

FRN

0017011867

Not Applicable

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

 File Number:
 0000096002
 Submit Date:
 2020-01-09
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 Purpose:
 Noncommercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 01/09/2020

 Filing Status:
 Active
 Status
 Status Date:
 01/09/2020

Section I - General Information

Calvary Chapel of Grangeville, Inc.

1. Respondent

Entity Name

| Street Address | City (and Country if non U.S. address) | State ("NA" if non-U.S. address) | Zip Code | Phone | Email |
|-------------------------------------|---|-------------------------------------|-------------|-----------------------|------------------------|
| PO Box 507 517 W. North St | Grangeville | ID | 83530 | +1 (208) 983- 5433 | dhuibreg@gmail. com |

2. Contact Representative

| Name | Organization |
|-----------------|-------------------------------------|
| Dean Huibregtse | Calvary Chapel of Grangeville, Inc. |

| Street Address | City (and Country if non U.S. address) | State | Zip Code | Phone | Email |
|----------------------------------|--|-------|-------------|-------------------|--------------------|
| PO Box 507 517 W. North St | Grangeville | ID | 83530 | +1 (208) 983-5433 | dhuibreg@gmail.com |

3. Application Filing Fee

4. Control of Respondent

| (a) Provide the following information | on about the Respondent | :: | | | |
|--|---|------------------------|--|--|--|
| Relationship to stations/permits | Entity required to file a F more Licensees or Perm | | ds an attributable interest in one or | | |
| Is the Respondent's governing board (or other governing entity) directly or No indirectly under the control of another entity? | | | | | |
| (b) Provide the following information | on about this report: | | | | |
| Purpose | | Biennial | | | |
| "As of" date | | 10/01/2019 | | | |
| | | and resubmitting a pri | ownership report or validating or biennial ownership report, this the year in which this report is | | |

5. Licensee(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

| Licensee/Permittee Name | | | FRN | |
|--------------------------|-------------|-------------|------------|---------|
| Calvary Chapel of Grange | ville, Inc. | | 0017011867 | |
| Fac. ID No. | Call Sign | City | State | Service |
| 172786 | KKRH | GRANGEVILLE | ID | FM |
| 172903 | KKAG | GRANGEVILLE | ID | 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.

Not Applicable.

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 | 0017011867 | | |
| Entity Name | Calvary Chapel of Grangeville, Inc. | | |
| Address | PO Box | 507 | |
| | Street 1 | 517 W. North St | |
| | Street 2 | | |
| | City | Grangeville | |
| | State ("NA" if non-U.S. address) | ID | |
| | Zip/Postal Code | 83530 | |
| | Country (if non-U.S. address) | United States | |

Ownership Information

| 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 | Voting | 0.0% | |
| (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 report? | or more broadcast stations | Yes |

Ownership Information

| FRN | 0027198423 | |
|--|------------------------------------|------------------------------|
| Name | Dean Huibregtse | |
| Address | PO Box | |
| | Street 1 | 519 Dawn Drive |
| | Street 2 | |
| | City | Grangeville |
| | State ("NA" if non-U.S. address) | ID |
| | Zip/Postal Code | 83530 |
| | Country (if non-U.S. address) | United States |
| Listing Type | Other Interest Holder | |
| Positional Interests (check all that apply) | Officer | |
| 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 | Hispanic or Latino |
| | Race | White |
| Interest Percentages (enter percentage values | Voting | 0.0% |
| 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 | 0027198456 | | |
| Name | RICK KOPP | | |
| Address | PO Box | | |
| | Street 1 | 638 Burrell Av | |
| | Street 2 | | |
| | City | Lewiston | |
| | State ("NA" if non-U.S. address) | ID | |
| | Zip/Postal Code | 83501 | |
| | Country (if non-U.S. address) | United States | |
| Listing Type | Other Interest Holder | | |
| Positional Interests (check all that apply) | Officer | | |
| 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 | 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 a that do not appear on this r | n attributable interest in one o eport? | r more broadcast stations | No |

| Ownership Information | | |
|-----------------------|-------------------------------------|-------------|
| FRN | 0027198498 | |
| Name | JOHN GARDNER | |
| Address | dress PO Box | |
| | Street 1 | 1786 4th Av |
| | Street 2 | |
| | City | Clarkston |
| | State ("NA" if non-U.S. address) | WA |
| | Zip/Postal Code | 99403 |
| | | |

| | Country (if non-U.S. address) | United States | |
|--|------------------------------------|---------------------------|----|
| Listing Type | Other Interest Holder | | |
| Positional Interests (check all that apply) | Officer | | |
| Principal Profession or Occupation | Board Member | | |
| By Whom Appointed or Elected | Board of Directors | | |
| Citizenship, Gender, | | | |
| 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 | an attributable interest in one o | r more broadcast stations | No |

that do not appear on this report?

| FRN | 0027198514 | 0027198514 | | |
|--|-------------------------------------|---------------|--|--|
| Name | DAVE BJUR | | | |
| Address | PO Box | | | |
| | Street 1 | 3428 8th St | | |
| | Street 2 | | | |
| | City | Lewiston | | |
| | State ("NA" if non-U.S. address) | ID | | |
| | Zip/Postal Code | 83501 | | |
| | Country (if non-U.S. address) | United States | | |
| Listing Type | Other Interest Holder | | | |
| Positional Interests (check all that apply) | Officer | | | |
| Principal Profession or Occupation | Board Member | | | |
| 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 (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)? | 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. | |

| 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: Pastor Exact Legal Title or Name of Respondent: Calvary Chapel of Grangeville, Inc. Name: Dean Huibregtse Phone: 2089835433 01/09/2020 |