

(REFERENCE COPY - Not for submission)

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

File Number: 0000122583 | Submit Date: 2020-09-28 | FRN: 0005077524

Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report Status: Received Status Date:

09/28/2020 Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0005077524	Radiant Life 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 1010	Marion	IL	62959	+1 (618) 997- 4700	mjd@tct. tv

2. Contact Representative

Name		Organization	
	Joseph C. Chautin III	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	jchautin@hardycarey. com

3. Application Filing Fee

Not Applicable

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	Transfer of control or assignment of license/permit	
"As of" date	09/25/2020	
	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)

Licensee/Permittee Name	FRN
Radiant Life Ministries, Inc.	0005077524

Fac. ID No.	Call Sign	City	State	Service
81669	WFBD	DESTIN	FL	DTV
84802	WBIH	SELMA	AL	DTV
166511	KCWV	DULUTH	MN	DTV
166512	WWJX	JACKSON	MS	DTV

Section II - Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other 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. 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/Permittee Respondents should select "Not Applicable" in response to this question.

Not Applicable.

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) 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	0005077524	
Entity Name	Radiant Life Ministries, Inc.	
Address	РО Вох	1010
	Street 1	
	Street 2	
	City	Marion
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	62959
		'

	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply) Respondent			
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
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 No that do not appear on this report?			No

Ownership Information			
FRN	0019313378	0019313378	
Name	Julie A. Nolan	Julie A. Nolan	
Address	PO Box 1010		
	Street 1		
	Street 2		
	City	Marion	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	62959	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
Interest Percentages (enter percentage values	Voting	16.7%	Jointly Held? No
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 Yes that do not appear on this report?			

Ownership Information		
FRN	0019313006	
Name	Michael J. Daly	
Address	РО Вох	1010
	Street 1	
	Street 2	
	City	Marion
	State ("NA" if non-U.S. address)	IL

	Zip/Postal Code	62959	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Total assets (Equity Debt 0.0% Plus)		
Does interest holder have that do not appear on this	an attributable interest in one or report?	or more broadcast stations	Yes

Ownership Information				
FRN	0019313451	0019313451		
Name	Victoria M. Clark	Victoria M. Clark		
Address	РО Вох	1010		
	Street 1			
	Street 2			
	City	Marion		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	62959		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Director	Director		
Interest Percentages Voting 16.7% (enter percentage values		Jointly Held? No		
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one c	r more broadcast stations	Yes	

Ownership Information			
FRN	0027300441	0027300441	
Name	Thomas C. Nolan	Thomas C. Nolan	
Address	PO Box 1010		
	Street 1		
	Street 2		
	City	Marion	

	State ("NA" if non-U.S. IL address)		
	Zip/Postal Code	62959	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
Interest Percentages (enter percentage values	Voting	16.7%	Jointly Held? No
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	Yes

Ownership Information				
FRN	0019313410	0019313410		
Name	Charles Payne	Charles Payne		
Address	РО Вох	1010		
	Street 1			
	Street 2			
	City	Marion		
	State ("NA" if non-U.S. IL address)			
	Zip/Postal Code	62959		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director	Officer, Director		
Interest Percentages (enter percentage values	Voting	16.7%	Jointly Held? No	
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 Yes that do not appear on this report?			

Ownership Information			
FRN	0019313469	0019313469	
Name	Garth W. Coonce	Garth W. Coonce	
Address	PO Box 1010		
	Street 1		
Street 2			

	City Marion			
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	62959		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director			
Interest Percentages (enter percentage values	Voting	16.7%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations	Yes	

Ownership Information			
FRN	0019316058		
Name	Christina M. Coonce	Christina M. Coonce	
Address	РО Вох	1010	
	Street 1		
	Street 2		
	City	Marion	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	62959	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
Interest Percentages (enter percentage values	Voting	16.7%	Jointly Held? No
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one c	r more broadcast stations	Yes

Ownership Information		
FRN	0023207475	
Name	Shane A. Chaney	
Address	PO Box 1010	
	Street 1	

	Street 2		
	City	Marion	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	62959	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
	an attributable interest in one creport?	or more broadcast stations	Yes
that do not appear on this			

(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.

No

Yes

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

Family Relationships				
FRN	0019313378	Name	Julie A Nolan	
FRN	0027300441	Name	Thomas C Nolan	
Relationship	Parent/Child			

Family Relationships				
FRN	0019313451	Name	Victoria M Clark	
FRN	0019313378	Name	Julie A Nolan	
Relationship	Siblings			

Family Relationships			
FRN	0019316058	Name	Christina M Coonce
FRN	0019313451	Name	Victoria M Clark
Relationship	Parent/Child		

Family Relationships			
FRN	0019313469	Name	Garth W Coonce
FRN	0019313451	Name	Victoria M Clark
Relationship	Parent/Child		

Family Relationships			
FRN	0019313469	Name	Garth W Coonce
FRN	0019316058	Name	Christina M Coonce
Relationship	Spouses		

Family Relationships			
FRN	0019313469	Name	Garth W Coonce
FRN	0019313378	Name	Julie A Nolan
Relationship	Parent/Child		

Family Relationships			
FRN	0019316058	Name	Christina M Coonce
FRN	0019313378	Name	Julie A Nolan
Relationship	Parent/Child		

(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.

No

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: Radiant Life Ministries, Inc. Name: Garth W. Coonce Phone: 6189974700 09/28/2020