



(REFERENCE COPY - Not for submission)

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

File Number: 0000042480 | Submit Date: 2018-02-20 | FRN: 0006771836

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
0006771836	Four Rivers Community Broadcasting Corporation

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 186	Sellersville	PA	18960	+1 (215) 721-2141	cloughery@wordfm.org

2. Contact Representative

Name	Organization
Steven C. Schaffer	GARVEY SCHUBERT BARER

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) 298-2535	sschaffer@gsblaw.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	10/01/2017  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
Four Rivers Community Broadcasting Corporation	0006771836

Fac. ID No.	Call Sign	City	State	Service
7922	WBYO	SELLERSVILLE	PA	FM
22181	WBYX	STROUDSBURG	PA	FM
25002	WPAZ	POTTSTOWN	PA	AM
36983	WLHI	SCHNECKSVILLE	PA	FM
66520	WZXM	HARRISBURG	PA	FM
78759	WBYH	HAWLEY	PA	FM
91617	WZZD	WARWICK	PA	FM
91726	WYTL	WYOMISSING	PA	FM
91954	WZZH	HONESDALE	PA	FM
93044	WZXQ	CHAMBERSBURG	PA	FM
122334	WZXH	HAGERSTOWN	MD	FM
173888	WZXN	NEWBURG	PA	FM
173893	WZXY	SPRING GROVE	PA	FM
173919	WZMV	MOHRSVILLE	PA	FM
174572	WZXB	BECHTELSVILLE	PA	FM
174592	WZXE	EAST NOTTINGHAM	PA	FM
174767	WEVW	ELYSBURG	PA	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	Commonwealth of Pennsylvania
Date of execution	09/1994
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Articles of Incorporation-Domestic Non-Profit Corporation

Document Information	
Description of contract or instrument	Bylaws

<b>Parties to contract or instrument</b>	Four Rivers Community Broadcasting Corporation
<b>Date of execution</b>	01/1995
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> 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	0006771836	
Entity Name	Four Rivers Community Broadcasting Corporation	
Address	PO Box	186
	Street 1	
	Street 2	
	City	Sellersville
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	18960
	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	0018384487	
Name	Charles W. Loughery	
Address	PO Box	
	Street 1	532 Ridge Rd
	Street 2	
	City	Telford
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	18969
	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	Broadcaster	
By Whom Appointed or Elected	Board of Trustees	
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	20.0%
	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?		Yes

Ownership Information		
FRN	9990121399	
Name	David W. Baker	
Address	PO Box	
	Street 1	2904 LITTLE RD
	Street 2	
	City	PERKIOMENVILLE

	<b>State ("NA" if non-U.S. address)</b>	PA
	<b>Zip/Postal Code</b>	18074
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Broadcaster	
<b>By Whom Appointed or Elected</b>	Board of Trustees	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Male
	<b>Ethnicity</b>	Not Hispanic or Latino
	<b>Race</b>	White
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	20.0%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

Ownership Information		
<b>FRN</b>	9990121400	
<b>Name</b>	Nancy K Loughery	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	532 Ridge Rd
	<b>Street 2</b>	
	<b>City</b>	Telford
	<b>State ("NA" if non-U.S. address)</b>	PA
	<b>Zip/Postal Code</b>	18969
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Bookkeeper	
<b>By Whom Appointed or Elected</b>	Board of Trustees	

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	20.0%
	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	9990121401	
Name	Charles C. Loughery	
Address	PO Box	
	Street 1	532 Ridge Rd
	Street 2	
	City	Telford
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	18969
	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	Attorney at Law	
By Whom Appointed or Elected	Board of Trustees	
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	20.0%
	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	9990121402	
Name	Dennis C. Grafton	
Address	PO Box	
	Street 1	607 ROUTE 113
	Street 2	
	City	Sellersville
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	18960
	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	BUSSINESSMAN	
By Whom Appointed or Elected	Board of Trustees	
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	20.0%
	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	9990121403	
Name	Lawrence H. Loughery	
Address	PO Box	
	Street 1	532 Ridge Rd
	Street 2	
	City	Telford
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	18969

	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Broadcaster	
By Whom Appointed or Elected	Board of Trustees	
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	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)?  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
---	----

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 Pennsylvania Non-Profit corporation. Licensee has no parent entity.

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: <b>President</b> Exact Legal Title or Name of Respondent: <b>Four Rivers Community Broadcasting Corporation</b> Name: <b>Charles W Loughery</b> Phone: <b>2157212141</b>  02/17/2018