



(REFERENCE COPY - Not for submission)

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

File Number: **0000165261** | Submit Date: **2021-10-29** | FRN: **0001526086**
Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **10/29/2021**
Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0001526086		San Bernardino Community College District			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
550 E. Hospitality Lane	San Bernardino	CA	92410	+1 (909) 384-4336	apapa@kvcr.org

2. Contact Representative

Name		Organization			
Michael R. Bennet, Esq.		Womble Bond Dickinson (US) LLP			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2001 K Street, NW, Suite 400 South	Washington	DC	20006	+1 (202) 857-4442	michael.bennet@wbd-us.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	10/01/2021 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	
San Bernardino Community College District			0001526086	

Fac. ID No.	Call Sign	City	State	Service
58794	KVCR	SAN BERNARDINO	CA	FM
58795	KVCR-DT	SAN BERNARDINO	CA	DTV
130845	KJHP-LD	MORONGO VALLEY	CA	LPD

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	PBS Member Station Member Certification and Agreement
Parties to contract or instrument	Public Broadcasting Service
Date of execution	07/2021
Date of expiration	06/2022
Agreement type (check all that apply)	Network Affiliation Agreement

Document Information	
Description of contract or instrument	PBS Uplink Services Agreement
Parties to contract or instrument	Public Broadcasting Service
Date of execution	07/2021
Date of expiration	06/2022
Agreement type (check all that apply)	Network Affiliation Agreement

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	0001526086	
Entity Name	San Bernardino Community College District	
Address	PO Box	
	Street 1	550 E. Hospitality Lane
	Street 2	
	City	San Bernardino
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	92410
	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	9990130817	
Name	Joseph Williams	
Address	PO Box	
	Street 1	550 E. Hospitality Lane
	Street 2	Suite 200
	City	San Bernardino
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	92408
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	Other - Trustee; Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Public Affairs Manager Southern California Edison		
By Whom Appointed or Elected	Elected by voters in the District		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990130840	
Name	Gloria Macias Harrison	
Address	PO Box	
	Street 1	550 E. Hospitality Lane
	Street 2	Suite 200
	City	San Bernardino
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	92408
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Clerk of the Board of Trustees; Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Founder of El Chicano Newspaper	
By Whom Appointed or Elected	Elected by voters in the District	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values	Voting	16.7%

from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990130844	
Name	Anne L. Viricel	
Address	PO Box	
	Street 1	550 E. Hospitality Lane
	Street 2	Suite 200
	City	San Bernardino
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	92408
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Chair of the Board of Trustees; Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Executive Director San Bernardino Symphony	
By Whom Appointed or Elected	Elected by voters in the District	
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	16.7%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990130847	
Name	John Longville	
Address	PO Box	
	Street 1	550 E. Hospitality Lane

	Street 2	Suite 200	
	City	San Bernardino	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	92408	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee; Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired Educator		
By Whom Appointed or Elected	Elected by voters in the District		
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	16.7%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990130848	
Name	Frank Reyes	
Address	PO Box	
	Street 1	550 E. Hospitality Lane
	Street 2	Suite 200
	City	San Bernardino
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	92408
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Trustee; Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	Student advisor SBVC, CSUSB. Vice Chancellor or Governmental Affairs at SBCCD		
By Whom Appointed or Elected	Elected by voters in the District		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990141525	
Name	Stephanie Houston	
Address	PO Box	
	Street 1	550 E. Hospitality Lane
	Street 2	Suite 200
	City	San Bernardino
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	92408
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Vice Chair of the board of Trustees; Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Superintendent for Colton Redlands Yucaipa Occupational program	
By Whom Appointed or Elected	Elected by voters in the District	
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	16.7%
	Equity	0.0%

	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990144158	
Name	Lauren Ashlock	
Address	PO Box	
	Street 1	550 E. Hospitality Lane
	Street 2	Suite 200
	City	San Bernardino
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	92408
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Student Trustee (CHC)Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Student	
By Whom Appointed or Elected	Student election	
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	0.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990144159	
Name	Elena Sanchez	
Address	PO Box	
	Street 1	550 E. Hospitality Lane
	Street 2	Suite 200

	City	San Bernardino	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	92408	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Student Trustee (SBVC)Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Student		
By Whom Appointed or Elected	Student election		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	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)		
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 " <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 or subsidiary entities

Section III - Certification

Certification

Section	Question	Response
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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: Executive Vice Chancellor Exact Legal Title or Name of Respondent: San Bernardino Community College District Name: Jose Torres Phone: 9093886909 10/29/2021