



(REFERENCE COPY - Not for submission)

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

File Number: 0000058426 | Submit Date: 2018-07-18 | FRN: 0001571884

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 07/18/2018

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0001571884		SILAKKUAGVIK COMMUNICATIONS, INC.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 109	Barrow	AK	99723	+1 (907) 852-6811	Jeff. Seifert@kbrw.org

2. Contact Representative

Name		Organization			
Lawrence M. Miller		Garvey Schubert Barer			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac Street, N.W. Suite 200	Washington	DC	20007	+1 (202) 298-2534	lmiller@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	
SILAKKUAGVIK COMMUNICATIONS, INC.			0001571884	

Fac. ID No.	Call Sign	City	State	Service
60375	KBRW	BARROW	AK	AM
60382	KBRW-FM	BARROW	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	By-Laws of Silakkuagvik Communications, Inc.
Parties to contract or instrument	Silakkuagvik Communications, Inc.
Date of execution	04/0020
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: By-Laws

Document Information	
Description of contract or instrument	Restated Articles of Incorporation
Parties to contract or instrument	Silakkuagvikk Communications, Inc.
Date of execution	05/0017
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Restated Articles of Incorporation

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	0001571884	
Entity Name	SILAKKUAGVIK COMMUNICATIONS, INC.	
Address	PO Box	109
	Street 1	
	Street 2	
	City	Barrow
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99723
	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	9990134954	
Name	Glenn Edwards	
Address	PO Box	67
	Street 1	
	Street 2	
	City	Barrow
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99723
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - President - Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	Management		
By Whom Appointed or Elected	Board		
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 (enter percentage values from 0.0 to 100.0)	Voting	11.0%	
	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	9990134955	
Name	Raymond Atos	
Address	PO Box	784
	Street 1	
	Street 2	
	City	Barrow
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99723
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Vice President - Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Compliance Director	
By Whom Appointed or Elected	Board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	Asian
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	11.0%
	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	9990134956	
Name	Mike Shults	
Address	PO Box	2075
	Street 1	
	Street 2	
	City	Barrow
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99723
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Secretary/Tresurer - Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	Board	
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	11.0%
	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	9990134957	
Name	Connie Masterson	
Address	PO Box	834
	Street 1	
	Street 2	

	City	Barrow	
	State ("NA" if non-U.S. address)	AK	
	Zip/Postal Code	99723	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Director - Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Office Manager		
By Whom Appointed or Elected	Board		
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	11.0%	
	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	9990134958	
Name	Cyd Hanns	
Address	PO Box	304
	Street 1	
	Street 2	
	City	Barrow
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99723
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Director - Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	

By Whom Appointed or Elected	Board	
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	11.0%
	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	9990134959	
Name	Erin Hollingsworth	
Address	PO Box	1894
	Street 1	
	Street 2	
	City	Barrow
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99723
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Director - Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Librarian	
By Whom Appointed or Elected	Board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	American Indian or Alaska Native
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	11.0%
	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
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Ownership Information		
FRN	9990134960	
Name	Janelle Everett	
Address	PO Box	2094
	Street 1	
	Street 2	
	City	Barrow
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99723
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Director - Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	College Recruiter	
By Whom Appointed or Elected	Board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	11.0%
	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	9990134961	
Name	Geoff Carroll	
Address	PO Box	1012
	Street 1	
	Street 2	
	City	Barrow

	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99723
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Director - Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	Board	
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	11.0%
	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	9990134962	
Name	Patrick Griffin	
Address	PO Box	1221
	Street 1	
	Street 2	
	City	Barrow
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99723
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Director - Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	Board	

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 (enter percentage values from 0.0 to 100.0)	Voting	11.0%
	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
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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.

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: Board Secretary/Treasurer Exact Legal Title or Name of Respondent: Board Secretary/Treasurer Name: Michael Shults Phone: 9073674972 07/18/2018

