



(REFERENCE COPY - Not for submission)

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

File Number: **0000164473** | Submit Date: **2021-10-21** | FRN: **0002388429**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **10/25/2021**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0002388429	Tri-State Broadcasting Association, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 709 201 S. Bailey St	North Platte	NE	69103- 0709	+1 (308) 532- 5515	ghofer@kjl. org

2. Contact Representative

Name	Organization
Aaron P. Shainis	Shainis & Peltzman, Chartered

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1850 M St NW Suite 240	Washington	DC	20036	+1 (202) 293-0567	aaron@s-plaw.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	10/01/2021 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
Tri-State Broadcasting Association, Inc.	0002388429

Fac. ID No.	Call Sign	City	State	Service
67751	KJLT	NORTH PLATTE	NE	AM
67761	KJLT-FM	NORTH PLATTE	NE	FM
88143	K210CB	BROKEN BOW	NE	FX
91198	K211DP	ALMA	NE	FX
91310	K218DY	HOLYOKE	CO	FX
92321	K214DK	HOLDREGE	NE	FX
152902	K230AP	HYANNIS	NE	FX
152935	K281AR	CHAPPELL	NE	FX
156340	K239CI	NORTH PLATTE	NE	FX
175433	KJTF	NORTH PLATTE	NE	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 NEBRASKA
Date of execution	12/1955
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: ARTICLES OF INCORPORATION

Document Information	
Description of contract or instrument	BY-LAWS
Parties to contract or instrument	STATE OF NEBRASKA
Date of execution	12/1955
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: BY-LAWS

**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	0002388429	
Entity Name	Tri-State Broadcasting Association, Inc.	
Address	PO Box	709
	Street 1	201 S. Bailey St
	Street 2	
	City	North Platte
	State ("NA" if non-U.S. address)	NE
	Zip/Postal Code	69103-0709
	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	9990118190	
Name	GEORGE CHEEK	
Address	PO Box	

	Street 1	16800 East Marantha Road
	Street 2	
	City	Maxwell
	State ("NA" if non-U.S. address)	NE
	Zip/Postal Code	69151
	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	Camp Director	
By Whom Appointed or Elected	Board	
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	11.1%
	Equity	11.1%
	Total assets (Equity Debt Plus)	11.1%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information

FRN	9990118191	
Name	JAMES HARMS	
Address	PO Box	
	Street 1	75745 Road 344
	Street 2	
	City	Elsie
	State ("NA" if non-U.S. address)	NE
	Zip/Postal Code	69134
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Vice PresidentMember of Governing Board (or other governing entity)	

Principal Profession or Occupation	Farmer	
By Whom Appointed or Elected	Board	
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	11.1%
	Equity	11.1%
	Total assets (Equity Debt Plus)	11.1%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990118192	
Name	TIM MALMKAR	
Address	PO Box	
	Street 1	6841 Whisper Canyon Road
	Street 2	
	City	North Platte
	State ("NA" if non-U.S. address)	NE
	Zip/Postal Code	69101
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - PresidentMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Insurance Agent	
By Whom Appointed or Elected	Board	
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	11.1%
	Equity	11.1%
	Total assets (Equity Debt Plus)	11.1%

	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	9990118193	
Name	GARY HOFER	
Address	PO Box	
	Street 1	4243 Sweetwood Drive
	Street 2	
	City	North Platte
	State ("NA" if non-U.S. address)	NE
	Zip/Postal Code	69101
	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	GENERAL MANAGER	
By Whom Appointed or Elected	BOARD	
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	11.1%
	Equity	11.1%
	Total assets (Equity Debt Plus)	11.1%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990118194	
Name	JARRET MALMKAR	
Address	PO Box	
	Street 1	75910 Rd 327
	Street 2	
	City	Grant

	State ("NA" if non-U.S. address)	NE
	Zip/Postal Code	69140
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Secretary/TreasurerMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Farmer	
By Whom Appointed or Elected	Board	
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	11.1%
	Equity	11.1%
	Total assets (Equity Debt Plus)	11.1%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information

FRN	9990118195	
Name	RONALD HOYT	
Address	PO Box	
	Street 1	37079 Road 723
	Street 2	
	City	Culbertson
	State ("NA" if non-U.S. address)	NE
	Zip/Postal Code	69140
	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	Farmer	
By Whom Appointed or Elected	Board	

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	11.1%
	Equity	11.1%
	Total assets (Equity Debt Plus)	11.1%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information

FRN	9990118197	
Name	JED FLAMING	
Address	PO Box	
	Street 1	351 Rd. East N. South
	Street 2	
	City	Paxton
	State ("NA" if non-U.S. address)	NE
	Zip/Postal Code	69155
	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	Farmer	
By Whom Appointed or Elected	Board	
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	11.1%
	Equity	11.1%
	Total assets (Equity Debt Plus)	11.1%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information

FRN	9990118200	
Name	JOHN L. TOWNSEND	
Address	PO Box	
	Street 1	701 Union Ave
	Street 2	
	City	North Platte
	State ("NA" if non-U.S. address)	NE
	Zip/Postal Code	69101
	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	
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	11.1%
	Equity	11.1%
	Total assets (Equity Debt Plus)	11.1%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990137429	
Name	Keith Becker	
Address	PO Box	
	Street 1	1753 25 Road
	Street 2	
	City	Axtell
	State ("NA" if non-U.S. address)	NE
	Zip/Postal Code	68924
	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	Public Speaker	
By Whom Appointed or Elected	Board	
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	11.1%
	Equity	11.1%
	Total assets (Equity Debt Plus)	11.1%
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
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(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
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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 has no parent company ownership interests.

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: President Exact Legal Title or Name of Respondent: Tri-State Broadcasting Association, Inc. Name: Tim Malmkar Phone: 3085325515 10/21/2021