

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (October 2009)	FOR FCC USE ONLY
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS		FOR COMMISSION USE ONLY FILE NO. BOA-20100708ATL

Section I - General Information

1.	Legal Name of the Respondent NEW LIFE EVANGELISTIC CENTER, INC.		
	Street Address (1) 1411 LOCUST STREET		
	Street Address (2)		
	City ST. LOUIS	State or Country (if foreign address) MO	ZIP Code 63103 -
	Telephone Number (include area code) 3144362424	E-Mail Address (if available)	
	FCC Registration Number: 0006473102	Call Sign KNLC	Facility ID Number 48525
2.	Contact Representative DONALD MARTIN		
	Firm or Company Name DONALD E. MARTIN, P.C.		
	Street Address (1) P.O. BOX 8433		
	Street Address (2)		
	City FALLS CHURCH	State or Country (if foreign address) VA	ZIP Code 22041 -
	Telephone Number (include area	E-Mail Address (if available)	

	code) 7036422344	DEMPC@PRODIGY.NET			
3.	Nature of Respondent (See Instructions for definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest				
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input checked="" type="radio"/> Other NON-FEEABLE FOR LPTV <input type="radio"/> N/A (Fee Required)				
5.	All of the information furnished in this Report is accurate as of 11/1/2009 <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)</i>				
6.	Purpose: This Report is filed for: (choose one)				
	a. <input checked="" type="radio"/> Biennial				
	b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)				
	c. <input type="radio"/> Transfer of Control or Assignment of License/Permit				
	d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.				
	e. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)				
	f. <input type="radio"/> Amendment to a previously filed Ownership Report	File Number: -			
	If an Amendment, submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.	Exhibit 1 [Exhibit 1] 1			
7.	Licensee and Station Information. The stations listed below are all licensed to the following person or entity:				
	Licensee Name	Licensee's FCC Registration Number (FRN)			
	NEW LIFE EVANGELISTIC CENTER, INC.	0006473102			
	Station List				
	This Report is filed for the following stations:				
	Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
	1.	KNLC	48525	ST. LOUIS , MISSOURI	Television

2.	K17FU	48526	MARSHFIELD , MASSACHUSETTS	TV Translator or LPTV station
3.	K54FH	48535	GREEN FOREST , ARKANSAS	TV Translator or LPTV station
4.	K54FX	48531	SPRINGFIELD , MISSOURI	TV Translator or LPTV station
5.	K61GJ	48532	AURORA , MISSOURI	TV Translator or LPTV station
6.	K64FQ	48522	LEBANON , MISSOURI	TV Translator or LPTV station
7.	K64FW	48515	JOPLIN , MISSOURI	TV Translator or LPTV station
8.	KNJD-LP	48527	BRANSON , MISSOURI	TV Translator or LPTV station
9.	WINU	73996	SHELBYVILLE , ILLINOIS	AM Station
10.	KKLL	17128	WEBB CITY , MISSOURI	AM Station
11.	KMRF	48536	MARSHFIELD , MISSOURI	AM Station
12.	KKLO	10345	LEAVENWORTH , KANSAS	AM Station

8. Respondent is:

Sole Proprietorship
 Not-for-profit corporation
 Limited partnership

For-profit corporation
 General partnership
 Other

If "Other," describe nature of the Respondent in an Exhibit.

[Exhibit 2]

Section II-B - Biennial Ownership Information

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio JSA or network affiliation agreements.

