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

File Number: 0000059170 | Submit Date: 2018-08-28 | FRN: 0006602205

Purpose: Noncommercial Broadcast Stations Non-Biennial Ownership Report | Status: Received | Status Date: 08/28/2018 | Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0006602205		Providence Educational Foundation			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
3939 Gentilly Blvd.	New Orleans	LA	70126	+1 (504) 816-8175	julie@lifesongs.com

2. Contact Representative

Name		Organization			
Mark A. Balkin		HARDY, CAREY, CHAUTIN & BALKIN, LLP			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1080 WEST CAUSEWAY APPROACH	Mandeville	LA	70471	+1 (985) 629-0777	mbalkin@hardycarey.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	Transfer of control or assignment of license/permit
"As of" date	08/28/2018 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) /Permittees(s) and Station(s) /Permit(s)

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

Licensee/Permittee Name	FRN
Providence Educational Foundation	0006602205

Fac. ID No.	Call Sign	City	State	Service
172708	WNLS	SLIDELL	LA	FM

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents

Licensee/Permittee Respondents 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/Permittee Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	Articles of Incorporation
Parties to contract or instrument	State of Louisiana
Date of execution	08/1994
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Entity Formation

Document Information	
Description of contract or instrument	Amendment to Articles of Incorporation
Parties to contract or instrument	State of Louisiana
Date of execution	12/1994
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Entity Formation

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) or Permittee(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) or Permittee(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	0006602205	
Entity Name	Providence Educational Foundation	
Address	PO Box	
	Street 1	3939 Gentilly Blvd.
	Street 2	
	City	New Orleans
	State ("NA" if non-U.S. address)	LA
	Zip/Postal Code	70126
	Country (if non-U.S. address)	United States
Listing Type	Respondent	
Positional Interests (check all that apply)	Respondent	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	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?		Yes

Ownership Information		
FRN	9990121696	
Name	Jack Bell	
Address	PO Box	
	Street 1	1139 MARTIN STREET
	Street 2	
	City	HORNBECK
	State ("NA" if non-U.S. address)	LA
	Zip/Postal Code	71439
	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	Minister	
By Whom Appointed or Elected	Board	
Interest Percentages	Voting	5.8%

(enter percentage values from 0.0 to 100.0)	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?		Yes

Ownership Information		
FRN	9990121714	
Name	CLAY CORVIN	
Address	PO Box	
	Street 1	4337 IROQUOIS STREET
	Street 2	
	City	New Orleans
	State ("NA" if non-U.S. address)	LA
	Zip/Postal Code	70126
	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	SEMINARY ADMINISTRATOR	
By Whom Appointed or Elected	Board	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.8%
	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?		Yes

Ownership Information		
FRN	9990121710	
Name	JAMES DAVISON, Jr.	
Address	PO Box	
	Street 1	2000 FARMERVILLE HIGHWAY
	Street 2	
	City	Ruston
	State ("NA" if non-U.S. address)	LA
	Zip/Postal Code	71270
	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	Business Owner		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.8%	
	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?			Yes

Ownership Information			
FRN	9990121713		
Name	JAMES DAVISON, Sr.		
Address	PO Box		
	Street 1	2000 FAMERVILLE HIGHWAY	
	Street 2		
	City	Ruston	
	State ("NA" if non-U.S. address)	LA	
	Zip/Postal Code	71270	
	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 Owner		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.8%	
	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?			Yes

Ownership Information		
FRN	9990121701	
Name	DR. ERIC DUKES	
Address	PO Box	
	Street 1	1301 N 2ND STREET

	Street 2		
	City	BOONEVILLE	
	State ("NA" if non-U.S. address)	MS	
	Zip/Postal Code	38829	
	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	Physician		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.8%	
	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?		Yes	

Ownership Information			
FRN	9990121702		
Name	MACK GRUBBS		
Address	PO Box		
	Street 1	199 WEST CANEBRAKE	
	Street 2		
	City	HATTIESBURG	
	State ("NA" if non-U.S. address)	MS	
	Zip/Postal Code	39402	
	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	CAR DEALER		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.8%	
	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?	Yes
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Ownership Information		
FRN	9990121698	
Name	PHILLIP HANBERRY	
Address	PO Box	
	Street 1	34 STONECREST
	Street 2	
	City	HATTIESBURG
	State ("NA" if non-U.S. address)	LA
	Zip/Postal Code	39402
	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	Contractor	
By Whom Appointed or Elected	Board	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.8%
	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?		Yes

Ownership Information		
FRN	9990121711	
Name	DR. EDWARD JOHNSON	
Address	PO Box	
	Street 1	3401 EAST FORT KING STREET APT 106
	Street 2	
	City	OCALA
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	34470
	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	Minister		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.8%	
	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?			Yes

