

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

File Number:0000090749Submit Date:2019-11-22FRN:0007119761Purpose:Noncommercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:11/22/2019Filing Status:Active

Section I - General Information

1. Respondent

FRN	Entity Name
0007119761	Gospel Opportunities, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
130 Carmen Drive	Marquette	MI	49855	+1 (906) 249- 1423	whwl@whwl. net

2. Contact Representative

Name	Organization
Mary O'Connor	Wilkinson Barker Knauer, LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1800 M Street NW Suite 800N	Washington	DC	20036	+1 (202) 383- 3351	moconnor@wbklaw. com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:				
Relationship to stations/permits Licensee				
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	Biennial
"As of" date	10/01/2019 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) and Station(s)

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

Licensee/Permittee	Licensee/Permittee Name			FRN		
Gospel Opportunities, Inc.			0007119761	0007119761		
Fac. ID No.	Call Sign	City	State	Service		
24688	WHWL	MARQUETTE	MI	FM		
24690	WEUL	KINGSFORD	MI	FM		
90578	WHWG	TROUT LAKE	МІ	FM		

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents

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. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee 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	Licensee/State of Michigan		
Date of execution	03/1975		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Licensee formation document with State of Michigan		

Document Information			
Description of contract or instrument	Bylaws		
Parties to contract or instrument	Licensee		
Date of execution	03/1975		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Statement of policies and procedures for management and operation of Licensee		

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) 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	0007119761	0007119761		
Entity Name	Gospel Opportunities, Inc.	Gospel Opportunities, Inc.		
Address	PO Box			
	Street 1	130 Carmen Drive		
	Street 2			
	City	Marquette		
	State ("NA" if non-U.S. address)	МІ		
	Zip/Postal Code	49855		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent	Respondent		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
	Plus) es interest holder have an attributable interest in one or more broadcast stations t do not appear on this report?			

Ownership Information				
FRN	9990120133			
Name	James Janofski			
Address	PO Box			
	Street 1	c/o 130 Carmen Drive		
	Street 2			
	City	Marquette		
	State ("NA" if non-U.S. address)	MI		
	Zip/Postal Code	49855		
	Country (if non-U.S. address)	United States		
		United States		

Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Pastor			
By Whom Appointed or Elected	Board of Directors			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	12.5%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have	rest holder have an attributable interest in one or more broadcast stations No			

that do not appear on this report?

INC

Ownership Information

FRN	9990120135	9990120135	
Name	W Curtis Marker		
Address	PO Box		
	Street 1	c/o 130 Carmen Drive	
	Street 2		
	City	Marquette	
	State ("NA" if non-U.S. address)	МІ	
	Zip/Postal Code	49855	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder Officer, Member of Governing Board (or other governing entity) retired		
Positional Interests (check all that apply)			
Principal Profession or Occupation			
By Whom Appointed or Elected	Board of Directors	Board of Directors	
Citizenship, Gender, Citizenship		US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	

Interest Percentages	Voting	12.5%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a	an attributable interest in one o	r more broadcast stations	No

that do not appear on this report?

Ownership Information			
FRN	9990120136		
Name	Beth Marker	Beth Marker	
Address	PO Box		
	Street 1	130 Carmen Drive	
	Street 2		
	City	Marquette	
	State ("NA" if non-U.S. address)	МІ	
	Zip/Postal Code	49855	
	Country (if non-U.S. United States 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	retired		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race White		
Interest Percentages	Voting 12.5%		
(enter percentage values from 0.0 to 100.0)Equity0.0%		0.0%	
	Total assets (Equity Debt0.0%Plus)		

that do not appear on this report?

INC

 Ownership Information

 FRN
 9990120138

 Name
 Laneta Janofski

 Address
 PO Box

 Street 1
 c/o 130 Carmen Drive

	Street 2		
	City	Marquette	
	State ("NA" if non-U.S. address)	МІ	
	Zip/Postal Code	49855	
	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	Housewife		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	Citizenship US	
Ethnicity, and Race Information (Natural	Gender Female		
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	Voting 12.5%	
(enter percentage values 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	an attributable interest in one o report?	r more broadcast stations No	

Ownership Information

-		
FRN	9990120140	
Name	James Hill	
Address	PO Box	
	Street 1	c/o 130 Carmen Drive
	Street 2	
	City Marquette State ("NA" if non-U.S. address) MI	
	Zip/Postal Code	49855
	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	retired	

By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

that do not appear on this report?

Ownership Information			
FRN	9990120142		
Name	Andy Larsen		
Address	PO Box		
	Street 1	c/o 130 Carmen Drive	
	Street 2		
	City	Marquette	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49855	
	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	General Manager of Licensee	General Manager of Licensee's stations	
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race White		
Interest Percentages	Voting	12.5%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

Ownership Information			
FRN	9990137065		
Name	Elizabeth Larsen		
Address	PO Box		
	Street 1	130 Carmen Drive	
	Street 2		
	City	Marquette	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49855	
	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) Radio Station - Homemaker		
Principal Profession or Occupation			
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	12.5%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a that do not appear on this	an attributable interest in one o report?	or more broadcast stations No	

Ownership Information

FRN	9990137066 Herb Parsons	
Name		
Address	PO Box	
	Street 1	130 Carmen Drive
	Street 2	
	City	Marquette
	State ("NA" if non-U.S. address)	MI

	Zip/Postal Code	49855	
	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	Retired	Retired	
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	12.5%	
(enter percentage values 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	an attributable interest in one c 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 " <u>Yes</u> ," 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.	

3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select "N/A" in response to this question.

Licensee has no parent entity.

Section III - Certification

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: Gospel Opportunities, Inc. Name: James Janofski Phone: 9062491423 11/22/2019