Not Applicable

Contract Information					
Copy	Description of contract or instrument	Name of person or organization with whom contract is	Date of Execution	Date of Expiration	Agreement Type (check all that apply)

		made			
1.	CONSTITUTION AND BYLAWS	INTERNAL	Month AUGUST Year 1997	Month Year <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
			Validate Subform	Save Subform	

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)
 Not Applicable

[Enter Capitalization Information]

Capitalization Information	
<input type="checkbox"/> <i>(Check/Uncheck All)</i>	<input type="checkbox"/>
<input type="button" value="Add Copy"/> <input type="button" value="Delete Selected"/>	
<input type="button" value="Validate Subform"/> <input type="button" value="Save Subform"/>	

3. (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, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. 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 separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interests Information	
<input type="checkbox"/>	
<input type="button" value="Copy"/> <input type="button" value="Name"/>	<input type="button" value="NEW LIFE EVANGELISTIC CENTER, INC."/> <input type="checkbox"/>

1.	Address	Street 1411 LOCUST STREET City/State SAINT LOUIS , MISSOURI Postal/ZIP Code 63103 - Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): RESPONDENT
	FCC Registration Number	0006473102
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)		<input checked="" type="checkbox"/> N/A (entity)
		<u>Gender</u> <input type="radio"/> Male <input type="radio"/> Female
		<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
		<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races
		<u>Citizenship</u>
	Percentage of votes	100 %
	Percentage of equity	100 %

	Percentage of total assets (equity debt plus)	100 %	
Copy 2.	Name	FRANKIE CARSON	<input type="checkbox"/>
	Address	Street 1537 LYONSHALL BLVD City/State SWANSEA , ILLINOIS Postal/ZIP Code 62226 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0020012712	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)		
	<u>Gender</u> <input type="radio"/> Male <input checked="" type="radio"/> Female		
	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino		

		<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input checked="" type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races	
		<u>Citizenship</u> USA	
	Percentage of votes	7 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 3.	Name	MATTHEW CARTER	<input type="checkbox"/>
	Address	Street 1457 EXCHANGE STREET City/State ASTORIA , OREGON Postal/ZIP Code 97103 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0020012837	
	Gender, Ethnicity,	<input type="checkbox"/> N/A (entity)	

Race and Citizenship Information (Natural Persons)	<u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female
	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input checked="" type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races
	<u>Citizenship</u> USA
Percentage of votes	7 %
Percentage of equity	0 %
Percentage of total assets (equity debt plus)	0 %

Copy 4.	Name	RALPH D. CASE	<input type="checkbox"/>
	Address	Street ROUTE 1, BOX 92 City/State VAN BUREN , MISSOURI Postal/ZIP Code 63965 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor	

		<input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0016035735	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> USA	
	Percentage of votes	7 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 5.	Name	BETTY FEHL	<input type="checkbox"/>
	Address	Street 48 POTOMAC DRIVE City/State FAIRVIEW HEIGHTS , ILLINOIS Postal/ZIP Code 62208 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director	

		<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0020012811	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input type="radio"/> Male <input checked="" type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> USA	
	Percentage of votes	7 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 6.	Name	CHARLES W HALE	<input type="checkbox"/>
	Address	Street 158 BELMONT ROAD City/State COLLINSVILLE , ILLINOIS Postal/ZIP Code 62234 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	

Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
FCC Registration Number	0020013033	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> USA	
Percentage of votes	7 %	
Percentage of equity	0 %	
Percentage of total assets (equity debt plus)	0 %	
Copy 7.	Name VERLYN J. HAYNES Address Street 300 N FOURTH ST., APT 1710 City/State SAINT LOUIS . MISSOURI	<input type="checkbox"/>

	Postal/ZIP Code 63102 - Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0020013082
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)
	<u>Gender</u> <input type="radio"/> Male <input checked="" type="radio"/> Female
	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input checked="" type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races
	<u>Citizenship</u> USA
Percentage of votes	7 %
Percentage of equity	0 %
Percentage of total assets (equity debt plus)	0 %

Copy 8.	Name	LINDA HOLM	<input type="checkbox"/>
	Address	Street 503 PARADISE HEIGHTS DRIVE City/State BERRYVILLE , ARKANSAS Postal/ZIP Code 72616 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
FCC Registration Number	0020012894		
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)		
	<u>Gender</u> <input type="radio"/> Male <input checked="" type="radio"/> Female		
	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino		
	<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races		
	<u>Citizenship</u> USA		
Percentage of votes	7 %		

