Approved by OMB (Office of Management and Budget) 3060-0084
July 2019

Federal Communications Commission

(REFERENCE COPY - Not for submission)

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

File Number: **0000046261** | Submit Date: **2018-03-01** | FRN: **0019463157**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **03/01/2018**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0019463157	88.5 The Truth, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 5657	Columbus	GA	31906	+1 (706) 507-3360	BHITE@885THETRUTH.COM

2. Contact Representative

Name	Organization
Matthew H. McCormick	Fletcher, Heald & Hildreth, P.L.C.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N. 17th Street 11th Floor	Arlington	VA	22209	+1 (703) 812-0438	mccormick@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	10/01/2017 **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
88.5 The Truth, Inc.	0019463157

Fac. ID No.	Call Sign	City	State	Service
36685	WBOJ	COLUMBUS	GA	AM
88005	WCUG	LUMPKIN	GA	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	LOCAL PROGRAMMING AND MARKETING AGREEMENT
Parties to contract or instrument	PMB Broadcasting, LLC
Date of execution	06/2014
Date of expiration	06/2020
Agreement type (check all that apply)	Other **Agreement Type:** WBOJ LOCAL PROGRAMMING AND MARKETING AGREEMENT

Document Information	
Description of contract or instrument	ARTICLES OF INCORPORATION
Parties to contract or instrument	State of Georgia
Date of execution	10/2009
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	BY-LAWS
Parties to contract or instrument	Respondent
Date of execution	10/2009
Date of expiration	No expiration date
Agreement type (check all that apply)	Other **Agreement Type:** BY-LAWS

Document Information	
Description of contract or instrument	LOCAL PROGRAMMING AND MARKETING AGREEMENT
Parties to contract or instrument	PMB Broadcasting, LLC

Date of execution	06/2015
Date of expiration	05/2023
Agreement type (check all that apply)	Other **Agreement Type:** WLTC HD-3 AND W299AX LOCAL PROGRAMMING AND MARKETING AGREEMENT

Document Information	
Description of contract or instrument	LOCAL PROGRAMMING AGREEMENT
Parties to contract or instrument	Columbus State University
Date of execution	06/2015
Date of expiration	05/2020
Agreement type (check all that apply)	Other **Agreement Type:** WCUG LOCAL PROGRAMMING 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	0019463157	
Entity Name	88.5 The Truth, Inc.	
Address	**PO Box**	5657
	Street 1	
	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	GA
	Zip/Postal Code	31906
	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	0019727296	
Name	H. L. Page	
Address	**PO Box**	5657
	Street 1	
	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	GA
	Zip/Postal Code	31906
	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	Retired	
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**	12.5%
	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?		Yes

Ownership Information

FRN	0025075326	
Name	Ida Page	
Address	**PO Box**	5657
	Street 1	
	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	GA
	Zip/Postal Code	31906
	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	Retired	
By Whom Appointed or Elected	Board of Directors	
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**	12.5%
	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	0005948922	
Name	Joseph C. Brannan	
Address	**PO Box**	5657
	Street 1	
	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	GA
	Zip/Postal Code	31906
	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	Broadcaster	
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**	12.5%
	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	0025075276	
Name	Kim Sheek	
Address	**PO Box**	5657
	Street 1	
	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	GA
	Zip/Postal Code	31906
	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	Investment Advisor	
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**	12.5%
	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	0025075250	
Name	Brian Hite	
Address	**PO Box**	5657
	Street 1	
	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	GA
	Zip/Postal Code	31906
	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	Broadcaster	
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**	12.5%
	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	0025075292	
Name	Chris Lockhart	
Address	**PO Box**	5657

	Street 1	
	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	GA
	Zip/Postal Code	30106
	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	Retired	
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**	12.5%
	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	9990095508	
Name	Alison Dowe	
Address	**PO Box**	5657
	Street 1	
	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	GA
	Zip/Postal Code	31906
	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	Corporate Communications	
By Whom Appointed or Elected	Board of Directors	
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**	12.5%
	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	0025075243	
Name	Kent Butler	
Address	**PO Box**	5657
	Street 1	
	Street 2	
	City	Columbus
	State ("NA" if non-U.S. address)	GA
	Zip/Postal Code	31906
	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	Civic Leader	
By Whom Appointed or Elected	Board of Directors	
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**	12.5%
	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

(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

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.

88.5 The Truth has no 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: **Chairman and Treasurer** Exact Legal Title or Name of Respondent: **88.5 The Truth, Inc.** Name: **H Lynn Page** Phone: **7065073360** 03/01/2018