

FRN

## Commercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323)

 File Number:
 0000074587
 Submit Date:
 2019-06-07
 FRN:
 0015465941

 Purpose:
 Commercial Broadcast Stations Non-Biennial Ownership Report
 Status:
 Received
 Status Date:

 06/07/2019
 Filing Status:
 Active
 Status:
 Status:
 Status:

### **Section I - General Information**

#### 1. Respondent

Entity Name

0015465941	COALFIELDS SOCIETY FOUNDATION INCORPORATED
0010100011	

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 136	LENORE	WV	67038	+1 (606) 427-7261	evelynwarren318@hotmail. com

#### 2. Contact Representative

Name	Organization		
Lee Jay Peltzman	SHAINIS & PELTZMAN, CHARTERED		

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1850 M Street NW	Washington	DC	20036	+1 (202) 293-0011	lee@s-plaw.com

3. Application Filing Fee Not Applicable

# 4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
Nature of Respondent	For-profit corporation	

(b) Provide the following information about this report:			
Purpose	Transfer of control or assignment of license/permit		
"As of" date	04/29/2016		
	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.		

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

Fac. ID No.	Call Sign	City	State	Service
67038	WHJC	MATEWAN	WV	AM

## Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	through (c) for the facility or facil attributable Joint Sales Agreeme the agreement is an attributable Otherwise, select "Other." Non-L	ents should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) acilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and ements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If ble LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. on-Licensee/Permittee Respondents should select "Not Applicable" in response to this question.			
	Not Applicable.				
2. Ownership Interests	generating a series of subforms, itself. If the Respondent is not a non-insulated members, and an standards set forth in 47 C.F.R.	Answer each question on each natural person, also list each of y other persons or entities with a Section 73.3555. (A "direct" inte	enter detailed information about ownership interests by subform. The first subform listing should be for the Respondent the officers, directors, stockholders, non-insulated partners, direct attributable interest in the Respondent pursuant to the rest is one that is not held through any intervening companies erest in the Respondent separately.		
			nk for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R.		
	In the case of vertical or indirect attributable interest in the Licens		nose interests in the Respondent that also represent an he 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 0015465941				
	Entity Name	COALFIELDS SOCIETY FOUNDATION INCORPORATED			
	Address	PO Box	136		
		Street 1			
		Street 2			
		City	LENORE		
		State ("NA" if non-U.S. address)	WV		
		Zip/Postal Code	67038		
		Country (if non-U.S. address)	United States		
	Listing Type	Respondent			
	Positional Interests	itional Interests Respondent			

(check all that apply)

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0% Jointly Held? No		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

Ownership Information					
FRN	9990135927	9990135927			
Name	Evelyn Warren				
Address	PO Box				
	Street 1	107 Eula Lane	107 Eula Lane		
	Street 2				
	City	Lenore			
	State ("NA" if non-U.S. address)	WV			
	Zip/Postal Code	25676			
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder				
<b>Positional Interests</b> (check all that apply)	Officer, Director, Stockholder				
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No		
from 0.0 to 100.0)	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 votingYesinterests, not reported in this filing are non-attributable.If "No," submit as an exhibit an explanation.					



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

(e) Is Respondent seeking an attribution exemption for any officer or director with No 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.

Certificatio	n

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 LICENSEOR 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</b> Exact Legal Title or Name of Respondent: <b>Coalfields Society Foundation Incorporated</b> Name: <b>Evelyn Warren</b> Phone: <b>3046889348</b> 06/07/2019