

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

File Number: 0000036455Submit Date: 2017-12-18FRN: 0010687416Purpose: Noncommercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 12/18/2017Filing Status: ActiveStatus: ActiveStatus Date: 12/18/2017

# **Section I - General Information**

#### 1. Respondent

FRN	Entity Name
0010687416	Prairie Avenue Gospel Center

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
P.O. Box 2507	Palm Springs	СА	92263	+1 (562) 430- 8250	dan@khcs. us

#### 2. Contact Representative

Name	Organization
John Neely, Eaq.	Miller and Neely, PC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
3750 University Blvd., West Suite 203	Kensington, MD	MD	20895	+1 (301) 933-6304	johnsneely@yahoo.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					
Prairie Avenue Gospel Center			0010687416		
Fac. ID No.	Call Sign	City		State	Service
77680	KHCS	PALM DESERT		CA	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	Articles of Incorporation and bylaws	
Parties to contract or instrument	incorporators	
Date of execution	10/1945	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: organizational document	

#### 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	0010687416	
Entity Name	Prairie Avenue Gospel Center	
Address	PO Box	
	Street 1	P.O. Box 2507
	Street 2	

	City	Palm Springs	
	State ("NA" if non-U.S. address)	СА	
	Zip/Postal Code	92263	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent	Respondent	
<b>Positional Interests</b> (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 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?

INO

Ownership Information				
FRN	9990118158			
Name	Daniel Pike			
Address	PO Box			
	Street 1	5965 WATERFRONT PLACE		
	Street 2			
	City	Long Beach		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	90803		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	retired			
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		White		

Interest Percentages	Voting	33.0%
(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

Does interest holder have an attributable interest in one or more broadcast s that do not appear on this report?

No

Ownership Information				
FRN	9990118161			
Name	Bonnie L. Pike			
Address	PO Box			
	Street 1	5965 WATERFRONT PLACE		
	Street 2			
	City	Long Beach		
-	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	90803		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Member of Governin	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	sales			
By Whom Appointed or Elected	board of directors			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	33.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	0.0%	
	Total assets (Equity Debt Plus)	0.0%		

that do not appear on this report?

# **Ownership Information**

FRN	9990118163	
Name	Thomas Mosley	
Address	РО Вох	

	Street 1	905 RASHFORD DRIVE		
	Street 2			
	City	Placentia		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	92870		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			
Principal Profession or Occupation	insurance			
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	33.0%		
	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this r	an attributable interest in one o report?	r more broadcast stations	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	
	an attribution exemption for an	v officer or director with	No	
(c) Is Respondent seeking :		· · · · · · · · · · · · · · · · · · ·		
(c) Is Respondent seeking a duties wholly unrelated to t	the Licensee(s)?			

Non-Licensee Respondents should select "N/A" in response to this question.

Licensee has no parent entity

3. Organizational Chart (Licensees

Only)

### **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 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: <b>President</b> Exact Legal Title or Name of Respondent: <b>Prairie Avenue Gospel Center</b> Name: <b>Bonnie L Pike</b> Phone: <b>5624308250</b> 12/18/2017