

(REFERENCE COPY - Not for submission)

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

File Number: 0000104488 | Submit Date: 2020-01-31 | FRN: 0012952263

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 01/31/2020

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name	
0012952263	Southwestern Diabetic Foundation, Inc. d/b/a Camp Sweeney	

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
P.O. Box 918	Gainesville	TX	76241	+1 (940) 665- 2011	info@campsweeney.

2. Contact Representative

Name	Organization
Scott Cinnamon	Law Offices of Scott C. Cinnamon, PLLC

Street	City (and Country if non U.S.		Zip		
Address	address)	State	Code	Phone	Email
1250 Connecticut Ave.	Washington	DC	20036	+1 (202) 216- 5798	scott@cinnamonlaw.
# 700-144					

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
Southwestern Diabetic Foundation, Inc. d/b/a Camp Sweeney	0012952263

Fac. ID No.	Call Sign	City	State	Service
89080	KPFC	CALLISBURG	TX	FM
92562	K206CD	GAINESVILLE	TX	FX

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	0012952263	0012952263	
Entity Name	Southwestern Diabetic Foundation, Inc. d/b/a Camp Sweeney		
Address	PO Box		
	Street 1	P.O. Box 918	
	Street 2		
	City	Gainesville	
	State ("NA" if non-U.S. address)	TX	
	Zip/Postal Code	76241	
	Country (if non-U.S. United States address)		
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	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 that do not appear on this	an attributable interest in one o	r more broadcast stations	No

Ownership Information			
FRN	9990134025		
Name	T. Milton Dickson, Jr., DDS.		
Address	PO Box	696	
	Street 1		
	Street 2		
	City	GAINESVILLE	
	State ("NA" if non-U.S. address)	TX	
	Zip/Postal Code	76241	
	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	Dentist		
By Whom Appointed or Elected	Executive Committee	Executive Committee	
Citizenship, Gender,	Citizenship	us	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	7.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this r	n attributable interest in one o	r more broadcast stations No	

Ownership Information

FRN	9990134027		
Name	Ernie M. Fernandez, MD.	Ernie M. Fernandez, MD.	
Address	PO Box		
	Street 1	8555 Walnut Hill La.	
	Street 2	Suite 205	
	City	Dallas	
	State ("NA" if non-U.S. address)	TX	
	Zip/Postal Code	75231	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Medical Doctor		
By Whom Appointed or Elected	Executive Committee		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	7.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations No	

Ownership Information		
FRN	9990134028	
Name	John Schmitz	
Address	PO Box 170	
	Street 1	
	Street 2	
	City	GAINESVILLE
	State ("NA" if non-U.S. address)	TX
	Zip/Postal Code	76241
	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	Businessman		
By Whom Appointed or Elected	Executive Committee		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	7.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No

Ownership Information			
FRN	9990134029		
Name	Jack R . Coleman, CHBC.		
Address	PO Box		
	Street 1	101 E. Park Blvd.	
	Street 2	Ste. 300	
	City	Plano	
	State ("NA" if non-U.S. address)	TX	
	Zip/Postal Code	75074	
	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 Consultant		
By Whom Appointed or Elected	Executive Committee		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
Race White		White	

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	7.1%	
	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	9990134030			
Name	Karla Adam Trusler			
Address	РО Вох			
	Street 1	6124 Del Norte Ln.		
	Street 2			
	City	Dallas		
	State ("NA" if non-U.S. address)	TX		
	Zip/Postal Code	75225		
	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	Real Estate			
By Whom Appointed or Elected	Executive Committee	Executive Committee		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	7.1%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
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	9990134031		
Name	David A. Vandemeer		
Address	PO Box 25202		

	Street 1		
	Street 2		
	City	Dallas	
	State ("NA" if non-U.S. address)	TX	
	Zip/Postal Code	75225	
	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	Businessman		
By Whom Appointed or Elected	Executive Committee		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	7.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations No	

Ownership Information			
FRN	9990134032		
Name	Jack W. Young		
Address	РО Вох	465	
	Street 1		
	Street 2		
	City	Whitesboro	
	State ("NA" if non-U.S. address)	TX	
	Zip/Postal Code	76273	
	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	Finance Professional		
By Whom Appointed or Elected	Executive Committee		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	us	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	7.1%	
(enter percentage values 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?			

