

(REFERENCE COPY - Not for submission)

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

File Number: 0000087694 | Submit Date: 2019-10-30 | FRN: 0004986592

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 10/30/2019

Filing Status: Active

#### **Section I - General Information**

#### 1. Respondent

FRN	Entity Name
0004986592	Family Life Ministries, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 506	Bath	NY	14810	+1 (607) 776- 4151	ricksnavely@fln.

## 2. Contact Representative

Name	Organization
Rick Snavely	Family Life Ministries, Inc.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 506 7634 Campbell Creek Road	Bath	NY	14810	+1 (607) 776-4151	ricksnavely@fln.org

# 3. Application Filing Fee

Not Applicable

## 4. Control of Respondent

	more Licensees or Permittees	holds an attributable interest in one or
Is the Respondent's governing boaindirectly under the control of ano	ard (or other governing entity) directly or ther 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
Family Life Ministries, Inc.	0004986592

Fac. ID No.	Call Sign	City	State	Service
4586	WCGH	ELDRED	PA	FM
5344	WCIO	OSWEGO	NY	FM
17613	WCOH-FM	DU BOIS	PA	FM
19564	WCIG	DALLAS	PA	FM
20631	WCIK	AVOCA	NY	FM
20634	WCOU	ATTICA	NY	FM
20635	WCII	SPENCER	NY	FM
20640	WCOV-FM	FRIENDSHIP	NY	FM
20641	WCIH	RIDGEBURY	PA	FM
20643	WCIY	CANANDAIGUA	NY	FM
20653	WCOT	JAMESTOWN	NY	FM
22134	WCIS-FM	DERUYTER	NY	FM
34561	WCIP	CLYDE	NY	FM
58038	WCIT-FM	ONEIDA	NY	FM
73196	WCOG-FM	GALETON	PA	FM
90214	WCIM	SHENANDOAH	PA	FM
91944	WCIN	TUNKHANNOCK	PA	FM
106476	WCOX-FM	TROUT RUN	PA	FM
122027	WCOF	ARCADE	NY	FM
164188	WCGM	WATTSBURG	PA	FM
165957	WCOP	FARMINGTON TOWNSHIP	PA	FM
174290	WCIJ	UNADILLA	NY	FM
174382	WCOM-FM	SILVER CREEK	NY	FM
176354	WCOB	CAMBRIDGE SPRINGS	PA	FM
176743	WCID	LAPORTE	PA	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	0004986592		
Entity Name	Family Life Ministries, Inc.		
Address	PO Box		
	Street 1	PO Box 506	
	Street 2		
	City	Bath	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	14810	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent	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)		
Does interest holder have a	an attributable interest in one oreport?	r more broadcast stations No	

Ownership Information		
FRN	9990132067	
Name	Norb Fuest	
Address	РО Вох	

Zip/Po  Count addres  Listing Type  Other I  Positional Interests (check all that apply)  Principal Profession or Occupation  By Whom Appointed or Elected  Elected	("NA" if non-U.S.	Darien Center	
State (address  Zip/Po  Count address  Listing Type  Other I  Positional Interests (check all that apply)  Principal Profession or Occupation  By Whom Appointed or Elected  State (address  Zip/Po  Count address  Officer  Officer  Business  Board	ess)		
Zip/Po  Count addres  Listing Type  Other I  Positional Interests (check all that apply)  Principal Profession or Occupation  By Whom Appointed or Elected  Elected	ess)	NY	
Count address  Listing Type  Other I  Positional Interests (check all that apply)  Principal Profession or Occupation  By Whom Appointed or Elected  Elected			
Listing Type Other I  Positional Interests (check all that apply)  Principal Profession or Occupation  By Whom Appointed or Elected  Board	ostal Code	14040	
Positional Interests (check all that apply)  Principal Profession or Occupation  By Whom Appointed or Elected  Officer  Busine	try (if non-U.S. ess)	United States	
(check all that apply)  Principal Profession or Occupation  By Whom Appointed or Elected  Board	Interest Holder		
Occupation  By Whom Appointed or Elected  Board	r, Member of Governing	Board (or other governing entity	')
Elected	ess Owner Appletree HR	R and Safety Consultants	
Citizenshin Gender Citizen	of Directors		
· · · · · · · · · · · · · · · · · · ·	nship	us	
Ethnicity, and Race Information (Natural Gende	er	Male	
Persons Only) Ethnic	city	Not Hispanic or Latino	
Race		White	
Interest Percentages Voting	g	10.0%	
(enter percentage values from 0.0 to 100.0) Equity	у	0.0%	
Total a	assets (Equity Debt	0.0%	
Does interest holder have an attribut			No

