

(REFERENCE COPY - Not for submission)

Annual DTV Ancillary/Supplementary Services Report

File Number: 0000006303Submit Date: 11/20/2015Call Sign: KTBN-TV Facility ID: 67884 FRN: 0003791712 State: City: SANTA ANA California Purpose: Annual Ancillary/Supplemental Service Report Status: Received Status Date: 11/20/2015 Service: **DTV** Filing Status: Active

General Information	Section	Question	Response
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Applicant

Applicant Name, Type, and Contact Information

Information

Applicant	Address	Phone	Email	Applicant Type
TRINITY CHRISTIAN CENTER OF SANTA ANA, INC. Doing Business As: TRINITY BROADCASTING NETWORK	Ben Miller 2442 MICHELLE DRIVE P.O. BOX C-11949 SANTA ANA, CA 92680 United States	+1 (714) 832- 2950	bmiller@tbn. org	Not-for- Profit

Authorization Holder Name

Check box if the Authorization Holder name is being updated because of the sale (or transfer of control) of the Authorization(s) to another party and for which proper Commission approval has not been received or proper notification provided.

Contact Representatives (2)	Contact Name	Address	Phone	Email	Contact Type
	KEVIN T. Fisher <i>Broadcast Consultant</i> Smith & Fisher	15640 Piedmont Place Woodbridge, VA 22193 United States	+1 (703) 494- 2101	Kevin@smithandfisher.com	Technical Representative
	Colby M May , Esq <i>Attorney</i> COLBY M. MAY, ESQ., P.C.	P. O. Box 15473 WASHINGTON, DC 20003 United States	+1 (202) 544- 5171	CMMAY@MAYLAWOFFICES. COM	Legal Representative

Ancillary /Supplementary Services

Call Sign	City	State	Licensee
WGTW-TV	BURLINGTON	NJ	TCCSA, INC., D/B/A TRINITY BROADCASTING NETWORK
WWTO-TV	LA SALLE	IL	TCCSA, INC., D/B/A TRINITY BROADCASTING NETWORK
WRBJ-TV	MAGEE	MS	TRINITY CHRISTIAN CENTER OF SANTA ANA, INC.
WMPV-TV	MOBILE	AL	TCCSA,INC., D/B/A TRINITY BROADCASTING NETWORK
KAAH-TV	HONOLULU	HI	TRINITY BROADCASTING NETWORK
WMCF-TV	MONTGOMERY	AL	TRINITY CHRISTIAN CENTER OF SANTA ANA, INC.
WMWC-TV	GALESBURG	IL	TRINITY CHRISTIAN CENTER OF SANTA ANA, INC.
KPJR-TV	GREELEY	со	TRINITY CHRISTIAN CENTER OF SANTA ANA, INC.
WHSG-TV	MONROE	GA	TRINITY BROADCASTING NETWORK
WTJP-TV	GADSDEN	AL	TCCSA, INC., D/B/A TRINITY BROADCASTING NETWORK
WDLI-TV	CANTON	ОН	TRINITY BROADCASTING NETWORK, INC.
WBUY-TV	HOLLY SPRINGS	MS	TCCSA, INC., D/B/A TRINITY BROADCASTING NETWORK
KDOR-TV	BARTLESVILLE	ОК	TCCSA, INC., D/B/A TRINITY BROADCASTING NETWORK
WELF-TV	DALTON	GA	TCCSA, INC., D/B/A TRINITY BROADCASTING NETWORK
WPGD-TV	HENDERSONVILLE	TN	TCCSA, INC., D/B/A TRINITY BROADCASTING NETWORK
KTAJ-TV	ST. JOSEPH	МО	TCCSA, INC., D/B/A TRINITY BROADCASTING NETWORK
WSFJ-TV	NEWARK	ОН	TRINITY CHRISTIAN CENTER OF SANTA ANA, INC.
KNMT	PORTLAND	OR	TRINITY CHRISTIAN CENTER OF SANTA ANA, INC.
WHLV-TV	COCOA	FL	TRINITY CHRISTIAN CENTER OF SANTA ANA, INC.
KTBN-TV	SANTA ANA	CA	TRINITY CHRISTIAN CENTER OF SANTA ANA, INC.
WTPC-TV	VIRGINIA BEACH	VA	TRINITY CHRISTIAN CENTER OF SANTA ANA, INC.
KNAT-TV	ALBUQUERQUE	NM	TRINITY BROADCASTING NETWORK
WWRS-TV	MAYVILLE	WI	TRINITY CHRISTIAN CENTER OF SANTA ANA, INC.

Certification	Section	Question	Response
	General Certification Statements	The Applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by authorization or otherwise, and requests an Authorization in accordance with this application (See Section 304 of the Communications Act of 1934, as amended.).	
		The Applicant certifies that neither the Applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to §5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under §1.2002(c) of the rules, 47 CFR . See §1. 2002(b) of the rules, 47 CFR §1.2002(b), for the definition of "party to the application" as used in this certification §1.2002 (c). The Applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.	
	Authorized Party to Sign	 FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID Upon grant of this application, the Authorization Holder may be subject to certain construction or coverage requirements. Failure to meet the construction or coverage requirements will result in automatic cancellation of the Authorization. Consult appropriate FCC regulations to determine the construction or coverage requirements that apply to the type of Authorization requested in this application. WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. Code, Title 18, §1001) AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, §312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, §503). 	
		I certify that this application includes all required and relevant attachments.	Yes
		I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	John B. Casoria , Esq Assistant Secretary 11/20/2015

Information not provided.

Attachments