

(REFERENCE COPY - Not for submission)

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

File Number: 0000101381 | Submit Date: 2020-01-29 | FRN: 0006956296

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 01/29/2020

Filing Status: Active

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

### 1. Respondent

FRN	Entity Name	
0006956296	Chehalis Valley Educational Foundation	

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2451 N.E. Kresky Unit A	Chehalis	WA	98532	+1 (360) 740- 9436	manager@kacs. org

# 2. Contact Representative

Name	Organization
Donald Martin	Donald E Martin, P.C.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 8433	Falls Church	VA	22041	+1 (703) 642-2344	dempc@prodigy.net

# 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?			

# (b) Provide the following information about this report: Purpose Biennial 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)

Licensee/Permittee Name	FRN
Chehalis Valley Educational Foundation	0006956296

Fac. ID No.	Call Sign	City	State	Service
10685	KACS	CHEHALIS	WA	FM
37181	K250BB	PACKWOOD	WA	FX
142657	K272EP	CHEHALIS	WA	FX
155196	K293AY	ENUMCLAW	WA	FX
173182	KACW	SOUTH BEND	WA	FM
174954	KBSG	RAYMOND	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.

Document Information			
Description of contract or instrument	Articles of Incorporation		
Parties to contract or instrument	Internal		
Date of execution	10/1990		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other  Agreement Type: Corporate governing document		

Document Information			
Description of contract or instrument	Bylaws		
Parties to contract or instrument	Internal		
Date of execution	10/2017		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other  Agreement Type: Corporate governing document		

# 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	0006956296	0006956296		
Entity Name	Chehalis Valley Educational F	oundation		
Address	PO Box	РО Вох		
	Street 1	2451 N.E. Kresky Unit A		
	Street 2			
	City	Chehalis		
	State ("NA" if non-U.S. address)			
	Zip/Postal Code 98532			
	Country (if non-U.S. address)	United States		
Listing Type	Respondent	Respondent		
Positional Interests (check all that apply)	Respondent	Respondent		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	nation or Tribal entity		
Interest Percentages	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

Ownership Information				
FRN	9990129240	9990129240		
Name	Adam Kugel			
Address	PO Box			
	Street 1	109 Woodcrest Drive		
	Street 2			
	City	Chehalis		
	State ("NA" if non-U.S. address)	WA		
	Zip/Postal Code	98532		
	Country (if non-U.S. address)	United States		

Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Contractor	Contractor		
By Whom Appointed or Elected	Board of Directors	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	14.3%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	0.0%	
Total assets (Equity Debt 0.0% Plus)				
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

Ownership Information		
FRN	9990129241	
Name	Heidi Baumgartner	
Address	PO Box	
	Street 1	32229 Weyerhauser Way South
	Street 2	
	City	Federal Way
	State ("NA" if non-U.S. address)	WA
	Zip/Postal Code	98001
	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	Church Administrator	
By Whom Appointed or Elected	Washington Conference of Seventh-day Adventists	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Female
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%	
	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	9990129242		
Name	Tom James		
Address	РО Вох	961	
	Street 1	18908 Marble Street	
	Street 2		
	City	Rochester	
	State ("NA" if non-U.S. address)	WA	
	Zip/Postal Code	98579	
	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	14.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a	an attributable interest in one o	r more broadcast stations	No

Ownership Information		
FRN	9990129247	
Name	Kerry O'Connor	
Address	PO Box	

	Street 1	132 Pleasant Hill Road	
	Street 2		
	City	Chehalis	
	State ("NA" if non-U.S. address)	WA	
	Zip/Postal Code	98532	
	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	Dentist		
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	14.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No	

Ownership Information		
FRN	9990129248	
Name	Cameron Beierle	
Address	PO Box	
	Street 1	178 Eastview Drive
	Street 2	
	<b>City</b> Chehalis	
	State ("NA" if non-U.S. address)	WA
	Zip/Postal Code	98532
	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	Radio Station Manager	
By Whom Appointed or Elected	Board of Directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages	Voting	14.3%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations No

Ownership Information		
FRN	9990129959	
Name	Jerry Swena	
Address	PO Box	
	Street 1	899 Highway 603
	Street 2	
	City	Chehalis
	State ("NA" if non-U.S. address)	WA
	Zip/Postal Code	98532
	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	Construction	
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	14.3%
(enter percentage values from 0.0 to 100.0)	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	9990141047		
Name	Jedd Ebner		
Address	РО Вох		
	Street 1	527 Chilvers Road	
	Street 2		
	City	Chehalis	
	State ("NA" if non-U.S. address)	WA	
	Zip/Postal Code	98532	
	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	Saw Filing Supervisor		
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	14.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a that do not appear on this re	n attributable interest in one o	r more broadcast stations	No

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
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.	

# 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.

Respondent is nonprofit corporation with a self-sustaining governing board. It has no sibling, parent or subsidiary 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 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: President Exact Legal Title or Name of Respondent: Chehalis Valley Educational Foundation Name: Cameron Beierle Phone: 5097409436