



(REFERENCE COPY - Not for submission)

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

File Number: **0000089159** | Submit Date: **2019-11-13** | FRN: **0008598484**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/13/2019**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0008598484		Your Christian Companion Network, Inc.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
9019 West Lane	Stockton	CA	95210	+1 (209) 477-3690	shirley@kycc.org

2. Contact Representative

Name		Organization			
Mary O'Connor		Wilkinson Barker Knauer, LLP			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1800 M Street NW Suite 800N	Washington	DC	20036	+1 (202) 383-3351	moconnor@wbklaw.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	10/01/2019 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	
Your Christian Companion Network, Inc.			0008598484	

Fac. ID No.	Call Sign	City	State	Service
63464	KYCC	STOCKTON	CA	FM
63466	KCJH	LIVINGSTON	CA	FM
93483	KYCM	ALAMOGORDO	NM	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	Amended Articles of Incorporation
Parties to contract or instrument	Licensee/State of California
Date of execution	02/1998
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Formation document with State of California

Document Information	
Description of contract or instrument	By-laws
Parties to contract or instrument	Licensee
Date of execution	03/1997
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Statement of policies and procedures for management and operation of Licensee

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	0008598484	
Entity Name	Your Christian Companion Network, Inc.	
Address	PO Box	
	Street 1	9019 West Lane
	Street 2	
	City	Stockton
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95210
	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	9990119973	
Name	Richard Bishop	
Address	PO Box	
	Street 1	9023 West Lane
	Street 2	
	City	Stockton
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95210
	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	education	
By Whom Appointed or Elected	Board of Directors	
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	16.6%
	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	9990119976	
Name	Shirley Garner	
Address	PO Box	
	Street 1	950 Oakhurst Way
	Street 2	
	City	Stockton
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95209
	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	General Manager of Licensee's stations	
By Whom Appointed or Elected	Board of Directors	
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	16.6%
	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	9990119979	
Name	Phillip C. Hawtin	
Address	PO Box	
	Street 1	3502 Canyonlands Road
	Street 2	
	City	Stockton
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95209
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Chairman of the BoardMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	President, Progressive PCS, Inc.	
By Whom Appointed or Elected	Board of Directors	
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	16.6%
	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	9990119983	
Name	Doug Johnson	
Address	PO Box	
	Street 1	318 Shire Way

	Street 2	
	City	Modesto
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95356
	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	Owner, Distinctive Construction ,Stockton, CA	
By Whom Appointed or Elected	Board of Directions	
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	16.6%
	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	9990119984	
Name	Steve Widhalm	
Address	PO Box	
	Street 1	15521 N. Davis Road
	Street 2	
	City	Lodi
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95242
	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	President, Lodi Tax Service Corp.	

By Whom Appointed or Elected	Board of Directors	
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	16.6%
	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	9990119985	
Name	John Barron	
Address	PO Box	
	Street 1	4376 Misty Cove Place
	Street 2	
	City	Stockton
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	95219
	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	
By Whom Appointed or Elected	Board of Directors	
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	16.6%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations		No

that do not appear on this report?	
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(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 " <u>Yes</u> ," 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 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 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: Vice President Exact Legal Title or Name of Respondent: Your Christian Companion Network, Inc. Name: Shirley Garner Phone: 2094773690 11/13/2019