Percentage of equity	0 %
Percentage of total assets (equity debt plus)	0 %

Copy 9.	Name	RAYMOND K. REDLICH	<input type="checkbox"/>
	Address	Street 2115 EDWARDS STREET City/State SAINT LOUIS , MISSOURI Postal/ZIP Code 63110 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0020012928	

Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)	
	<u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female	
	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino	
	<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander	

		<input checked="" type="radio"/> White <input type="radio"/> Two or more races	
		<u>Citizenship</u> USA	
	Percentage of votes	7 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	

Copy 10.	Name	LAWRENCE W. RICE JR.	<input type="checkbox"/>
	Address	Street 3984 NEOSHO STREET City/State SAINT LOUIS , MISSOURI Postal/ZIP Code 63116 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0020012647	
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)		<input type="checkbox"/> N/A (entity)	
		<u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female	
		<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino	

		<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races	
		<u>Citizenship</u> USA	
	Percentage of votes	7 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	

Copy 11.	Name	CURTIS W. SCOTT	<input type="checkbox"/>
	Address	Street 7401 WALLINGFORD DRIVE City/State SAINT LOUIS , MISSOURI Postal/ZIP Code 63121 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0020012779	
	Gender, Ethnicity,	<input type="checkbox"/> N/A (entity)	

Race and Citizenship Information (Natural Persons)	<u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female
	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input checked="" type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races
	<u>Citizenship</u> USA
Percentage of votes	7 %
Percentage of equity	0 %
Percentage of total assets (equity debt plus)	0 %

Copy 12.	Name	RONALD A. SMITH	<input type="checkbox"/>
	Address	Street 1629 CHAMBERS ROAD City/State SAINT LOUIS , MISSOURI Postal/ZIP Code 63136 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor	

		<input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0020012746	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input checked="" type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> USA	
	Percentage of votes	7 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 13.	Name	JOY VERNING	<input type="checkbox"/>
	Address	Street 125 W. CENTER STREET City/State TROY , ILLINOIS Postal/ZIP Code 62294 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director	

		<input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0020012969	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input type="radio"/> Male <input checked="" type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> USA	
	Percentage of votes	7 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 14.	Name	WILLIS L. (LARRY) WALBURN	<input type="checkbox"/>
	Address	Street P.O. BOX 173 City/State POTOSI , MISSOURI Postal/ZIP Code 63664 - Country (if not U.S.)	
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder	

	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest	
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):	
	FCC Registration Number	0020012688	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> USA	
	Percentage of votes	7 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 15.	Name	HERBERT D. WILSON	<input type="checkbox"/>
	Address	Street 407 PARKSIDE DRIVE	
		City/State TROY . ILLINOIS	

	Postal/ZIP Code 62294 - Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0020012795

Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)
	<u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female
	<u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	<u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White <input type="radio"/> Two or more races
	<u>Citizenship</u> USA

Percentage of votes	7 %
Percentage of equity	0 %
Percentage of total assets (equity debt plus)	0 %

(b.) Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable.

If "No," submit as an Exhibit an explanation.

Yes
 No

Exhibit 3

Exhibit 3

(c.) Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market, 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 for the applicable type of interest (broadcast or newspaper). 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](#).

Yes
 No

Broadcast Interest Information

Copy	Name of Interest Holder	Call Sign	Community of license	Facility ID Number	Percentage of Votes	Percentage of Equity	Percentage of total assets (EDP)	Positional Interest (Check all that apply)
1.	NEW LIFE EVANGELISTIC CENTER, INC.	KBIY	City VAN BUREN State MISSOURI	81163	100 %	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE
2.	NEW LIFE EVANGELISTIC CENTER, INC.	KBPB	City HARRISON State ARKANSAS	87465	100 %	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other

