

(REFERENCE COPY - Not for submission)

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

File Number: **0000093106** Submit Date: **2019-12-10** FRN: **0024126013**

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 12/10/2019

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0024126013	Northeast Washington Community Radio Guild

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 263 214 E. Clay Ave. Suite 107	Chewelah	WA	99109	+1 (509) 935- 6627	scottallen@kchw.

2. Contact Representative

Name		Organization	
	scott allen schlafman	Northeast Washington Community Radio Guild	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 353 box 353	Chewelah	WA	99109	+1 (509) 675-8972	scottallen@kchw.org

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:					
Relationship to stations/permits	Entity required to file a Form 323-E because it holds an attributable interest in one or more Licensees or Permittees				
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	10/01/2019	
	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
Northeast Washington Community Radio Guild	0024126013

Fac. ID No.	Call Sign	City	State	Service	
185084	KCHW	CHEWELAH	WA	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.

Not Applicable.

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	0024126013	0024126013		
Entity Name	Northeast Washington Comm	Northeast Washington Community Radio Guild		
Address	PO Box	263		
	Street 1	214 E. Clay Ave. Suite 107		
	Street 2			
	City	Chewelah		
	State ("NA" if non-U.S. address)	WA		
	Zip/Postal Code	99109		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			

Positional Interests (check all that apply)	Interest holder is not a Tribal nation or Tribal entity		
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?			

Ownership Information				
FRN	9990122870	9990122870		
Name	scott Schlafman	scott Schlafman		
Address	РО Вох	353		
	Street 1	Box 353		
	Street 2			
	City	Chewelah		
	State ("NA" if non-U.S. address)	WA		
	Zip/Postal Code	99109		
	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 of Directors			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	20.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	20.0%		
Does interest holder have a that do not appear on this r	an attributable interest in one o	r more broadcast stations No		

Ownership Information

FRN	9990122866			
Name	Lynn Husby	Lynn Husby		
Address PO Box		323		
	Street 1	P.O. Box 323		
	Street 2			
	City	CHEWELAH		
	State ("NA" if non-U.S. address)	WA		
	Zip/Postal Code	99109-0000		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	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 of Directors			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	20.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	20.0%		
	Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			

Ownership Information		
FRN	9990122867	
Name	jeannine jones	
Address	PO Box	
	Street 1	3226 BULLDOG CREEK RD
	Street 2	
	City	valley
	State ("NA" if non-U.S. address)	WA
	Zip/Postal Code	99181
	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	clerk		
By Whom Appointed or Elected	board of directors		
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	20.0%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	20.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No

Ownership Information		
FRN	9990122861	
Name	Tom Walters	
Address	РО Вох	
	Street 1	1209 PINEBROOK
	Street 2	
	City	CHEWELAH
	State ("NA" if non-U.S. address)	WA
	Zip/Postal Code	99109
	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 of Directors	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Male
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	20.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information			
FRN	9990137779		
Name	Ryan Moore		
Address	РО Вох		
	Street 1	830 S Main St, Suite A	
	Street 2		
	City	deer park	
	State ("NA" if non-U.S. address)	WA	
	Zip/Postal Code	99006	
	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	FRinancial Advisor		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	20.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No

Yes

(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.

(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

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 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: Board President Exact Legal Title or Name of Respondent: Scott Schlafman Name: Scott Schlafman Phone: 5096758972