



(REFERENCE COPY - Not for submission)

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

File Number: **0000041694** | Submit Date: **2018-02-08** | FRN: **0017028119**

Purpose: **Noncommercial Broadcast Stations Non-Biennial Ownership Report** | Status: **Received** | Status Date:

02/08/2018 | Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0017028119		Grays Harbor Institute			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 1892	Westport	WA	98595-1892	+1 (360) 648-2476	rd@ghinstitute.org
PO Box 1892					

2. Contact Representative

Name		Organization			
Arthur Grunbaum		The Grays Harbor Institute			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 1892	Westport	WA	98595-1892	+1 (360) 648-2476	rd@kghifm.org

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	Certification of accuracy of an initial or post-consummation ownership report filed by Permittee in conjunction with Permittee's application for a station license. File number of report being certified: 0008603482
"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) /Permittees(s) and Station(s) /Permit(s)

Respondent is filing this report to cover the following Licensee(s)/Permittee(s) and station(s)/permit(s):

Licensee/Permittee Name			FRN	
Grays Harbor Institute			0017028119	

Fac. ID No.	Call Sign	City	State	Service
176823	KGHE	ELMA	WA	FM
177202	KGHI	WESTPORT	WA	FM

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents

Licensee/Permittee Respondents 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. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee/Permittee Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	Pacifica Network
Parties to contract or instrument	The Grays Harbor Institute radio stations KGHI, KGHE
Date of execution	10/2017
Date of expiration	No expiration date
Agreement type (check all that apply)	Network Affiliation Agreement

Document Information	
Description of contract or instrument	National Native News
Parties to contract or instrument	The Grays Harbor Institute radio stations KGHI, KGHE
Date of execution	10/2017
Date of expiration	No expiration date
Agreement type (check all that apply)	Network Affiliation Agreement

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) or Permittee(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) or Permittee(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	0017028119	
Entity Name	Grays Harbor Institute	
Address	PO Box	1892
	Street 1	PO Box 1892
	Street 2	
	City	Westport
	State ("NA" if non-U.S. address)	WA
	Zip/Postal Code	98595-1892
	Country (if non-U.S. address)	United States
Listing Type	Respondent	
Positional Interests (check all that apply)	Respondent	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	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	9990122909	
Name	Gary Murrell	
Address	PO Box	1892
	Street 1	PO Box 1892
	Street 2	
	City	Westport
	State ("NA" if non-U.S. address)	WA
	Zip/Postal Code	98595-1892
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Professor	

By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	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	9990122912		
Name	Arthur Grunbaum		
Address	PO Box	1892	
	Street 1	1128 State Route 105	
	Street 2		
	City	Aberdeen	
	State ("NA" if non-U.S. address)	WA	
	Zip/Postal Code	98520-1892	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Database Coordinator		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	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	9990122914		
Name	Linda Orgel		
Address	PO Box	1892	
	Street 1	PO Box 1892	
	Street 2		
	City	Westport	
	State ("NA" if non-U.S. address)	WA	

	Zip/Postal Code	98595-1892	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Retired		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	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	9990122915		
Name	Anneka Van Doorninick		
Address	PO Box	1892	
	Street 1	PO Box 1892	
	Street 2		
	City	Westport	
	State ("NA" if non-U.S. address)	WA	
	Zip/Postal Code	98595-1892	
	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	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	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	9990122917

Name	Kathy Rosenmeyer		
Address	PO Box	1892	
	Street 1	PO Box 1892	
	Street 2		
	City	Westport	
	State ("NA" if non-U.S. address)	WA	
	Zip/Postal Code	98595-1892	
	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	Planner, Quinault Indian Nation		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	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	9990122918		
Name	Alan Richrod		
Address	PO Box	1892	
	Street 1	PO Box 1892	
	Street 2		
	City	Westport	
	State ("NA" if non-U.S. address)	WA	
	Zip/Postal Code	98595-1892	
	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	Manager, Orbital Easel		
By Whom Appointed or Elected	Board		

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%
	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

(c) Is Respondent seeking an attribution exemption for any officer or director with 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.	No
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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: Treasurer Exact Legal Title or Name of Respondent: Treasurer Name: Arthur (R.D.) Grunbaum Phone: 3606482476 02/08/2018