Ownership Information			
FRN	9990121709		
Name	DR. CHARLES KELLY		
Address	PO Box		
	Street 1	4111 SEMINARY PLACE	
	Street 2		
	City	New Orleans	
	State ("NA" if non-U.S. address)	LA	
	Zip/Postal Code	70126	
	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	SEMINARY PRESIDENT		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.8%	
	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?			Yes

Ownership Information		
FRN	9990121712	
Name	ROLAND LEAVELL	
Address	PO Box	
	Street 1	PO BOX 4900
	Street 2	

	<div>City</div> JACKSON	
	<div>State ("NA" if non-U.S. address)</div> MS	
	<div>Zip/Postal Code</div> 39296	
	<div>Country (if non-U.S. address)</div> United States	
<div>Listing Type</div>	Other Interest Holder	
<div>Positional Interests</div> <div>(check all that apply)</div>	Member of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	RELIGIOUS EDUCATION	
<div>By Whom Appointed or Elected</div>	Board	
<div>Interest Percentages</div> <div>(enter percentage values from 0.0 to 100.0)</div>	<div>Voting</div> 5.8%	
	<div>Total assets (Equity Debt Plus)</div> 0.0%	
<div>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</div>		Yes

Ownership Information		
<div>FRN</div>	9990121705	
<div>Name</div>	DUDLEY MAY	
<div>Address</div>	<div>PO Box</div>	
	<div>Street 1</div>	4603 BLUEBONNET BLVD
	<div>Street 2</div>	
	<div>City</div>	BATON ROUGE
	<div>State ("NA" if non-U.S. address)</div>	LA
	<div>Zip/Postal Code</div>	70809
	<div>Country (if non-U.S. address)</div>	United States
<div>Listing Type</div>	Other Interest Holder	
<div>Positional Interests</div> <div>(check all that apply)</div>	Member of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	INSURANCE EXECUTIVE	
<div>By Whom Appointed or Elected</div>	Board	
<div>Interest Percentages</div> <div>(enter percentage values from 0.0 to 100.0)</div>	<div>Voting</div>	5.8%
	<div>Total assets (Equity Debt Plus)</div>	0.0%
<div>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</div>		Yes

Ownership Information		
FRN	9990121708	
Name	GINGER MOSKAU	
Address	PO Box	
	Street 1	3744 W. NAPOLEON AVE
	Street 2	
	City	New Orleans
	State ("NA" if non-U.S. address)	LA
	Zip/Postal Code	70001
	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 Executive	
By Whom Appointed or Elected	Board	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.8%
	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?		Yes

Ownership Information		
FRN	9990121704	
Name	IDONIA PORTERFIELD	
Address	PO Box	
	Street 1	6511 KATHMOOR DRIVE
	Street 2	
	City	MONTGOMERY
	State ("NA" if non-U.S. address)	AL
	Zip/Postal Code	36117
	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	HOMEMAKER		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.8%	
	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?			Yes

Ownership Information			
FRN	9990121707		
Name	DR. NELSON PRICE		
Address	PO Box		
	Street 1	1400 BEAUMONTH DRIVE NORTHWEST	
	Street 2		
	City	KENNESAW	
	State ("NA" if non-U.S. address)	GA	
	Zip/Postal Code	30152	
	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	Minister		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.8%	
	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?			Yes

Ownership Information			
FRN	9990121695		
Name	Don Setser		
Address	PO Box		
	Street 1	1631 Silver Creek Drive	
	Street 2		
	City	Saraland	

	State ("NA" if non-U.S. address)	AL	
	Zip/Postal Code	36571	
	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	Accountant		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.8%	
	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?		Yes	

Ownership Information			
FRN	9990121700		
Name	DR. NANCY VICTORY		
Address	PO Box		
	Street 1	244 WEDGEWOOD DR	
	Street 2		
	City	Shreveport	
	State ("NA" if non-U.S. address)	LA	
	Zip/Postal Code	71105	
	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	ABSTINENCE EDUCATION		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.8%	
	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?		Yes	

Ownership Information		
FRN	9990121703	
Name	ERROL WILKEN	
Address	PO Box	
	Street 1	5204 CRAIG AVE
	Street 2	
	City	Kenner
	State ("NA" if non-U.S. address)	LA
	Zip/Postal Code	70065
	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	INSURANCE EXECUTIVE	
By Whom Appointed or Elected	Board	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.8%
	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?		Yes
(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
(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

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 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: Secretary and Treasurer Exact Legal Title or Name of Respondent: Providence Educational Foundation Name: Clay Corvin Phone: 5048168000 08/28/2018