

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

File Number: 0000224699 Submit Date: 2023-11-03 FRN: 0030205157 Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/03/2023 Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name	
0030205157	Madisonville Baptist Temple Inc.	

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 1246	Madisonville	КҮ	42431	+1 (270) 825- 3004	steve@wsof. org

2. Contact Representative

Name	Organization
Seth L. Williams	Fletcher, Heald & Hildreth, PLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N. 17th Street SUITE 1100	Arlington	VA	22209	+1 (703) 812-0400	williams@fhhlaw.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	10/01/2023	
	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.	

and Station(s)

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

Licensee/Permittee Name	FRN
Madisonville Baptist Temple Inc.	0030205157

Fac. ID No.	Call Sign	City	State	Service
39596	WSOF	MADISONVILLE	КY	FM
93702	WAJJ	MCKENZIE	TN	FM
145181	W242AS	PARIS	TN	FX
765780	WLHE	CADIZ	KY	FM
765784	WKYG	MURRAY	КY	FM
765792	WLTM	HARRISBURG	IL	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	Restated Articles of Incorporation	
Parties to contract or instrument	Kentucky	
Date of execution	12/1986	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Restated Articles of Incorporated	

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	0030205157	

Entity Name	Madisonville Baptist Temple Inc.		
Address	PO Box	1246	
	Street 1		
	Street 2		
	City	Madisonville	
	State ("NA" if non-U.S. address)	КҮ	
	Zip/Postal Code	42431	
	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	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	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

Ownership Information		
FRN	9990132116	
Name	Farrell Shepherd	
Address	PO Box	
	Street 1	696 Lightfoot Lane
	Street 2	
	City	Madisonville
	State ("NA" if non-U.S. KY address) KY	
	Zip/Postal Code	42431
	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	Pastor	
By Whom Appointed or Elected	Governing Board	
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	33.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations		No	

Ownership Information

that do not appear on this report?

FRN	9990132121		
Name	Gary L. Hall		
Address	PO Box		
	Street 1	1413 Island Ford Road	
	Street 2		
	City	Madisonville	
	State ("NA" if non-U.S. address)	KY	
	Zip/Postal Code	42431	
	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 Pastor		
By Whom Appointed or Elected	Governing Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	33.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		

Ownership Information				
FRN	9990152731	9990152731		
Name	Jacob Rickard	Jacob Rickard		
Address	PO Box			
	Street 1	1343 State Route 175, N.		
	Street 2			
	City	Bremen		
	State ("NA" if non-U.S. address)	KY		
	Zip/Postal Code	42325		
	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	Truck Driver			
By Whom Appointed or Elected	Governing Board			
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 from 0.0 to 100.0)	Voting	33.0%		
	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this r	n attributable interest in one o eport?	r more broadcast stations	No	

Ownership Information		
FRN	9990132118	
Name	Steve Vincent	
Address	PO Box	
	Street 1	166 Stringtown Road
	Street 2	
	City	Sacramento
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code	42372

		Country (if non-U.S. address)	United States	
	Listing Type	Other Interest Holder		
	Positional Interests (check all that apply)	Other - Operations Manager		
	Principal Profession or Occupation	Broadcaster		
	By Whom Appointed or Elected	Governing Board		
	Citizenship, Gender,	Citizenship	US	
	Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
		Ethnicity	Not Hispanic or Latino	
		Race	White	
	Interest Percentages	Voting	0.0%	
	(enter percentage values from 0.0 to 100.0)	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
	(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) 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			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. Licensee is directly controlled by its ultimate board of directors as indicated in this report. Section III - Certification			
	Section	Question	Response	
Certification	000000		Response	

Certification

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: Operations Manager Exact Legal Title or Name of Respondent: Madisonville Baptist Temple, Inc. Name: Steve Vincent Phone: 2708253004 11/03/2023