9990132088  Mike Stuart  PO Box  Street 1	
PO Box	
Street 1	
	200 Hopkins Road
Street 2	
City	Hornell
State ("NA" if non-U.S. address)	NY
Zip/Postal Code	14843
Country (if non-U.S. address)	United States
Other Interest Holder	
Officer, Member of Governin	g Board (or other governing entity)
	City State ("NA" if non-U.S. address) Zip/Postal Code Country (if non-U.S. address) Other Interest Holder

Principal Profession or Occupation	Business Owner Stuarts Pools		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender, Citizenship US		US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	10.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a that do not appear on this	an attributable interest in one o	r more broadcast stations No	

Ownership Information			
FRN	9990132099		
Name	Bill Duell		
Address	РО Вох		
	Street 1	10258A Ryers Creek road	
	Street 2		
	City	Corning	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	14830	
	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	Business Owner Pennwood Development		
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		
Interest Percentages	Voting	10.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt 0.0%		

	Plus)		
Does interest holder have an that do not appear on this re	attributable interest in one or port?	more broadcast stations	No

Ownership Information	Ownership Information			
FRN	9990132101	9990132101		
Name	John Farrell	John Farrell		
Address	PO Box			
	Street 1	101 Red Fox Run		
	Street 2			
	City	Vestal		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	13850		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Business Owner Exit Realty			
By Whom Appointed or Elected	Board of Directors	Board of Directors		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Race White		
Interest Percentages	Voting	10.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this	an attributable interest in one creport?	r more broadcast stations No		

Ownership Information			
FRN	9990132102	9990132102	
Name	Clark Johnson	Clark Johnson	
Address	PO Box 373 Street 1		
	Street 2		
	City	Eldred	

	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	16731		
	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	Sales and Marketing Territory	Sales and Marketing Territory Manager Kessel and Company		
By Whom Appointed or Elected	Board of Directors	Board of Directors		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	10.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No		

Ownership Information	Ownership Information			
FRN	9990132105			
Name	Brad Kellett			
Address	РО Вох			
	Street 1	3617 County Line Road		
	Street 2			
	City	Winfield		
	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	17889		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	CPA Larson, Kellett, and Associates			
By Whom Appointed or Elected	Board of Directors			

Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US
	Gender	Male
Persons Only)	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 that do not appear on this	an attributable interest in one o	or more broadcast stations No

Ownership Information				
FRN	9990132108			
Name	Tim Landers			
Address	РО Вох			
	Street 1	5503 School Road		
	Street 2			
	City	Byron		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	14422		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Retired Director of Bldgs and Grounds Genesee College			
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		
Interest Percentages	Voting	10.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this r	n attributable interest in one o	r more broadcast stations	No	

FRN	9990132112		
Name	Gary Passero		
Address	PO Box		
	Street 1	642 Midship Circle	
	Street 2		
	City	Webster	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	14580	
	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	Engineer Passero and Associates		
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	
Interest Percentages	Voting	10.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No

Ownership Information			
FRN	9990136594		
Name	Christine Borghi-Cavallaro		
Address	РО Вох		
	Street 1 6543 Rush Lima Road Street 2		
	City Honeoye Falls		
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code 14472		
	Country (if non-U.S. address)	United States	

Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Physician Brighton Family Medicine			
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	Voting 10.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	No	

Ownership Information				
FRN	9990136595			
Name	Drew Klotzbach			
Address	PO Box			
	Street 1	7420 Alleghany Road		
	Street 2			
	City	Basom		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	14013		
	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	Business Owner Alleghany Farm Service			
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	Voting	10.0%	
(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 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

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
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.	

#### 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: Director of Radio Operations Exact Legal Title or Name of Respondent: Director of Radio Operations Name: Dave Margalotti Phone: 6077764151  10/30/2019