



(REFERENCE COPY - Not for submission)

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

File Number: **0000043698** | Submit Date: **2018-02-26** | FRN: **0003256989**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **02/26/2018**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0003256989	Creative Ministries Inc

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1875 JUNCTION ROAD	MANHEIM	PA	17545	+1 (717) 392-3690	PHREDD@WJTL.COM

2. Contact Representative

Name	Organization
Jessica T. Nyman	Pillsbury Winthrop Shaw Pittman LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1200 Seventeenth Street, NW	Washington	DC	20036	+1 (202) 663-8810	jessica.nyman@pillsburylaw.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	10/01/2017 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/Permittee Name	FRN
Creative Ministries Inc	0003256989

Fac. ID No.	Call Sign	City	State	Service
14467	WJTL	LANCASTER	PA	FM

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	ARTICLES OF INCORPORATION (ON FILE)
Parties to contract or instrument	COMMONWEALTH OF PENNSYLVANIA DEPT. OF STATE
Date of execution	01/1984
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: ARTICLES OF INCORPORATION

Document Information	
Description of contract or instrument	ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION (ON FILE)
Parties to contract or instrument	COMMONWEALTH OF PENNSYLVANIA DEPT. OF STATE
Date of execution	08/1990
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION

Document Information	
Description of contract or instrument	BY-LAWS (ON FILE)
Parties to contract or instrument	COMMONWEALTH OF PENNSYLVANIA
Date of execution	01/1984
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: BY-LAWS

Document Information	
Description of contract or instrument	SECURITY AGREEMENT (ON FILE)
Parties to contract or instrument	JOY PUBLIC BROADCASTING CORPORATION
Date of execution	12/1990

Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: SECURITY AGREEMENT

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	0003256989	
Entity Name	Creative Ministries Inc	
Address	PO Box	
	Street 1	1875 JUNCTION ROAD
	Street 2	
	City	MANHEIM
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	17545
	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	9990128992	
Name	TIMOTHY N. LANDIS	
Address	PO Box	
	Street 1	2122 WATERFORD DRIVE
	Street 2	
	City	LANCASTER
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	17601
	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	CONCERT AND FESTIVAL PROMOTER, PRODUCER	
By Whom Appointed or Elected	BOARD MEMBERS	
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	20.0%
	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	9990128993	
Name	RANDY LEHMAN	
Address	PO Box	
	Street 1	132 STONE QUARRY ROAD
	Street 2	
	City	LEOLA
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	17540

	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	CFO, BUSINESS OWNER	
By Whom Appointed or Elected	BOARD MEMBERS	
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	20.0%
	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	9990128994	
Name	JOHN SMUCKER	
Address	PO Box	
	Street 1	RD 1, GIBBONS ROAD
	Street 2	
	City	BIRD-IN-HAND
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	17505
	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	ATTORNEY, BUSINESS OWNER	
By Whom Appointed or Elected	BOARD MEMBERS	
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	20.0%
	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	9990128995	
Name	BARBARA LANDIS	
Address	PO Box	
	Street 1	2122 WATERFORD DRIVE
	Street 2	
	City	LANCASTER
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	17601
	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	HOUSEWIFE	
By Whom Appointed or Elected	BOARD MEMBERS	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	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	9990128996

Name	FRED MCNAUGHTON	
Address	PO Box	
	Street 1	1325 JANET DRIVE
	Street 2	
	City	MOUNT JOY
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	17552
	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	RADIO STATION MANAGER	
By Whom Appointed or Elected	BOARD MEMBERS	
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	20.0%
	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	9990128997	
Name	BRIAN SMITH	
Address	PO Box	
	Street 1	535 PRESCOTT ROAD
	Street 2	
	City	LEBANON
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	17042
	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	CHIEF TECHNOLOGY OFFICER	
By Whom Appointed or Elected	BOARD MEMBERS	
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	20.0%
	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

(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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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 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: **TREASURER**
Exact Legal Title or Name of Respondent:
CREATIVE MINISTRIES, INC.
Name: **FRED MCNAUGHTON**
Phone: **7173923690**

02/26/2018