

(REFERENCE COPY - Not for submission)

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

File Number: 0000064012 | Submit Date: 2018-12-06 | FRN: 0020906558

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

12/06/2018 Filing Status: Active

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

#### 1. Respondent

FRN	Entity Name	
0020906558	The Salvation Poem Foundation, Inc.	

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1314 Stannard Drive	Sparta	WI	54656	+1 (608) 269- 5500	jeff. ozanne@prayznetwork. com

# 2. Contact Representative

Name		Organization	
	Matthew H. McCormick	Fletcher, Heald & Hildreth, PLC	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 North 17th Street 11th Floor	Arlington	VA	22209	+1 (703) 812- 0438	mccormick@fhhlaw. com

# 3. Application Filing Fee

Not Applicable

# 4. Control of Respondent

a) Provide the following information about the Respondent:			
Relationship to stations/permits			
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?		No	

# (b) Provide the following information about this report: Purpose Transfer of control or assignment of license/permit 11/30/2018 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)

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

Licensee/Permittee Name	FRN
The Salvation Poem Foundation, Inc.	0020906558

Fac. ID No.	Call Sign	City	State	Service
166060	WTPN	WESTBY	WI	FM
172738	WEQS	SPARTA	WI	FM
185159	wwJc	AUGUSTA	WI	FM

#### **Section II – Non-Biennial Ownership Information**

#### 1. 47 C.F.R. Section 73.3613 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. If the agreement is 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	State of Wisconsin			
Date of execution	05/2010			
Date of expiration	No expiration date			
Agreement type (check all that apply)	Other  Agreement Type: Internal Corporate 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, members of the governing board (or other governing entity), stockholders, 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	0020906558		
Entity Name	The Salvation Poem Foundation, Inc.		
Address	РО Вох		

	Street 1	1314 Stannard Drive		
	Street 2			
	City	Sparta		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	54656		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent	Respondent		
Interest Percentages	Voting	0.0%		
(enter percentage values 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 No		

Ownership Information					
FRN	9990129008				
Name	Joshua Abbott	Joshua Abbott			
Address	PO Box				
	Street 1	1314 Stannard Drive			
	Street 2				
	City	Sparta			
	State ("NA" if non-U.S. address)	WI			
Zip/Postal Code 5465		54656			
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	Officer				
Principal Profession or Occupation	Administrative Assistant				
By Whom Appointed or Elected	Board of Directors				
Interest Percentages	Voting	0.0%			
(enter percentage values 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 that do not appear on this report?					

#### Ownership Information

FRN	9990129003			
Name	Kraig A. Kestner	Kraig A. Kestner		
Address	РО Вох			
	Street 1	1314 Stannard Drive		
	Street 2			
	City	Sparta		
	State ("NA" if non-U.S. address)	WI		
	Zip/Postal Code	54656		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Member of Governing	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Minister	Minister		
By Whom Appointed or Elected	Board of Directors	Board of Directors		
Interest Percentages	Voting	20.0%		
(enter percentage values 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?			

Ownership Information		
FRN	9990129006	
Name	Brennan McPherson	
Address	PO Box	
	Street 1	1314 Stannard Drive
	Street 2	
	City	Sparta
	State ("NA" if non-U.S. address)	WI
	Zip/Postal Code	54656
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)  Business Executive	
Principal Profession or Occupation		

By Whom Appointed or Elected	Board of Directors		
Interest Percentages	Voting	20.0%	
(enter percentage values 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 that do not appear on this report?		No	

Ownership Information			
FRN	9990129004		
Name	Mathew A. McPherson		
Address PO Box			
	Street 1	1314 Stannard Drive	
	Street 2		
	City	Sparta	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	54656	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Engineer and Musician		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages Voting 20.0%			
(enter percentage values 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 hat do not appear on this report?		No

Ownership Information		
FRN	9990129005	
Name	Sherry L. McPherson	
Address	PO Box	
	Street 1	1314 Stannard Drive
	Street 2  City Sparta  State ("NA" if non-U.S. WI address)	

	Zip/Postal Code	54656	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Musician		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages	Voting	20.0%	
(enter percentage values 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 that do not appear on this report?			No

Ownership Information			
FRN	9990129007		
Name	Steve McPherson		
Address PO Box			
	Street 1	1314 Stannard Drive	
	Street 2		
	City	Sparta	
	State ("NA" if non-U.S. address)	WI	
	Zip/Postal Code	54656	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)  Business Executive		
Principal Profession or Occupation			
By Whom Appointed or Elected	Board of Directors		
Interest Percentages	Voting 20.0%		
(enter percentage values 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?		r more broadcast stations No	

(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) 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: <b>President</b> Exact Legal Title or Name of Respondent: <b>The Salvation Poem Foundation, Inc.</b> Name: <b>Kraig A. Kestner</b> Phone: <b>6082695500</b> 12/06/2018