



(REFERENCE COPY - Not for submission)

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

File Number: **0000125756** | Submit Date: **2020-11-10** | FRN: **0005005699**

Purpose: **Noncommercial Broadcast Stations Non-Biennial Ownership Report** | Status: **Received** | Status Date: **11/10/2020** | Filing Status: **Active**

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
4002 N. 3300 E.	Twin Falls	ID	83301	+1 (208) 733-3133	shannon@csnradio.com

2. Contact Representative

Name	Organization
Cary S. Tepper	Tepper Law Firm, LLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
4900 Auburn Avenue Suite 100	Bethesda	MD	20814-2632	+1 (301) 718-1818	tepperlaw@aol.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	Transfer of control or assignment of license/permit
"As of" date	11/06/2020 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) /Permittees(s)

Respondent is filing this report to cover the following Licensee(s)/Permittee(s) and station(s)/permit(s):

and Station(s)
/Permit(s)

Licensee/Permittee Name	FRN
Calvary Chapel of Twin Falls, Inc.	0005005699

Fac. ID No.	Call Sign	City	State	Service
171016	KGDL	TRENT	TX	FM

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents

Licensee/Permittee Respondents 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/Permittee Respondents should select "Not Applicable" in response to this question.

Document Information	
Description of contract or instrument	Certificate of Incorporation
Parties to contract or instrument	State of Idaho
Date of execution	02/1980
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Corporate formation document

Document Information	
Description of contract or instrument	Corporation Reinstatement Certificate
Parties to contract or instrument	State of Idaho
Date of execution	12/1995
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Corporate reinstatement 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) or Permittee(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) or Permittee(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	
	Street 1	4002 N. 3300 E.
	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	Respondent	
Positional Interests (check all that apply)	Respondent	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	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)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	NONE	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages (enter percentage values)	Voting	12.0%

from 0.0 to 100.0)	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?		Yes

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	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	76.0%
	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

Ownership Information

FRN	9990142445	
Name	Shannon Scholten	
Address	PO Box	391
	Street 1	4002 N. 3300 E.
	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	Executive Broadcast Manager	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.0%
	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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(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
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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: President Exact Legal Title or Name of Respondent: Calvary Chapel of Twin Falls, Inc. Name: Shannon Scholten Phone: 2087333133 11/10/2020