



(REFERENCE COPY - Not for submission)

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

File Number: **0000090566** | Submit Date: **2019-11-21** | FRN: **0005005699**
Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Superceded** | Status Date:
01/21/2020 | Filing Status: **InActive**

Section I - General Information

1. Respondent

FRN		Entity Name			
0005005699		Calvary Chapel of Twin Falls, Inc.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 391 4002N 3300E	Twin Falls	ID	83303	+1 (208) 733-3133	loism@csnradio.com

2. Contact Representative

Name		Organization			
Lois L. Mills		Calvary Chapel of Twin Falls, Inc.			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
4002N 3300E	Twin Falls	ID	83301	+1 (208) 733-3133	loism@csnradio.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
Calvary Chapel of Twin Falls, Inc.	0005005699

Fac. ID No.	Call Sign	City	State	Service
2868	WIFF	WINDSOR	NY	FM
5391	WSFW	SENECA FALLS	NY	AM
8414	KAWZ	TWIN FALLS	ID	FM
8417	KAWS	MARSING	ID	FM
8432	KEFX	TWIN FALLS	ID	FM
16523	WWUN-FM	FRIAR'S POINT	MS	FM
18887	WCBX	BASSETT	VA	AM
22672	WWYC	TOLEDO	OH	AM
37433	KGNR	JOHN DAY	OR	FM
64664	WTZE	TAZEWELL	VA	AM
64665	WKQY	TAZEWELL	VA	FM
72657	KMHI	MOUNTAIN HOME	ID	AM
73191	WKTR	EARLYSVILLE	VA	AM
76989	KTBJ	FESTUS	MO	FM
81138	KHJC	LIHUE	HI	FM
84184	KLWD	GILLETTE	WY	FM
87267	KWYC	CHEYENNE	WY	FM
87930	KJCU	FORT BRAGG	CA	FM
90263	KJCH	COOS BAY	OR	FM
90500	KWRC	HERMOSA	SD	FM
90842	KWCF	SHERIDAN	WY	FM
91804	KVJC	GLOBE	AZ	FM
91952	KVIR	BULLHEAD CITY	AZ	FM
92285	KKJA	REDMOND	OR	FM
92487	KTJC	KELSO	WA	FM
92491	KPIJ	JUNCTION CITY	OR	FM
92987	KGSF	HUNTSVILLE	AR	FM
93587	KJFT	ARLEE	MT	FM
106475	KJCF	ASOTIN	WA	FM
121839	KDJC	BAKER	OR	FM
122010	WYJC	GREENVILLE	FL	FM
122202	WSMA	SCITUATE	MA	FM

122209	WUJC	ST. MARKS	FL	FM
122517	KJCC	CARNEGIE	OK	FM
122932	KNMA	TULAROSA	NM	FM
122934	KEFS	NORTH POWDER	OR	FM
172645	KGFJ	BELT	MT	FM
172973	WGWS	ST. MARY'S CITY	MD	FM
174458	KQDL	HINES	OR	FM
174640	KBJF	SARATOGA SPRINGS	UT	FM
174802	KOGJ	KENAI	AK	FM
176566	KNGW	JUNEAU	AK	FM
176981	KLWL	CHILLICOTHE	MO	FM
191575	KIMW	HEFLIN	LA	FM
198794	KCNU	SILVER CITY	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	0005005699	
Entity Name	Calvary Chapel of Twin Falls, Inc.	
Address	PO Box	391
	Street 1	4002N 3300E

	Street 2		
	City	Twin Falls	
	State ("NA" if non-U.S. address)	ID	
	Zip/Postal Code	83303	
	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	9990137041	
Name	Ariel Kestler	
Address	PO Box	1183
	Street 1	
	Street 2	
	City	TWIN FALLS
	State ("NA" if non-U.S. address)	ID
	Zip/Postal Code	83301
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	NONE	
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	10.0%
	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	9990137042	
Name	Michael Kestler	
Address	PO Box	1183
	Street 1	
	Street 2	
	City	TWIN FALLS
	State ("NA" if non-U.S. address)	ID
	Zip/Postal Code	83301
	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	Pastor	
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	90.0%
	Equity	00.0%
	Total assets (Equity Debt Plus)	00.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		Yes

(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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<p>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	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.

A vertical ownership structure exhibit is not required because the licensee does not have a 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: Application Technician Exact Legal Title or Name of Respondent: Calvary Chapel of Twin Falls, Inc. Name: Lois L. Mills Phone: 2087333133 11/21/2019