

(REFERENCE COPY - Not for submission)

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

File Number: 0000165777 | Submit Date: 2021-11-02 | FRN: 0006160113

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/02/2021

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0006160113	ACROSS NATIONS

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 9090	Window Rock	AZ	86515	+1 (000) 000- 0000	johnsneely@yahoo.

2. Contact Representative

Name	Organization
John S. Neely	Miller and Neely PC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
4 Simms Court	Kensington	MD	20895	+1 (301) 933-6304	johnsneely@yahoo.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 boaindirectly under the control of ano	ard (or other governing entity) directly or ther entity?	No		

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

Licensee/Permittee Name	FRN
ACROSS NATIONS	0006160113

Fac. ID No.	Call Sign	City	State	Service
71794	KTBA	TUBA CITY	AZ	AM
71795	KWIM	WINDOW ROCK	AZ	FM
71796	KHAC	TSE BONITO	NM	AM

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 and Bylaws		
Parties to contract or instrument	company		
Date of execution	12/1997		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: organizational documents		

Document Information			
Description of contract or instrument	Amendment to Articles of Incorporation		
Parties to contract or instrument	company		
Date of execution	02/1981		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: organizational 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	0006160113			
Entity Name	ACROSS NATIONS			
Address	PO Box 9090			
	Street 1			
	Street 2			
	City	Window Rock		
	State ("NA" if non-U.S. address)	AZ		
	Zip/Postal Code	86515		
	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 r	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 an attributable interest in one or more broadcast stations that do not appear on this report?				

Ownership Information				
FRN	0004057485	0004057485		
Name	Timothy C. Cutforth	Timothy C. Cutforth		
Address	РО Вох			
	Street 1	965 S. Irving		
	Street 2			
	City	Denver		
	State ("NA" if non-U.S. address)	СО		
	Zip/Postal Code	80219		
	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	consulting broadcast engineer			
By Whom Appointed or Elected	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	12.5%		
(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 Yes that do not appear on this report?			

Ownership Information			
FRN	9990030802		
Name	Nelson Betoney		
Address	PO Box 3231		
	Street 1		
	Street 2		
	City	Window Rock	
	State ("NA" if non-U.S. address)	AZ	
	Zip/Postal Code	86515	
	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	Pastor		
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	American Indian or Alaska Native	
Interest Percentages	Voting	12.5%	
(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	9990030844			
Name	Mike Nelson	Mike Nelson		
Address	РО Вох	669		
	Street 1			
	Street 2			
	City	Window Rock		
	State ("NA" if non-U.S. address)	AZ		
	Zip/Postal Code	85312		
	Country (if non-U.S. United States address)			
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Retired - small business owner			
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	American Indian or Alaska Nat	iive	
Interest Percentages	Voting	12.5%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a	n attributable interest in one o	r more broadcast stations	No	

Ownership Information				
FRN	9990103344	9990103344		
Name	Fred White	Fred White		
Address	РО Вох			
	Street 1	RR Box 2434		
	Street 2			

	City	Window Rock	
	State ("NA" if non-U.S. address)	AZ	
	Zip/Postal Code	86515	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing	g Board (or other governing entity	у)
Principal Profession or Occupation	Member-Owner of Building Nations, LLC		
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	American Indian or Alaska Native	
Interest Percentages	Voting	12.5%	
(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	9990134163		
Name	Adrian Pete		
Address	PO Box		
	Street 1	RR Box 31	
	Street 2		
	City Rehoboth		
	State ("NA" if non-U.S. NM address) Zip/Postal Code 87325		
	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	education		

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	American Indian or Alaska Native	
Interest Percentages	Voting	12.5%	
(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	9990030760		
Name	Jeffrey Rush		
Address	PO Box		
	Street 1	874 Linck Hill Road	
	Street 2		
	City	Morris	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	16938	
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Clergy		
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	12.5%	
(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	9990144644			
Name	Doug Tegner			
Address	PO Box			
	Street 1	17172 Cull Canyon Road		
	Street 2			
	City	Castro Valley		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	94552		
	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	Clergy			
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	12.5%		
(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 oreport?	or more broadcast stations No		

Ownership Information				
FRN	9990144645	9990144645		
Name	Byron Samuels	Byron Samuels		
Address	РО Вох	9090		
	Street 1			
	Street 2			
	City	Window Rock		

	State ("NA" if non-U.S. address)	AZ		
	Zip/Postal Code	86515		
	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	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	Black or African American		
Interest Percentages	Voting	12.5%		
(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	
	at any interests, including equinis filing are non-attributable. an explanation.	ty, financial, or voting	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 has no parent entity

Section III - Certification

Certification	Section	Question	Response
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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: Chairman Exact Legal Title or Name of Respondent: Across Nations Name: Adrian Pete Phone: 0000000000