

(REFERENCE COPY - Not for submission)

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

File Number: **0000168839** Submit Date: **2021-11-16** FRN: **0001570688** 

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/16/2021

Filing Status: Active

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

#### 1. Respondent

FRN	Entity Name
0001570688	Aleutian Peninsula Broadcasting, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 328	Sand Point	AK	99661	+1 (907) 383- 5737	gm@apradio.

# 2. Contact Representative

Name	Organization
Brad Deutsch	Foster Garvey PC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac Street, NW Suite 200	Washington	DC	20007	+1 (202) 298- 1793	brad.deutsch@foster. 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
Aleutian Peninsula Broadcasting, Inc.	0001570688

Fac. ID No.	Call Sign	City	State	Service
943	KSDP	SAND POINT	AK	AM
199470	KAEB	SAND POINT	AK	FM
203577	KFPS	FALSE PASS	AK	FM
756181	KOLD-FM	COLD BAY	AK	FM
757242	KKQA	AKUTAN	AK	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	Aleutian peninsula Broadcasting, Inc.	
Date of execution	08/2009	
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	Aleutian Peninsula Broadcasting, Inc.	
Date of execution	08/2009	
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	0001570688	0001570688		
Entity Name	Aleutian Peninsula Broadcast	ing, Inc.		
Address	PO Box 328			
	Street 1			
	Street 2			
	City	Sand Point		
	State ("NA" if non-U.S. address)	AK		
	Zip/Postal Code	99661		
	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	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 an attributable interest in one or more broadcast stations No that do not appear on this report?				

Ownership Information				
FRN	9990123186	9990123186		
Name	Cathy Adams			
Address	PO Box	1		
	Street 1			
	Street 2			
	City	Sand Point		
	State ("NA" if non-U.S. address)	AK		
	Zip/Postal Code	99661		
	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	Bed and Breakfast Manager		
By Whom Appointed or Elected	Members		
Citizenship, Gender,	Citizenship	us	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	American Indian or Alaska Native	
Interest Percentages	Voting	20.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
Total assets (Equity Debt 0.0% 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	9990123185		
Name	Amy Mack		
Address	<b>PO Box</b> 43		
	Street 1		
	Street 2		
	City	Sand Point	
	State ("NA" if non-U.S. address)	AK	
	Zip/Postal Code 99661		
	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	Early Childhood Educator		
By Whom Appointed or Elected	Members		
Citizenship, Gender,			
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	American Indian or Alaska Native	

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

Ownership Information			
FRN	9990123170		
Name	Scott Morgan		
Address	РО Вох	393	
	Street 1		
	Street 2		
	City	Sand Point	
	State ("NA" if non-U.S. address)	AK	
	Zip/Postal Code	99661	
	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	Pastor and Commercial Fisherman		
By Whom Appointed or Elected	Members		
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)	0.0%	
Does interest holder have a	an attributable interest in one oreport?	r more broadcast stations	No

Ownership Information		
FRN	9990123191	
Name	Austin Roof	
Address	PO Box 328	

	Street 1		
	Street 2		
	City	Sand Point	
	State ("NA" if non-U.S. address)	AK	
	Zip/Postal Code	99661	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - General Manager	Other - General Manager	
Principal Profession or Occupation	General Manager		
By Whom Appointed or Elected	Board		
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)	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	9990135751	
Name	Carla Chebetnoy	
Address	РО Вох	
	Street 1	443 Red Cove Road
	Street 2	
	City	Sand Point
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99661
	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	Tribal Service Coordinator		
By Whom Appointed or Elected	Members		
Citizenship, Gender,	<b>Citizenship</b> US		
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	American Indian or Alaska Native	
Interest Percentages	Voting	20.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
Total assets (Equity Debt 0.0% 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	9990135752		
Name	John Jacobsen		
Address	PO Box 36		
	Street 1		
	Street 2		
	City	Sand Point	
	State ("NA" if non-U.S. address)	AK	
	Zip/Postal Code	99661	
	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	Harbor Maintenance Operator		
By Whom Appointed or Elected	Members	Members	
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	20.0%	
(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 thi	e an attributable interest in one o	r more broadcast stations	No	
• •	that any interests, including equit this filing are non-attributable. it 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 entities.

### **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: <b>General Manager</b> Exact Legal Title or Name of Respondent: <b>Aleutian Peninsula Broadcasting, Inc.</b> Name: <b>Austin Roof</b> Phone: <b>9073835737</b> 11/16/2021