

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000044510Submit Date:2018-02-27FRN:0002058089Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:02/27/2018Filing Status:Active

Section I - General Information

1. Respondent

FRN	Entity Name
0002058089	Living Faith Ministries 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	Question	Response
Filing Fee	Is this application being submitted without a filing fee?	Yes
	If this application is being submitted without a filing fee, Indicate reason for fee exemption.	Fee-Exempt Report

4. Nature of Respondent

(a) Provide the following information about the Respondent:		
	Relationship to stations/permits	Licensee
	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/Permittee Name	FRN	
Living Faith Ministries Inc	0002058089	

Fac. ID No.	Call Sign	City	State	Service
37806	WLFB	BLUEFIELD	WV	DTV
37808	WLFG	GRUNDY	VA	DTS
37809	WAGV	HARLAN	KY	DTV
61017	WEZK-LP	KNOXVILLE	TN	LPA
61052	WJZC-LP	SEVIERVILLE	TN	LPA

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other 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. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an 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.

Document Information		
Description of contract or instrument	Restated Articles of Incorporation and Bylaws	
Parties to contract or instrument	Commonwealth of Virginia	
Date of execution	02/1988	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Restated Articles of Incorporation and Bylaws	

Document Information

Description of contract or instrument	Articles of Amendment
Parties to contract or instrument	Commonwealth of Virginia
Date of execution	11/2005
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Articles of Amendment

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, 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	0002058089			
Entity Name	Living Faith Ministries Inc			
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	Respondent			
Positional Interests (check all that apply)	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal n	ation 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 or more broadcast stations No			

Ownership Information

Ownership Information

FRN	0020015467	
Entity Name	Living Faith Broadcasting, Inc.	
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)	Stockholder		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	100.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No

FRN	0019737733		
Name	James W. Smith		
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	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	25.0%	Jointly Held? No
	Equity	0.0%	
	Total assets (Equity Debt Plus)		

Ownership Information			
FRN	0019734938		
Name	Michael D. Smith	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	Other Interest Holder	
Positional Interests (check all that apply)	Officer, 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	25.0%	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			No

Ownership Information

that do not appear on this report?

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	25.0%	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?		more broadcast stations	No

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		
Positional Interests (check all that apply)	Officer, 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 from 0.0 to 100.0)	Voting	25.0%	Jointly Held? No
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one c report?	r more broadcast stations	No

(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in
the same market as any station for which this report is
filed, as defined in 47 C.F.R. Section 73.3555?
If "Yes," provide information describing the interest(s), using
EITHER the subform OR the spreadsheet option below.
Respondents with a large number (50 or more) of entries to
submit should use the spreadsheet option.
NOTE: Spreadsheets must be submitted in a special XML
Spreadsheet format with the appropriate structure that is
specified in the documentation. For instructions on how to
use the spreadsheet option to complete this question
(including templates to start with), please Click Here.
If using the subform, 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
newspaper entity solely on the basis of the Commission's
Equity Debt Plus attribution standard, 47 C.F.R. Section
73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA"
into the percentage of total assets (Equity Debt Plus) field
for an interest holder unless that interest holder has an
attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution
standard.
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.

(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	0019734912	Name	Lisa C Smith
FRN	0019734938	Name	Michael D Smith
Relationship	Spouses		

No

(e) 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.

Yes

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.

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 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: President Exact Legal Title or Name of Respondent: Living Faith Ministries, Inc. Name: Michael D. Smith Phone: 2766763806 02/27/2018