHINGTON | State or Country (if foreign address) DC | ZIP Code 20036 - |
| | Telephone Number (include area code) 2027834141 | E-Mail Address (if available) JONCOHEN@WBKLAW.COM | |
| 3. | Name of entity, if other than licensee or permittee, for which report is filed | | |
| | Mailing Address | | |
| | City | State or Country (if foreign address) | ZIP Code |
| | | | - |
| | Telephone Number (include area code) | E-Mail Address (if available) | |

Section II - Ownership Information

| | | | |
|----|---|--|--------------------------------|
| 4. | All of the information furnished in this Report is accurate as of 5/31/2016 (<i>Date must comply with 47 C.F.R. Section 73.3615(d), i.e., information must be current within 60 days of filing of this report, when 4(a) below is checked.</i>) | | |
| | This Report is filed for (<i>check one</i>) | | |
| | a. <input checked="" type="radio"/> Biennial | b. <input type="radio"/> Transfer of Control or Assignment of License/Permit | c. <input type="radio"/> Other |
| | d. <input type="radio"/> Amendment to pending application | | |

for the following stations:

[Enter Station Information]

Station List

This Report is filed for the following stations:

| Call Letters | Facility ID Number | Location (City/State) | Class of service |
|--------------|--------------------|-----------------------|------------------|
| WKAR | 41684 | EAST LANSING MI | AM |

| Call Letters | Facility ID Number | Location (City/State) | Class of service |
|--------------|--------------------|-----------------------|------------------|
| WDBM | 4241 | EAST LANSING MI | FM |

| Call Letters | Facility ID Number | Location (City/State) | Class of service |
|--------------|--------------------|-----------------------|------------------|
| WKAR-TV | 6104 | EAST LANSING MI | DT |

| Call Letters | Facility ID Number | Location (City/State) | Class of service |
|--------------|--------------------|-----------------------|------------------|
| WKAR-FM | 41683 | EAST LANSING MI | FM |

5. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

[Enter Contract/Instrument Information]

Contracts/Instruments Information

List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject shall respond.)

| Description of Contract or Instrument | Name of person or organization with whom contract is made | Date of Execution (mm/dd/yyyy) | Date of Expiration (mm/dd/yyyy) |
|---------------------------------------|---|--------------------------------|---------------------------------|
| MEMBERSHIP CERTIFICATION | PUBLIC BROADCASTING SERVICE (PBS) | 7/1/2015 | 6/30/2016 |

6. Is the governing board directly or indirectly under the control of another entity? Yes No
 If Yes, is a separate FCC Form 323-E submitted for such entity? Yes No

7. List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages, if necessary.

[Enter Owner Information]

Owner Information

List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages if necessary.

(Read carefully - The numbered items below refer to line numbers in the following table.)

- a. Name and address of officer, member of governing board, and holders of 1% or more ownership interest (if other than individual also show name, address and citizenship of natural person authorized to vote the interest). List officers first, then board members, and thereafter, holders of 1% or more ownership interest, if any.
- b. Citizenship.
- c. Office held.
- d. Percent of interest held.
- e. Principal profession or occupation.
- f. By whom appointed or elected.
- g. Existing interests in any other broadcast station, including the nature and size of such interests.

| | |
|--|---------------------------------|
| a. Name and Address. | BRIAN BRESLIN, WILLIAMSTON, MI |
| b. Citizenship. | US |
| c. Office held. | TRUSTEE |
| d. Percent of interest held. | 0.00 |
| e. Principal profession or occupation. | RETIRED |
| f. By whom appointed or elected. | PEOPLE OF THE STATE OF MICHIGAN |
| g. Existing interests | NONE |

| | |
|--|--|
| a. Name and Address. | JOEL FERGUSON, 1223 TURNER, SUITE 300, LANSING, MICHIGAN |
| b. Citizenship. | US |
| c. Office held. | CHAIRMAN |
| d. Percent of interest held. | 0.00 |
| e. Principal profession or occupation. | BUSINESSMAN |
| f. By whom appointed or elected. | PEOPLE OF THE STATE OF MICHIGAN |
| g. Existing interests | NONE |

| | |
|--|---------------------------------|
| a. Name and Address. | BRIAN MOSALLAM |
| b. Citizenship. | US |
| c. Office held. | TRUSTEE |
| d. Percent of interest held. | 0.00 |
| e. Principal profession or occupation. | FINANCIAL ADVISOR |
| f. By whom appointed or elected. | PEOPLE OF THE STATE OF MICHIGAN |
| g. Existing interests | NONE |

