



(REFERENCE COPY - Not for submission)

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

File Number: 0000042554 | Submit Date: 2018-02-20 | FRN: 0005795018

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 02/20/2018

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0005795018	Tillicum Foundation

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 269	Astoria	OR	97103-0269	+1 (503) 325-0010	stationmanager@coastradio.org

2. Contact Representative

Name	Organization
Graham Nystrom	General Manager, Tillicum Foundation/Coast Community Radio

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 269	Astoria	OR	97103-0269	+1 (503) 325-0010	stationmanager@coastradio.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	Biennial
"As of" date	10/01/2017 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	
Tillicum Foundation			0005795018	

Fac. ID No.	Call Sign	City	State	Service
67107	KMUN	ASTORIA	OR	FM
93286	KTCB	TILLAMOOK	OR	FM
93685	KCPB-FM	WARRENTON	OR	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 OREGON
Date of execution	11/1977
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	BYLAWS
Parties to contract or instrument	TILlicum FOUNDATION
Date of execution	11/2016
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: BYLAWS

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	0005795018	
Entity Name	Tillicum Foundation	
Address	PO Box	269
	Street 1	
	Street 2	
	City	Astoria
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97103-0269
	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	0027201540	
Name	Jack Harris	
Address	PO Box	269
	Street 1	c/o Tillicum Foundation
	Street 2	
	City	Astoria
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97103-0269
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Brewer		
By Whom Appointed or Elected	Membership		
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	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	0022219323	
Name	ROGER J. ROCKA	
Address	PO Box	269
	Street 1	c/o Tillicum Foundation
	Street 2	
	City	Astoria
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97103-0269
	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	Business Owner	
By Whom Appointed or Elected	Membership	
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	Voting	11.1%

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	0027206614	
Name	Julia L. Read	
Address	PO Box	269
	Street 1	c/o Tillicum Foundation
	Street 2	
	City	Astoria
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97103-0269
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Accounting	
By Whom Appointed or Elected	Membership	
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	11.1%
	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	0027214097	
Name	Martha W. Wharton, Whar.	
Address	PO Box	269
	Street 1	c/o Tillicum Foundation
	Street 2	

	Street 2	
	City	Astoria
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97103-0269
	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	Marketing Executive	
By Whom Appointed or Elected	Membership	
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	11.1%
	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	0027207992	
Name	Joan L. Herman	
Address	PO Box	269
	Street 1	c/o Tillicum Foundation
	Street 2	
	City	Astoria
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97103-0269
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	

Principal Profession or Occupation	College English Instructor		
By Whom Appointed or Elected	Membership		
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	11.1%	
	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	0027229079	
Name	Ellen Frye	
Address	PO Box	269
	Street 1	c/o Tillicum Foundation
	Street 2	
	City	Astoria
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97103-0269
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Writer Editor retired	
By Whom Appointed or Elected	Membership	
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	11.1%
	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	0027220821	
Name	Richard Dawson, Daws.	
Address	PO Box	269
	Street 1	
	Street 2	
	City	Astoria
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97103-0269
	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	IT, retired	
By Whom Appointed or Elected	Membership	
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	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	0027241223	
Name	Jennifer Crockett	
Address	PO Box	269
	Street 1	
	Street 2	

	City Astoria	
	State ("NA" if non-U.S. address) OR	
	Zip/Postal Code 97103-0269	
	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	Theatre Director	
By Whom Appointed or Elected	Membership	
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 11.1%	
	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	0027245810	
Name	David Campiche	
Address	PO Box 269	
	Street 1	
	Street 2	
	City Astoria	
	State ("NA" if non-U.S. address) OR	
	Zip/Postal Code 97103-0269	
	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	Business Owner	

By Whom Appointed or Elected	Membership	
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	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
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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.

The 501c3 non-profit Tillicum Foundation dba Coast Community Radio owns KMUN-FM, KTCB-FM and KCPB-FM.

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: Station Manager Exact Legal Title or Name of Respondent: Tillicum Foundation Name: Graham Nystrom Phone: 5033250010 02/19/2018
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