



(REFERENCE COPY - Not for submission)

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

File Number: **0000042208** | Submit Date: **2018-02-14** | FRN: **0014071799**  
Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **02/14/2018**  
Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0014071799		KHNS-FM			

  

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 1109 #1 Theatre Court	Haines	AK	99827-1109	+1 (907) 766-2020	GM@khns.org

2. Contact Representative

Name		Organization			
Ernest T. Sanchez		The Sanchez Law Firm PC			

  

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1155 F Street NW Suite 1050	Washington	DC	20004	+1 (202) 237-2814	ernestsanchez2348@gmail.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	
KHNS-FM			0014071799	

Fac. ID No.	Call Sign	City	State	Service
39331	KHNS	HAINES	AK	FM
39333	K220BK	SKAGWAY	AK	FX

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 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 Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	Articles of Incorporation
Parties to contract or instrument	Lynn Canal Broadcasting, Inc. and State of Alaska
Date of execution	02/1978
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Corporate governance document

Document Information	
Description of contract or instrument	Articles of Incorporation Amended
Parties to contract or instrument	Lynn Canal Broadcasting, Inc. and State of Alaska
Date of execution	12/1982
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Corporate governance document

Document Information	
Description of contract or instrument	Bylaws
Parties to contract or instrument	Lynn Canal Broadcasting, Inc. and State of Alaska
Date of execution	05/2000
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Corporate governance document

Document Information	
Description of contract or instrument	Amended Bylaws
Parties to contract or instrument	Lynn Canal Broadcasting, Inc. and State of Alaska

<b>Date of execution</b>	03/2014
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> Corporate governance document

Document Information	
<b>Description of contract or instrument</b>	NPR Program Agreement
<b>Parties to contract or instrument</b>	Lynn Canal Broadcasting, Inc. and NAational Public Radio
<b>Date of execution</b>	10/2017
<b>Date of expiration</b>	09/2018
<b>Agreement type</b> (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) 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		
<b>FRN</b>	0014071799	
<b>Entity Name</b>	KHNS-FM	
<b>Address</b>	<b>PO Box</b>	1109
	<b>Street 1</b>	#1 Theatre Court
	<b>Street 2</b>	
	<b>City</b>	Haines
	<b>State ("NA" if non-U.S. address)</b>	AK
	<b>Zip/Postal Code</b>	99827-1109
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Respondent	

<b>Positional Interests</b> (check all that apply)	Respondent		
<b>Tribal Nation or Tribal Entity</b>	Interest holder is not a Tribal nation or Tribal entity		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

Ownership Information			
<b>FRN</b>	9990124336		
<b>Name</b>	Russ Lyman		
<b>Address</b>	<b>PO Box</b>	1109	
	<b>Street 1</b>	#1 Theatre Court	
	<b>Street 2</b>		
	<b>City</b>	Haines	
	<b>State ("NA" if non-U.S. address)</b>	AK	
	<b>Zip/Postal Code</b>	99827-1109	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
<b>Principal Profession or Occupation</b>	Physical therapist assistant		
<b>By Whom Appointed or Elected</b>	Elected by the membership		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US	
	<b>Gender</b>	Male	
	<b>Ethnicity</b>	Not Hispanic or Latino	
	<b>Race</b>	White	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	11.1%	
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>		
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

Ownership Information
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FRN	9990124337	
Name	Deborah Potter	
Address	PO Box	1109
	Street 1	#1 Theatre Court
	Street 2	
	City	Haines
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99827-1109
	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	Bartender	
By Whom Appointed or Elected	Elected by the membership	
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	11.1%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990124338	
Name	Margaret Sebens	
Address	PO Box	1109
	Street 1	#1 Theatre Court
	Street 2	
	City	Haines
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99827-1109
	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	Speech-language pathologist and social worker		
By Whom Appointed or Elected	Elected by the membership		
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	11.1%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990124339	
Name	Jeff Bochart	
Address	PO Box	1109
	Street 1	#1 Theatre Court
	Street 2	
	City	Haines
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99827-1109
	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 school teacher	
By Whom Appointed or Elected	Elected by the membership	
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	11.1%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	9990124340		
Name	Dustin Stone		
Address	PO Box	1109	
	Street 1	#1 Theatre Court	
	Street 2		
	City	Haines	
	State ("NA" if non-U.S. address)	AK	
	Zip/Postal Code	99827-1109	
	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	Bar manager		
By Whom Appointed or Elected	Elected by the membership		
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	11.1%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information		
FRN	9990124341	
Name	Dustin Craney	
Address	PO Box	1109

	Street 1	#1 Theatre Court	
	Street 2		
	City	Haines	
	State ("NA" if non-U.S. address)	AK	
	Zip/Postal Code	99827-1109	
	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 at Sockeye Cycles		
By Whom Appointed or Elected	Elected by the membership		
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	11.1%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990124342	
Name	Judy Erekson	
Address	PO Box	1109
	Street 1	#1 Theatre Court
	Street 2	
	City	Haines
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99827-1109
	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	Business manager for Haines Borough School District		
By Whom Appointed or Elected	Elected by the membership		
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	11.1%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990124343	
Name	Tekla Helgason	
Address	PO Box	1109
	Street 1	#1 Theatre Court
	Street 2	
	City	Haines
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99827-1109
	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	Driver and guide for Smart Bus Co.	
By Whom Appointed or Elected	Elected by the membership	
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	11.1%
	Equity	0.0%

	Total assets (Equity Debt Plus)	
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)?  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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### 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.

EXHIBIT: Licensee does not have a parent entity.

### 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: <b>General Manager</b> Exact Legal Title or Name of Respondent: <b>Lynn Canal Broadcasting Inc.</b> Name: <b>Kay Clements</b> Phone: <b>9077662020</b>  02/14/2018