Ownership Information			
FRN	9990134033	9990134033	
Name	Bryan A. Dickson, MD.	Bryan A. Dickson, MD.	
Address	PO Box		
	Street 1	1935 Medical District Dr.	
	Street 2	Suite 4400	
	City	Dallas	
	State ("NA" if non-U.S. address)	TX	
	Zip/Postal Code	75235	
	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	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Medical Doctor	Medical Doctor	
By Whom Appointed or Elected	Executive Committee	Executive Committee	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	7.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
· · · · · · · · · · · · · · · · · · ·	Equity	0.0%	

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

Ownership Information				
FRN	9990134034			
Name	Charlene Ritchey			
Address	РО Вох			
	Street 1	1200 Anthony Street		
	Street 2			
	City	Gainesville		
	State ("NA" if non-U.S. address)	TX		
	Zip/Postal Code	76240		
	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	Businesswoman			
By Whom Appointed or Elected	Executive Committee	Executive Committee		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	7.1%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have a that do not appear on this r	n attributable interest in one o	r more broadcast stations	No	

Ownership Information		
FRN	9990134035	
Name	John Vandemeer, DVM.	
Address	PO Box	
	Street 1	5323 North Central Expressway
	Street 2	

	City	Dallas		
	State ("NA" if non-U.S. address)	TX		
	Zip/Postal Code	75205		
	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	Veterinarian	Veterinarian		
By Whom Appointed or Elected	Executive Committee			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	7.1%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one or	or more broadcast stations	No	

Ownership Information		
FRN	9990134037	
Name	Phil L. Adams	
Address	РО Вох	
	Street 1	100 E. Broadway St.
	Street 2	
	City Gainesville	
	State ("NA" if non-U.S. TX address) Zip/Postal Code 76240	
	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	Attorney	

Elected			
Citizenship, Gender, Ethnicity, and Race	Citizenship	US	
Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	7.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have	an attributable interest in one o	r more broadcast stations No	

Ownership Information			
FRN	9990134038		
Name	David G. Genever-Watlling		
Address	PO Box		
	Street 1	5139 Brookview Dr.	
	Street 2		
	City	Dallas	
	State ("NA" if non-U.S. address)	TX	
	Zip/Postal Code	75220	
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Businessman		
By Whom Appointed or Elected	Executive Committee		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race White		
Interest Percentages	Voting 7.1%		
(enter percentage values 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	9990134039			
Name	Marc Siegel	Marc Siegel		
Address	PO Box			
	Street 1	6525 Turtle Creek Blvd.		
	Street 2			
	City	Dallas		
	State ("NA" if non-U.S. address)	TX		
	Zip/Postal Code	75205		
	Country (if non-U.S. address)			
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	Businessman			
By Whom Appointed or Elected	Executive Committee			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Race White		
Interest Percentages	Voting	7.1%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No		

Ownership Information			
FRN	9990141924	9990141924	
Name	Connie Sigel	Connie Sigel	
Address	РО Вох		
	Street 1	4400 Lovers Lane	
	Street 2		
	City	Dallas	

	State ("NA" if non-U.S. address)	TX		
	Zip/Postal Code	75205		
	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 (Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Entrepreneur	Entrepreneur		
By Whom Appointed or Elected	Board			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	7.1%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No	
• •	at any interests, including equining are non-attributable. an explanation.	ty, financial, or voting	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.	

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 is not a multi-level entity.

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 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: Officer/Director Exact Legal Title or Name of Respondent: Southwest Diabetic Foundation, Inc. Name: Ernie M. Fernandez Phone: 9406652011