| | |
|--|--|
| a. Name and Address. | DIANNE BYRUM, 1501 NORTH SHORE DR., STE. B, EAST LANSING, MICHIGAN |
| b. Citizenship. | US |
| c. Office held. | TRUSTEE |
| d. Percent of interest held. | 0.00 |
| e. Principal profession or occupation. | PUBLIC RELATIONS FIRM PARTNER |

| | |
|----------------------------------|---------------------------------|
| f. By whom appointed or elected. | PEOPLE OF THE STATE OF MICHIGAN |
| g. Existing interests | NONE |

| | |
|--|--|
| a. Name and Address. | MITCH LYONS, 5088 CORPORATE EXCHANGE BLVD., #200, GRAND RAPIDS, MICHIGAN |
| b. Citizenship. | US |
| c. Office held. | VICE CHAIRPERSON |
| d. Percent of interest held. | 0.00 |
| e. Principal profession or occupation. | FINANCIAL ADVISOR |
| f. By whom appointed or elected. | PEOPLE OF THE STATE OF MICHIGAN |
| g. Existing interests | NONE |

| | |
|--|--|
| a. Name and Address. | MELANIE FOSTER, EAST LANSING, MICHIGAN |
| b. Citizenship. | US |
| c. Office held. | TRUSTEE |
| d. Percent of interest held. | 0.00 |
| e. Principal profession or occupation. | BUSINESSWOMAN |
| f. By whom appointed or elected. | PEOPLE OF THE STATE OF MICHIGAN |
| g. Existing interests | NONE |

| | |
|--|---|
| a. Name and Address. | GEORGE PERLES, 6153 W. LONGVIEW DRIVE, EAST LANSING, MICHIGAN |
| b. Citizenship. | US |
| c. Office held. | TRUSTEE |
| d. Percent of interest held. | 0.00 |
| e. Principal profession or occupation. | RETIRED |
| f. By whom appointed or elected. | PEOPLE OF THE STATE OF MICHIGAN |
| g. Existing interests | NONE |

| | |
|--|---|
| a. Name and Address. | DIANN WOODARD, 1101 17TH NW STE 408, WASHINGTON, DC |
| b. Citizenship. | US |
| c. Office held. | TRUSTEE |
| d. Percent of interest held. | 0.00 |
| e. Principal profession or occupation. | PRES. ORGANIZATION OF SCHOOL ADMINISTRATORS & SUPERVISORS |
| f. By whom appointed or elected. | PEOPLE OF THE STATE OF MICHIGAN |
| g. Existing interests | NONE |

| | |
|--|--|
| a. Name and Address. | BILL BEEKMAN, EAST LANSING, MICHIGAN |
| b. Citizenship. | US |
| c. Office held. | SECRETARY |
| d. Percent of interest held. | 0.00 |
| e. Principal profession or occupation. | BOARD SECRETARY AND EXEC. ASST. TO THE MSU PRESIDENT |
| f. By whom appointed or elected. | BOARD OF TRUSTEES |
| g. Existing interests | NONE |

| | |
|--|---|
| a. Name and Address. | LOUANNA K. SIMON, 450 ADMINISTRATION BLDG., MICHIGAN STATE UNIVERSITY, EAST LANSING, MICHIGAN |
| b. Citizenship. | US |
| c. Office held. | PRESIDING OFFICER |
| d. Percent of interest held. | 0.00 |
| e. Principal profession or occupation. | PRESIDENT OF MICHIGAN STATE UNIVERSITY |
| f. By whom appointed or elected. | EX OFFICIO |
| g. Existing interests | NONE |

| | |
|--|--|
| a. Name and Address. | |
| b. Citizenship. | |
| c. Office held. | |
| d. Percent of interest held. | |
| e. Principal profession or occupation. | |
| f. By whom appointed or elected. | |
| g. Existing interests | |

SECTION III - CERTIFICATION

I certify that I am SECRETARY

(Official Title)

of MICHIGAN STATE UNIVERSITY BOARD OF TRUSTEES

(Exact legal title or name of respondent)

and 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.

(Date of certification must be within 60 days of the date shown in Question 4, Section II and in no event prior to that date.)

| | |
|---|-------------------|
| Signature WILLIAM BEEKMAN | Date 5/31/2016 |
| Telephone Number of Respondent (Include area code) 5173539818 | |

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).

Exhibits
