

Federal Communications Commission (REFERENCE COPY - Not for submission)

FRN

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000036064 Submit Date: 2017-12-07 FRN: 0013774674 Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 12/07/2017 Filing Status: Active

Section I - General Information

1. Respondent

Entity Name 0001843697 Word of God Fellowship, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
3901 Highway 121 South	Bedford	тх	73021- 3009	+1 (817) 571- 1229	arnold. torres@daystar.com

2. Contact Representative

Name	Organization
Robert L. Olender, Esq.	Koerner & Olender PC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
7020 Richard Drive	Bethesda	MD	20817	+1 (301) 468- 3336	rolender.law@comcast. net

3. Application **Filing Fee**

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent: **Relationship to stations/permits** Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees **Nature of Respondent** Not-for-profit corporation

(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.	

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Nan	ne	FRN			
WPXS, Inc.			0013774674		
Fac. ID No.	Call Sign	City		State	Service
10291	KUMO-LD	ST LOUIS		МО	LPD
40861	WPXS	MOUNT VERNON		IL	DT

Section II – Biennial Ownership Information

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. 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 Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question.

Not Applicable.

2. Ownership Interests

1.47 C.F.R.

and Other

Documents

Section 73.3613

(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) 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	0001843697			
Entity Name	Word of God Fellowship, Inc.			
Address PO Box				
	Street 1	3901 Highway 121 South		
	Street 2			
	City	Bedford		
	State ("NA" if non-U.S. address)	ТХ		
	Zip/Postal Code	73021-3009		
	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	Voting	0.0%	Jointly Held? No		
from 0.0 to 100.0)	Equity	0.0%			
	Total assets (Equity Debt Plus)	0.0%			
Does interest holder have ar that do not appear on this re	Yes				

Ownership Information					
FRN	9990006869				
Name	Marcus D. Lamb				
Address	PO Box				
	Street 1	3901 Highway 121, South			
	Street 2				
	City	Bedford			
	State ("NA" if non-U.S. address)	тх			
	Zip/Postal Code	76021			
	Country (if non-U.S. address)				
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	Officer, Director, Stockholder				
Citizenship, Gender,	Citizenship	US			
Ethnicity, and Race Information (Natural	Gender	Male			
Persons Only)	Ethnicity	Not Hispanic or Latino			
	Race	White			
Interest Percentages (enter percentage values	Voting	33.0% Jointly Held? No			
from 0.0 to 100.0)	Equity	33.0%			
	Total assets (Equity Debt Plus)	33.0%			
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?					

Ownership Information

FRN	9990006828
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Name	Joni T. Lamb			
Address	PO Box			
	Street 1	3901 Highway 121, South		
	Street 2			
	City	Bedford		
	State ("NA" if non-U.S. address)	тх		
	Zip/Postal Code	76021		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Stockholder			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Only) Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	33.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	33.0%		
	Total assets (Equity Debt Plus)	33.0%		
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?				

Ownership Information

FRN9990008851NameJohn CalendarAddressPO BoxImage: Street 1Street 1249 Fox Hollow RoadStreet 2MontgomeryCityMontgomeryState ("NA" if non-U.S. address)Al.Ippostal Code36101Country (if non-U.S. address)Other Interest HolderListing TypeOther Interest HolderPositional Interests (check all that apply)DirectorCitizenship, Gender,CitizenshipUs				
Address P0 Box 249 Fox Hollow Road Street 1 249 Fox Hollow Road Street 2 City City Montgomery State ("NA" if non-U.S. address) AL Zip/Postal Code 36101 Country (if non-U.S. address) United States Listing Type Other Interest Holder Positional Interests (check all that apply) Director	FRN	9990006851		
Street 1 249 Fox Hollow Road Street 2 City City Montgomery State ("NA" if non-U.S. address) AL Zip/Postal Code 36101 Country (if non-U.S. address) United States Country (if non-U.S. address) Director	Name	John Calendar		
Street 2 City Montgomery State ("NA" if non-U.S. address) AL Zip/Postal Code 36101 Country (if non-U.S. address) United States Listing Type Other Interest Holder Positional Interests (check all that apply) Director	Address	PO Box		
City Montgomery State ("NA" if non-U.S. address) AL Zip/Postal Code 36101 Country (if non-U.S. address) United States Country (if non-U.S. address) United States Listing Type Other Interest Holder Positional Interests (check all that apply) Director		Street 1	249 Fox Hollow Road	
State ("NA" if non-U.S. address) AL Zip/Postal Code 36101 Country (if non-U.S. address) United States Address) Other Interest Holder		Street 2		
address) address) Zip/Postal Code 36101 Country (if non-U.S. address) United States Address) Other Interest Holder Positional Interests (check all that apply) Director		City	Montgomery	
Country (if non-U.S. address) United States Listing Type Other Interest Holder Positional Interests (check all that apply) Director			AL	
address) Listing Type Other Interest Holder Positional Interests (check all that apply) Director		Zip/Postal Code	36101	
Positional Interests (check all that apply) Director			United States	
(check all that apply)	Listing Type	Other Interest Holder		
Citizenship, Gender, Citizenship US		Director		
	Citizenship, Gender,	Citizenship	US	

Ethnicity, and Race Information (Natural Persons Only)	Gender	Male		
	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	Yes			

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, not reported in this filing are non-attributable.	
If "No," submit as an exhibit an explanation.	

(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?	No
If " <u>Yes</u> ," 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) 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.	

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

If " $\underline{Yes},$ " provide the following information for each such the relationship.

Family Relationships

FRN	9990006869	Name	Marcus D. Lamb
FRN	9990006828	Name	Joni T. Lamb
Relationship	tionship Spouses		

(e) Is Respondent seeking an attribution exemption for any officer or director with
duties wholly unrelated to the Licensee(s)?NoIf "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: Word of God Fellowship, Inc. Name: Marcus D. Lamb Phone: 8175711229 12/07/2017