Approved by OMB (Office of Management and Budget) 3060-0010
September 2019

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Amendment to a Commercial Broadcast Stations Biennial Ownership Report

File Number: **0000036407** | Submit Date: **2018-02-16** | FRN: **0005086111**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report Amendment** | Status: **Received** | Status Date: **02/16/2018** | Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0005086111	Associated Christian Television System, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
123 E. Central Parkway	Altamonte Springs	FL	32701	+1 (407) 263-4040	vbowers@wacxtv.com

2. Contact Representative

Name	Organization
James A. Koerner, Esq.	Koerner & Olender, P.C.

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	jkoerner.law@comcast.net

3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	No

Fees

Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
Biennial	Form 323	MAT	1	95	$70.00
				Total	$70.00

4. Nature of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Licensee
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.**
Reason for Amendment	Add Low Power Television Station License

5. Licensee(s) and Station(s)

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

Licensee/Permittee Name	FRN
Associated Christian Television System, Inc.	0005086111

Fac. ID No.	Call Sign	City	State	Service
60018	WACX	LEESBURG	FL	DTV
168091	W40CQ-D	ALACHUA, ETC.	FL	LPD

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other 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. 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.

Document Information	
Description of contract or instrument	Bylaws
Parties to contract or instrument	Associated Christian Television System, Inc.
Date of execution	11/1977
Date of expiration	No expiration date

Agreement type (check all that apply)	Other **Agreement Type:** Bylaws

Document Information	
Description of contract or instrument	Articles of Incorporation
Parties to contract or instrument	Associated Christian Television System, Inc.
Date of execution	11/1977
Date of expiration	No expiration date
Agreement type (check all that apply)	Other **Agreement Type:** Articles of Incorporation

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, 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	0005086111	
Entity Name	Associated Christian Television System, Inc.	
Address	**PO Box**	
	Street 1	123 E. Central Parkway
	Street 2	
	City	Altamonte Springs
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	32701
	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 from 0.0 to 100.0)	**Voting**	0.0%	**Jointly Held?** No
	Equity	0.0%	
	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	0019909324		
Name	Thurlow Spurr		
Address	**PO Box**		
	Street 1	123 E. Central Parkway	
	Street 2		
	City	Altamonte Springs	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32701	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
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**	17.0%	**Jointly Held?** No
	Equity	17.0%	
	Total assets (Equity Debt Plus)	17.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information		
FRN	0019909332	
Name	Stephen Beik	
Address	**PO Box**	
	Street 1	123 E. Central Parkway
	Street 2	
	City	Altamonte Springs

	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32701	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
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**	17.0%	**Jointly Held?** No
	Equity	17.0%	
	Total assets (Equity Debt Plus)	17.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	0019909316		
Name	Claud Bowers		
Address	**PO Box**		
	Street 1	123 E. Central Parkway	
	Street 2		
	City	Altamonte Springs	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32701	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
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**	17.0%	**Jointly Held?** No

	Equity	17.0%	
	Total assets (Equity Debt Plus)	17.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	0019914332		
Name	Freeda Bowers		
Address	**PO Box**		
	Street 1	123 E. Central Parkway	
	Street 2		
	City	Altamonte Springs	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32701	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	**Citizenship**	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	17.0%	**Jointly Held?** No
	Equity	17.0%	
	Total assets (Equity Debt Plus)	17.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	9990061849		
Name	Elbert Hall		
Address	**PO Box**		
	Street 1	24 Kalmia Place	
	Street 2		
	City	Aliso Viejo	
	State ("NA" if non-U.S. address)	CA	

	Zip/Postal Code	92656	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	**Citizenship**	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	17.0%	**Jointly Held?** No
	Equity	17.0%	
	Total assets (Equity Debt Plus)	17.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	9990061831		
Name	Angela Courte Mackenzie		
Address	**PO Box**		
	Street 1	123 E. Central Parkway	
	Street 2		
	City	Altamonte Springs	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32701	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	**Citizenship**	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	17.0%	**Jointly Held?** No
	Equity	17.0%	
	Total assets (Equity Debt	17.0%	

	Plus)	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No

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

(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? If "Yes," 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 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.	No

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings? If "Yes," provide the following information for each such the relationship.	Yes

Family Relationships			
FRN	0019909316	**Name**	Claud Bowers
FRN	0019914332	**Name**	Freeda Bowers
Relationship	Spouses		

Family Relationships			
FRN	0019909316	**Name**	Claud Bowers
FRN	9990061831	**Name**	Angela Courte Mackenzie

Relationship	Parent/Child

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)? 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.	No

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.

2017 Biennial Ownership Report for Licensee.

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 LICENSE --OR 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: **Associated Christian Television System, Inc.** Name: **Claud Bowers** Phone: **4072634040** 02/16/2018