

(REFERENCE COPY - Not for submission)

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

File Number: 0000126046 | Submit Date: 2020-11-13 | FRN: 0005089594

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/13/2020

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0005089594	North Fork Valley Public Radio, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 1350	Paonia	СО	81428- 1350	+1 (970) 527- 4866	jeff@kvnf. org

2. Contact Representative

Name		Organization	
	Pam Ellison	North Fork Valley Public Radio, Inc.	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 1350 233 Grand Ave	Paonia	СО	81428	+1 (970) 527-4866	gm@kvnf.org

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	Validation and resubmission of a previously filed biennial report (certifying no changes from the previously filed biennial report) 0000104366		
"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
North Fork Valley Public Radio, Inc.	0005089594

Fac. ID No.	Call Sign	City	State	Service
49221	KVNF	PAONIA	СО	FM
49223	K252AM	HOTCHKISS, ETC.	со	FX
49224	K211BH	OURAY	СО	FX
49225	K205BA	RIDGWAY, ETC.	СО	FX
49226	K204BR	LAKE CITY	СО	FX
49229	K256AD	PALISADE	СО	FX
85576	KVMT	MONTROSE	со	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	0005089594	
Entity Name	North Fork Valley Public Radio	o, Inc.
Address	РО Вох	1350
	Street 1	
	Street 2	
	City	Paonia

	State ("NA" if non-U.S. address)	СО	
Zip/Postal Code 81428-1350		81428-1350	
	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	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
Total assets (Equity Debt 0.0% Plus)			
Does interest holder have that do not appear on this	an attributable interest in one or report?	or more broadcast stations	No

nership Information				
2130000330				
Pam Ellison				
PO Box				
Street 1	13006 Crawford Rd.			
Street 2				
City	Paonia			
State ("NA" if non-U.S. address)	со			
Zip/Postal Code	81428			
Country (if non-U.S. address)	United States			
Other Interest Holder				
Officer, Member of Governing Board (or other governing entity)				
Retired	Retired			
Elected by membership				
Citizenship	US			
Gender	Female			
Ethnicity	Not Hispanic or Latino			
Race	White			
Voting	0.0%			
	Po Box Street 1 Street 2 City State ("NA" if non-U.S. address) Zip/Postal Code Country (if non-U.S. address) Other Interest Holder Officer, Member of Governing Retired Elected by membership Citizenship Gender Ethnicity Race			

	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an that do not appear on this re	n attributable interest in one or eport?	more broadcast stations	No

Ownership Information	Ownership Information		
FRN	2130000348		
Name	Bob Pennetta		
Address	PO Box		
	Street 1	332 Cathedral Dr	
	Street 2		
	City	Crawford	
	State ("NA" if non-U.S. address)	СО	
	Zip/Postal Code	81415	
	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	Realtor		
By Whom Appointed or Elected	Elected by membership	Elected by membership	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No	

Ownership Information		
FRN	2130000322	
Name	Steve Rubick	
Address	PO Box	
	Street 1	10310 3200 Rd.

	Street 2		
	City	Hotchkiss	
	State ("NA" if non-U.S. address)	СО	
	Zip/Postal Code	81419	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Builder		
By Whom Appointed or Elected	Elected by membership		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	No

Ownership Information		
FRN	2130000314	
Name	Bruce Herr	
Address	РО Вох	
	Street 1	2712 Maya Way
	Street 2	
	City Montrose	
	State ("NA" if non-U.S. CO address)	
	Zip/Postal Code	81401
	Country (if non-U.S. United States address)	
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	Elected by membership	Elected by membership	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
	Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?		

Ownership Information			
FRN	2130014661		
Name	Jon Gordon		
Address	PO Box		
	Street 1	1609 Kent Ave.	
	Street 2		
	City	Montrose	
	State ("NA" if non-U.S. address)	СО	
	Zip/Postal Code	81401	
	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	Appointed by Board of Direct	Appointed by Board of Directors	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
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 an attributable interest in one or more broadcast stations that do not appear on this report?		more broadcast stations	No

Ownership Information			
FRN	2130014679		
Name	Margaret Freeman		
Address	РО Вох		
	Street 1	63393 Juniper Rd.	
	Street 2		
	City	Montrose	
	State ("NA" if non-U.S. address)	СО	
	Zip/Postal Code	81401	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Retired		
By Whom Appointed or Elected	Elected by membership		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
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	an attributable interest in one o	r more broadcast stations	No

Ownership Information		
FRN	2130014760	
Name	Kim Besel	
Address	PO Box	
	Street 1	25987 Cactus Park Rd.
	Street 2	

	City	Cedaredge	
	State ("NA" if non-U.S. address)	СО	
	Zip/Postal Code	81413	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Retired	Retired	
By Whom Appointed or Elected	Elected by membership		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
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 that do not appear on this	an attributable interest in one creport?	or more broadcast stations	No

Ownership Information		
FRN	2130014869	
Name	Christie Aschwanden	
Address	PO Box	
	Street 1	24621 Tannin Rd.
	Street 2	
	City Cedaredge	
	State ("NA" if non-U.S. CO address)	
	Zip/Postal Code	81413
	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	Journalist	

By Whom Appointed or Elected	Appointed by 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	0.0%
	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	2130000363	2130000363	
Name	Tara Styck		
Address	РО Вох	1092	
	Street 1		
	Street 2		
	City	Paonia	
	State ("NA" if non-U.S. address)	СО	
	Zip/Postal Code	81428	
	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	Nurse		
By Whom Appointed or Elected	Elected by membership		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
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
(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)?	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.

Licensee is a community non-profit 501(c)(3) corporation, governed by a member-elected volunteer Board of Directors.

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, Board of Directors Exact Legal Title or Name of Respondent: North Fork Valley Public Radio, Inc. Name: Pam Ellison Phone: 9705274866