



(REFERENCE COPY - Not for submission)

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

File Number: **0000229657** | Submit Date: **2023-11-30** | FRN: **0001545607**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/30/2023**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0001545607	Family Stations, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
301 MAPLE STREET, SUITE 2	SHENANDOAH	IA	51601-2348	+1 (712) 246-5151	JBURKHISER@FAMILYRADIO.ORG

2. Contact Representative

Name	Organization
KATHLEEN VICTORY, ESQ.	FLETCHER, HEALD & HILDRETH, P.L.C.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 NORTH 17TH STREET, SUITE 1100	ARLINGTON	VA	22209	+1 (703) 812-0473	VICTORY@FHHLAW.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	Biennial
"As of" date	10/01/2023 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 Stations, Inc.	0001545607

Fac. ID No.	Call Sign	City	State	Service
1082	KEAR	SAN FRANCISCO	CA	AM
11068	W282AD	EAST WINDHAM	NY	FX
15877	WAMT	PINE CASTLE SKY LAKE	FL	AM
20674	WCUE	CUYAHOGA FALLS	OH	AM
20678	WOTL	TOLEDO	OH	FM
20705	W207AE	READING	PA	FX
20716	KUFR	SALT LAKE CITY	UT	FM
20722	W213AC	HYDE PARK, ETC.	NY	FX
20732	KHAP	CHICO	CA	FM
20734	KJVH	LONGVIEW	WA	FM
20742	W233AD	ROCKFORD	IL	FX
20746	KEBR	SACRAMENTO	CA	FM
20760	K220EY	PORTERVILLE	CA	FX
20776	K213BZ	RICHVALE	CA	FX
20777	K219BX	EL PASO, ETC.	TX	FX
20785	WWFR	STUART	FL	FM
20790	K220EI	OGDEN	UT	FX
20806	KYFR	SHENANDOAH	IA	AM
20825	K216GT	GREAT FALLS	MT	FX
20826	WCTF	VERNON	CT	AM
20834	W295BX	BALTIMORE	MD	FX
20847	WJCH	JOLIET	IL	FM
20849	KDFR	DES MOINES	IA	FM
20853	WFCH	CHARLESTON	SC	FM
20858	W252AQ	LAKE CHARLES	LA	FX
20864	WJFR	JACKSONVILLE	FL	FM
20873	K219AO	FAIRMONT, ETC.	CA	FX
20877	KPRA	UKIAH	CA	FM
20892	K254AK	RENO	NV	FX
20902	KFRB	BAKERSFIELD	CA	FM
20924	KFNO	FRESNO	CA	FM

20927	WFRS	SMITHTOWN	NY	FM
20931	K13ZL-D	FRESNO	CA	LPD
20940	WYTN	YOUNGSTOWN	OH	FM
20942	KTXB	BEAUMONT	TX	FM
20962	W208AF	NANTICOKE, ETC.	PA	FX
20975	WEFR	ERIE	PA	FM
20977	KECR	EL CAJON	CA	AM
20989	WBFR	BIRMINGHAM	AL	FM
20997	KEFR	LE GRAND	CA	FM
21005	KFRN	LONG BEACH	CA	AM
21010	WMWK	MILWAUKEE	WI	FM
21021	K214BO	ASHLAND	OR	FX
21029	KQFE	SPRINGFIELD	OR	FM
21043	K219CA	CASPER	WY	FX
21051	K205CI	PHOENIX	AZ	FX
21054	K214CA	GRAND JUNCTION	CO	FX
21062	K211GA	CARSON CITY	NV	FX
21080	K206DU	LAFAYETTE	LA	FX
21086	W220BD	ROANOKE	VA	FX
21097	W207AX	BURLINGTON	VT	FX
25095	WKDN	PHILADELPHIA	PA	AM
29024	WFME	NEW YORK	NY	AM
30573	WFME-FM	GARDEN CITY	NY	FM
36511	K203BE	ROSEBURG	OR	FX
36515	K223AO	FLORENCE	OR	FX
43864	WFSI	BALTIMORE	MD	AM
70274	WYMK	MOUNT KISCO	NY	FM
83453	K268AJ	REDDING	CA	FX
85655	W295AF	LA PORTE	IN	FX
85834	KPFR	PINE GROVE	OR	FM
86669	KFRS	SOLEDAD	CA	FM
87050	KFRY	PUEBLO	CO	FM
88470	K220GM	PLACITAS	NM	FX
91553	KXFR	SOCORRO	NM	FM
91642	WOFR	SCHOOLCRAFT	MI	FM
92485	KYOR	NEWPORT	OR	FM

94237	KFRD	BUTTE	MT	FM
149325	K298CK	PHOENIX	AZ	FX
155996	W218CW	WEST PALM	FL	FX
156754	W271BC	LUMPKIN	GA	FX
202971	W292FV	NEW YORK	NY	FX
203018	K266CO	EL CAJON	CA	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.

Document Information	
Description of contract or instrument	FAMILY STATIONS, INC. - ARTICLES OF INCORPORATION & BYLAWS
Parties to contract or instrument	FAMILY STATIONS, INC.
Date of execution	05/1958
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: FAMILY STATIONS, INC. ARTICLES OF INCORPORATION & BYLAWS

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	0001545607
Entity Name	Family Stations, Inc.
Address	PO Box

	Street 1	301 MAPLE STREET, SUITE 2	
	Street 2		
	City	SHENANDOAH	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	51601-2348	
	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	9990128668		
Name	THOMAS EVANS		
Address	PO Box		
	Street 1	4057 RURAL PLAINS CIRCLE, SUITE 300B	
	Street 2		
	City	FRANKLIN	
	State ("NA" if non-U.S. address)	TN	
	Zip/Postal Code	37064	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - PRESIDENT OF BOARD/DIRECTOR Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	BROADCASTING		
By Whom Appointed or Elected	DIRECTORS		
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	25.0%
	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	9990135246	
Name	ALLEN SILL, JR.	
Address	PO Box	
	Street 1	4057 RURAL PLAINS CIRCLE, SUITE 300B
	Street 2	
	City	FRANKLIN
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37064
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - TREASURER OF BOARD/DIRECTOR Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	MARKETING, SALES, AND SAFETY TRAINING REPRESENTATIVE	
By Whom Appointed or Elected	DIRECTORS	
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	25.0%
	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	0034540278

Name	GEORGE E. GRANT	
Address	PO Box	
	Street 1	4057 RURAL PLAINS CIRCILE, SUITE 300B
	Street 2	
	City	FRANKLIN
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37064
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - DIRECTOR OF BOARD Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	PASTOR	
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 (enter percentage values from 0.0 to 100.0)	Voting	25.0%
	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	0034545061	
Name	Christopher E. Larson	
Address	PO Box	
	Street 1	4057 RURAL PLAINS CIRCILE, SUITE 300B
	Street 2	
	City	FRANKLIN
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37064
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	Other - DIRECTOR OF BOARD Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	NONPROFIT MANAGEMENT	
By Whom Appointed or Elected	DIRECTORS	
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	25.0%
	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
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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 " <u>Yes</u> ," 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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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.

Family Stations, Inc. is the single parent entity for its licensed broadcast stations; FSI does not have a parent entity.

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: **PRESIDENT**
Exact Legal Title or Name of Respondent:
THOMAS R. EVANS, PRESIDENT
Name: **THOMAS R. EVANS**
Phone: **8005431495**

11/30/2023