								(please specify): LICENSEE
3.	NEW LIFE EVANGELISTIC CENTER, INC.	KNLG	City NEW BLOOMFIELD State MISSOURI	76929	100 %	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE
4.	NEW LIFE EVANGELISTIC CENTER, INC.	KNLQ	City CUBA State MISSOURI	91489	100 %	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE
5.	NEW LIFE EVANGELISTIC CENTER, INC.	KNLM	City MARSHFIELD State MISSOURI	76946	100 %	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE
6.	NEW LIFE EVANGELISTIC	KNLH	City CEDAR HILL	83445	100 %	100 %	100 %	<input type="checkbox"/> Officer

	CENTER, INC.		State MISSOURI					<input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE
7.	NEW LIFE EVANGELISTIC CENTER, INC.	KNLP	City POTOSI State MISSOURI	83446	100 %	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE
8.	NEW LIFE EVANGELISTIC CENTER, INC.	KNLN	City VIENNA State MISSOURI	87389	100 %	100 %	100 %	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input checked="" type="checkbox"/> Other (please specify): LICENSEE

[Newspaper Interests Subform]

Newspaper Interest Information

<input type="button" value="Add Copy"/> <input type="button" value="Delete Selected"/>	
<input type="button" value="Validate Subform"/> <input type="button" value="Save Subform"/>	

(d.) Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?

Yes
 No

If "Yes", complete the information describing the relationship.

[Enter Familial Relationships Information]

Familial Relationships	
<input type="button" value="Add Copy"/> <input type="button" value="Delete Selected"/>	<input type="checkbox"/> <i>(Check/Uncheck All)</i>
<input type="button" value="Validate Subform"/> <input type="button" value="Save Subform"/>	

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

Yes
 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.

[Enter Attribution Exemption Information]

Exemption Information List	
<input type="button" value="Add Copy"/> <input type="button" value="Delete Selected"/>	<input type="checkbox"/> <i>(Check/Uncheck All)</i>
<input type="button" value="Validate Subform"/> <input type="button" value="Save Subform"/>	

4. Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.

N/A

For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should

	<p>coordinate with each other to ensure such consistency.</p> <p>[Enter Respondent Interests Held Information]</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Respondent's Interests</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="button" value="Add Copy"/> <input type="button" value="Delete Selected"/> </td> <td style="width: 50%; text-align: center;"> <p><i>Delete Copy</i></p> <input type="checkbox"/> <p><i>(Check/Uncheck All)</i></p> </td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input type="button" value="Validate Subform"/> <input type="button" value="Save Subform"/> </td> </tr> </table> </div>	<input type="button" value="Add Copy"/> <input type="button" value="Delete Selected"/>	<p><i>Delete Copy</i></p> <input type="checkbox"/> <p><i>(Check/Uncheck All)</i></p>	<input type="button" value="Validate Subform"/> <input type="button" value="Save Subform"/>		
<input type="button" value="Add Copy"/> <input type="button" value="Delete Selected"/>	<p><i>Delete Copy</i></p> <input type="checkbox"/> <p><i>(Check/Uncheck All)</i></p>					
<input type="button" value="Validate Subform"/> <input type="button" value="Save Subform"/>						
5.	<p>Organizational Chart. LICENSEES ONLY: Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>	<input type="checkbox"/> N/A <input type="checkbox"/> Exhibit 5 <input type="checkbox"/> Exhibit 5				

SECTION III - CERTIFICATION

I certify that I am SECRETARY

(Official Title)

of NEW LIFE EVANGELISTIC CENTER, INC.

(Exact legal title or name of Respondent)

and 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.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature CHARLES W. HALES	Date 7/8/2010
Telephone Number of Respondent (Include area code) 3144362424	

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).

Exhibits

Exhibit 5

Description: ORGANIZATIONAL STRUCTURE

RESPONDENT IS A NOT-FOR-PROFIT CORPORATION WITH A SELF-PERPETUATING BOARD OF DIRECTORS THAT ELECTS THE OFFICERS.