



(REFERENCE COPY - Not for submission)

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

File Number: **0000090360** | Submit Date: **2019-11-19** | FRN: **0001684562**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/19/2019**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0001684562	Diocesan Telecommunications Corporation

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1200 Lantana	Corpus Christi	TX	78407-1112	+1 (361) 289-6437	MWind@GoCCN.org

2. Contact Representative

Name	Organization
Martin L. Wind	Diocesan Telecommunications Corporation

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1200 Lantana St.	Corpus Christi	TX	78407-1112	+1 (361) 289-6437	MWind@GoCCN.org

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
Diocesan Telecommunications Corporation	0001684562

Fac. ID No.	Call Sign	City	State	Service
16945	KLUX	CORPUS CHRISTI	TX	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
Parties to contract or instrument	Initial Board of Directors and Incorporators
Date of execution	05/1983
Date of expiration	07/1985
Agreement type (check all that apply)	Other Agreement Type: Original Articles of Incorporation

Document Information	
Description of contract or instrument	Restated Articles of Incorporation
Parties to contract or instrument	Board of Directors and Corporate Members
Date of execution	07/1985
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Restated Articles of Incorporation

Document Information	
Description of contract or instrument	Articles of Ammendment
Parties to contract or instrument	Board of Directors
Date of execution	12/1990
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Amendments to Articles of Incorporation

Document Information	
Description of contract or instrument	Restated Corporate Bylaws
Parties to contract or instrument	Board of Directors
Date of execution	06/2003
Date of expiration	No expiration date

Agreement type (check all that apply)	Other Agreement Type: Restated Corporate Bylaws
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Document Information	
Description of contract or instrument	Affiliate Partnership Agreement
Parties to contract or instrument	Diocesan Telecommunications Corporation & Immaculate Heart Media, Inc.
Date of execution	01/2018
Date of expiration	No expiration date
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	0001684562	
Entity Name	Diocesan Telecommunications Corporation	
Address	PO Box	
	Street 1	1200 Lantana
	Street 2	
	City	Corpus Christi
	State ("NA" if non-U.S. address)	TX
	Zip/Postal Code	78407-1112
	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	9990117589	
Name	Bob Allen	
Address	PO Box	
	Street 1	5210 Graford Pl.
	Street 2	
	City	Corpus Christi
	State ("NA" if non-U.S. address)	TX
	Zip/Postal Code	78413
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	Corporate Members	
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)	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	9990117591
Name	Thomas L. Goodwin

Address	PO Box	
	Street 1	300 N. First St.
	Street 2	
	City	Skidmore
	State ("NA" if non-U.S. address)	TX
	Zip/Postal Code	78389-0189
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Pastor	
By Whom Appointed or Elected	Corporate Members	
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)	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	9990117597	
Name	Linda Rodriguez	
Address	PO Box	
	Street 1	7141 County Road 2703
	Street 2	
	City	Sinton
	State ("NA" if non-U.S. address)	TX
	Zip/Postal Code	78387
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Engineer	
By Whom Appointed or Elected	Corporate Members	
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	16.7%
	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	9990117600	
Name	Don Sitton	
Address	PO Box	
	Street 1	4019 O'Grady
	Street 2	
	City	Corpus Christi
	State ("NA" if non-U.S. address)	TX
	Zip/Postal Code	78413
	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	Retired	
By Whom Appointed or Elected	Corporate Members	
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	Voting	16.7%

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

Ownership Information		
FRN	9990117602	
Name	Richard Longoria	
Address	PO Box	
	Street 1	5314 Crestwick Dr.
	Street 2	
	City	Corpus Christi
	State ("NA" if non-U.S. address)	TX
	Zip/Postal Code	78413
	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	Retired	
By Whom Appointed or Elected	Corporate Members	
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)	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	9990136994	
Name	James G. Stembler	
Address	PO Box	
	Street 1	555 N. Carancahua, Suite 750

	Street 2	
	City	Corpus Christi
	State ("NA" if non-U.S. address)	TX
	Zip/Postal Code	78401
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Priest	
By Whom Appointed or Elected	Corporate Members	
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)	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)? 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.		No

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 Company

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: Executive Vice-President / General Manager Exact Legal Title or Name of Respondent: Diocesan Telecommunications Corporation Name: Martin L. Wind Phone: 3612896437 11/19/2019