

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

File Number: 0000174951Submit Date: 2021-12-01FRN: 0017044611Purpose: Noncommercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 12/01/2021Filing Status: ActiveStatus: ActiveStatus Date: 12/01/2021

## **Section I - General Information**

## 1. Respondent

FRN	Entity Name
0017044611	South Valley Peace Center
Street City (and Ca	ntry if non 11 S State ("NA" if non 11 S

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
693 East Kern Avenue	Tulare	CA	93274- 4345	+1 (559) 686- 6836	tulerue@gmail. com

## 2. Contact Representative

Name	Organization
Don Lee Manro	South Valley Peace Center

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
523 N. O Street	Tulare	CA	93274	+1 (559) 686-6836	tulerue@gmail.com

## 3. Application Filing Fee

## Not Applicable

# 4. Control of Respondent

(a) Provide the following information	a) Provide the following information about the Respondent:			
Relationship to stations/permits	Entity required to file a Form 323-E because it h more Licensees or Permittees	olds an attributable interest in one or		
Is the Respondent's governing boa indirectly 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	10/01/2021
	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.

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

censee/Permittee Name			FRN	
South Valley Peace Center			0017044611	
Fac. ID No.	Call Sign	City	State	Service

## 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	0017044611		
Entity Name	South Valley Peace Center		
Address	PO Box		
	Street 1	693 East Kern Avenue	
	Street 2		
	City	Tulare	
	State ("NA" if non-U.S. address)	СА	
	Zip/Postal Code	93274-4345	
	Country (if non-U.S. address)	United States	
Listing Type	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%	
	es interest holder have an attributable interest in one or more broadcast stations No to not appear on this report?		No

Ownership Information				
FRN	9990132897			
Name	Merrily Davies			
Address	PO Box			
	Street 1	1078 N. Roberta Way		
	Street 2			
	City	Porterville	Porterville	
	State ("NA" if non-U.S. address)	СА		
	Zip/Postal Code	93257-9048		
	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	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired Educator			
By Whom Appointed or Elected	Board of Respondent Organiz	ation		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	38.0%		
(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 report?	r more broadcast stations	No	

# Ownership Information FRN 9990132914 Name Jeannette Warner

Address	PO Box		
	Street 1	4525 West Paradise Avenue	
	Street 2		
	City	Visalia	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	93277-3861	
	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	Artist	Artist	
By Whom Appointed or Elected	Board of Respondent Organiz	zation	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	38.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt	0.0%	

Ownership Information			
FRN	9990132935	9990132935	
Name	Earl Cruser		
Address	PO Box		
	Street 1	305 West Main, Apt. 306	
	Street 2		
	City	Grass Valley	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	96945	
	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 Educator		
By Whom Appointed or Elected	Board of Respondent Organization		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	8.0%	
(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

## Ownership Information

FRN	9990132940	
Name	Patricia Gallimore	
Address	PO Box	
	Street 1	717 East Fremont Avenue
	Street 2	
	City	Fresno
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	93712-3940
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired Office Worker	
By Whom Appointed or Elected	Board of Respondent Organization	
Citizenship, Gender,	Citizenship US	
Ethnicity, and Race Information (Natural	Gender	Female
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values	Voting 8.0%	
tenter 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

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

Ownership Information			
FRN	9990132945		
Name	Brian Newton	Brian Newton	
Address	PO Box		
	Street 1	17008 W. 86th Avenue	
	Street 2		
	City	Aravada	
	State ("NA" if non-U.S. address)	СО	
	Zip/Postal Code	80007	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired Educator		
By Whom Appointed or Elected	Board of Respondent Organization		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	8.0%	
(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	an attributable interest in one o report?	r more broadcast stations	No

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, not reported in this filing are non-attributable.	
If "No," submit as an exhibit an explanation.	

(c) Is Respondent seeking an attribution exemption for any officer or director with<br/>duties wholly unrelated to the Licensee(s)?NoIf "Yes," complete the information in the required fields and submit an Exhibit fully describing<br/>that individual's duties and responsibilities, and explaining why that individual should not be<br/>attributed an interest.No

## 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>President</b> Name: <b>Don Lee Manro</b> Phone: <b>5596866836</b> 12/01/2021