



(REFERENCE COPY - Not for submission)

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

File Number: **0000043482** | Submit Date: **2018-02-23** | FRN: **0017015249**  
Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **02/23/2018**  
Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0017015249		Great Falls Community Broadcasting Company			

  

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 110 33 Bridge Street	Bellows Falls	VT	05101	+1 (802) 460-9665	feedback@blacksheepradio.org

2. Contact Representative

Name		Organization			
William Holtz		Great Falls Community Broadcasting Company			

  

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 110 33 Bridge Street	Bellows Falls	VT	05101	+1 (802) 460-9665	wholtzaia@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
Great Falls Community Broadcasting Company	0017015249

Fac. ID No.	Call Sign	City	State	Service
174862	WOOL	BELLOWS FALLS	VT	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 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	State Of Vermont
Date of execution	01/2005
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Articles of Incorporation

Document Information	
Description of contract or instrument	Bylaws
Parties to contract or instrument	Great Falls Community Broadcasting & Members
Date of execution	01/2011
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Bylaws

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	0017015249		
Entity Name	Great Falls Community Broadcasting Company		
Address	PO Box	110	
	Street 1	33 Bridge Street	
	Street 2		
	City	Bellows Falls	
	State ("NA" if non-U.S. address)	VT	
	Zip/Postal Code	05101	
	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	9990128433	
Name	William Holtz	
Address	PO Box	
	Street 1	38 Rust Farm Lane
	Street 2	
	City	Alstead
	State ("NA" if non-U.S. address)	NH
	Zip/Postal Code	03602
	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	Architect	

Occupation		
By Whom Appointed or Elected	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	14.2%
	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	9990128436	
Name	Gary Smith	
Address	PO Box	
	Street 1	387 Ramsay Hill Road
	Street 2	
	City	Walpole
	State ("NA" if non-U.S. address)	NH
	Zip/Postal Code	03608
	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	Manager	
By Whom Appointed or Elected	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	14.2%
	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
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Ownership Information		
FRN	9990128438	
Name	Bruce Sterling	
Address	PO Box	
	Street 1	102 River Road
	Street 2	
	City	Putney
	State ("NA" if non-U.S. address)	VT
	Zip/Postal Code	05346
	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	Archeologist	
By Whom Appointed or Elected	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	14.2%
	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	9990128439	
Name	Cheryl Gay Sherwin	
Address	PO Box	
	Street 1	18 Capron Street
	Street 2	
	City	North Walpole
	State ("NA" if non-U.S. address)	NH

	<b>Zip/Postal Code</b>	03609
	<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>	Speech-Language Pathologist	
<b>By Whom Appointed or Elected</b>	membership	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Female
	<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>	14.2%
	<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		
<b>FRN</b>	9990128441	
<b>Name</b>	Richard Colo	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	8 Academy Ave.
	<b>Street 2</b>	
	<b>City</b>	Saxtons River
	<b>State ("NA" if non-U.S. address)</b>	VT
	<b>Zip/Postal Code</b>	05154
	<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>	Mason	
<b>By Whom Appointed or Elected</b>	membership	
<b>Citizenship, Gender, Ethnicity, and Race</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Male

Information (Natural Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.2%	
	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	9990128443		
Name	Virginia Driscoll		
Address	PO Box		
	Street 1	14 Center Street	
	Street 2		
	City	Bellows Falls	
	State ("NA" if non-U.S. address)	VT	
	Zip/Postal Code	05101	
	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	Account Manager		
By Whom Appointed or Elected	membership		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American, White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.2%	
	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	9990128445		

Name	Melissa Berry-Brown	
Address	PO Box	
	Street 1	44 Henry Street #2
	Street 2	
	City	Bellows Falls
	State ("NA" if non-U.S. address)	VT
	Zip/Postal Code	05101
	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	Manager	
By Whom Appointed or Elected	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	14.2%
	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
(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?  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.		No

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.



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>President, Board of Directors</b> Exact Legal Title or Name of Respondent: <b>Great Falls Community Broadcasting</b> Name: <b>William Holtz</b> Phone: <b>8024609665</b>  02/23/2018