

### (REFERENCE COPY - Not for submission)

## Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000044511Submit Date: 2018-02-27FRN: 0002058089Purpose: Commercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 02/27/2018Filing Status: ActiveStatus: ActiveStatus Date: 02/27/2018

### **Section I - General Information**

### 1. Respondent

FRN	Entity Name
0020015467	Living Faith Broadcasting, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 1867	Abingdon	VA	24212	+1 (276) 676- 3806	lisa@livingfaithtv. com

### 2. Contact Representative

Name	Organization
Elizabeth E. Spainhour	Brooks, Pierce et al.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
150 Fayetteville Street Suite 1700	Raleigh	NC	27601	+1 (919) 839- 0300	espainhour@brookspierce. com

### 3. Application Filing Fee

Not Applicable

# 4. Nature of Respondent

(a) Provide the following	(a) Provide the following information about the Respondent:		
Relationship to station	s/permits	Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees	
Nature of Respondent		Not-for-profit corporation	

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2017
	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/Permitte	e Name		FRN	
Living Faith Ministr	ies Inc	0002058089	0002058089	
Fac. ID No.	Call Sign	City	State	Service
37806	WLFB	BLUEFIELD	WV	DTV
37808	WLFG	GRUNDY	VA	DTS
37809	WAGV	HARLAN	КҮ	DTV
61017	WEZK-LP	KNOXVILLE	TN	LPA
61052	WJZC-LP	SEVIERVILLE	TN	LPA

### Section II – Biennial Ownership Information

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all 1.47 C.F.R. 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 Section 73.3613 report. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be and Other disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an Documents attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question. Not Applicable. (a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by 2. Ownership generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent Interests itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated partners, non-insulated members, 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 0020015467 **Entity Name** Living Faith Broadcasting, Inc. Address PO Box 1867 Street 1 Street 2 Abingdon City

	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	24212	
	Country (if non-U.S. address)	United States	
Listing Type	isting Type Respondent		
Positional Interests (check all that apply)	Respondent Interest holder is not a Tribal nation or Tribal entity		
Tribal Nation or Tribal Entity			
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
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 c	or more broadcast stations	No

that do not appear on this report?

### **Ownership Information**

FRN	0019737790	0019737790		
Name	W.A. Johnson	W.A. Johnson		
Address	PO Box	1867		
	Street 1			
	Street 2			
	City	Abingdon		
	State ("NA" if non-U.S. address)	VA		
	Zip/Postal Code	24212		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Director	Director		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Black or African American		
Interest Percentages (enter percentage values	Voting	20.0%	Jointly Held? No	
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	0019734912				
Name	Lisa C. Smith				
Address	PO Box				
	Street 1	25260 Whiteridge Drive			
	Street 2				
	City	Abingdon			
	State ("NA" if non-U.S. address)	VA			
	Zip/Postal Code	24211			
Country (if non-U.S. address)		United States			
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	Officer, Director				
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	20.0%	Jointly Held? No		
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 No that do not appear on this report?					

**Ownership Information** 

FRN	0019737774		
Name	Allen H. Ward		
Address	PO Box	1867	
	Street 1		
	Street 2		
	City	Abingdon	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	24212	

	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Director			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	20.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have an that do not appear on this re	more broadcast stations	No		

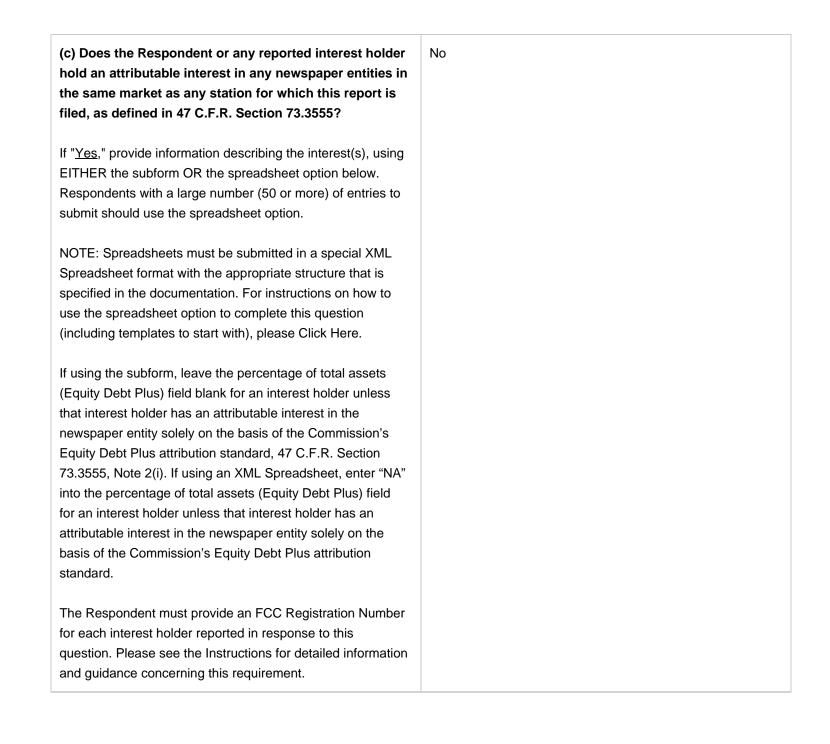
### **Ownership Information**

Ownership information			
FRN	0019734938		
Name	Michael D. Smith		
Address	PO Box		
	Street 1	25260 Whiteridge Drive	
	Street 2		
	City	Abingdon	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	24211	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer, Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	Jointly Held? No
	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	0019737758			
Name	Denise R. McGeorge			
Address	PO Box	1867		
	Street 1			
	Street 2			
	City	Abingdon		
	State ("NA" if non-U.S. address)	VA		
	Zip/Postal Code	24212		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Director			
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 from 0.0 to 100.0)	Voting	20.0%	Jointly Held? No	
	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	
(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	



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

Family Relationships			
FRN	0019734938	Name	Michael D Smith
FRN	0019734912	Name	Lisa C Smith
Relationship	Spouses		

#### **Family Relationships**

FRN	0019737758	Name	Denise R McGeorge
FRN	0019734938	Name	Michael D Smith
Relationship	Siblings		

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?

No

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.

### 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>Living Faith Broadcasting, Inc.</b> Name: <b>Michael D. Smith</b> Phone: <b>2766763806</b> 02/27/2018