

(REFERENCE COPY - Not for submission)

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

File Number: 0000156107 | Submit Date: 2021-08-05 | FRN: 0007202963

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

08/05/2021 Filing Status: Active

#### **Section I - General Information**

#### 1. Respondent

FRN	Entity Name
0007202963	Faith Broadcasting Network, 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	65909	+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	08/03/2021		
	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	
Faith Broadcasting Network, Inc.	0007202963	

Fac. ID No.	Call Sign	City	State	Service
35096	KWKB	IOWA CITY	IA	DTV
77512	KPNZ	OGDEN	UT	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.

Document Information			
Description of contract or instrument	Articles of Incorporation		
Parties to contract or instrument	New York Department of State		
Date of execution	10/1988		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Governing Document		

Document Information		
Description of contract or instrument	Bylaws	
Parties to contract or instrument	Board Members	
Date of execution	10/1998	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Governing Document	

### 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	Ownership Information				
FRN	0007202963				
Entity Name	Faith Broadcasting Network,	Faith Broadcasting Network, Inc.			
Address	<b>PO Box</b> 1010				
	Street 1				
	Street 2				
	City	Marion			
	State ("NA" if non-U.S. address)	IL			
	Zip/Postal Code	65909			
	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  Yes that do not appear on this report?					

Ownership Information				
FRN	0027300441	0027300441		
Name	Thomas C. Nolan	Thomas C. Nolan		
Address	<b>PO Box</b> 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			
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting 16.6% Jointly Held?		-	

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	0019313451			
Name	Victoria M. Clark	Victoria M. Clark		
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)	Director			
Interest Percentages Voting (enter percentage values		16.6%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a	an attributable interest in one creport?	r more broadcast stations	Yes	

Ownership Information			
FRN	0019313469		
Name	Garth W. Coonce		
Address	РО Вох	PO Box 1010	
	Street 1		
	Street 2	Street 2	
	<b>City</b> 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 from 0.0 to 100.0)	Voting	16.6% Jointly Held?	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a	an attributable interest in one o	r more broadcast stations	Yes

Ownership Information			
FRN	0019313378		
Name	Julie A. Nolan		
Address	РО Вох	1010	
	Street 1		
	Street 2		
	City	Marion	
	State ("NA" if non-U.S. address)	ess)	
	Zip/Postal Code		
	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 16.6% Jointly Held?		
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	0019313006		
Name	Michael J. Daly		
Address	РО Вох	PO Box 1010	
	Street 1		
	Street 2	Street 2	
	City	City Marion	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	62959	
	Country (if non-U.S. address)		
Listing Type	Other Interest Holder	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%	
Does interest holder have a	an attributable interest in one oreport?	r more broadcast stations	Yes

Ownership Information			
FRN	0019313410		
Name	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		
Positional Interests (check all that apply)	Officer, Director		
(enter percentage values No		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	
Address	PO Box 1010  Street 1  Street 2  City Marion  State ("NA" if non-U.S. address)  Zip/Postal Code 62959  Country (if non-U.S. united States address)	

Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director			
Interest Percentages (enter percentage values	Voting 16.6% Jointly F		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 o	or more broadcast stations	Yes	

Ownership Information				
FRN	0023207475	0023207475		
Name	Shane A. Chaney			
Address	<b>PO Box</b> 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	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)			
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	Yes	
	nat any interests, including equi his filing are non-attributable.	ity, financial, or voting	Yes	

(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

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings?

Yes

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

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

Family Relationships				
FRN	0019313469	Name	Garth W Coonce	
FRN	0019313378	Name	Julie A Nolan	
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	0019313451	Name	Victoria M Clark	
Relationship	Parent/Child			

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

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

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

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?

No

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.

#### 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: Secretary Exact Legal Title or Name of Respondent: FAITH BROADCASTING NETWORK, INC. Name: Michael J Daly Phone: 6189974700