

(REFERENCE COPY - Not for submission)

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

File Number: **0000041859** Submit Date: **2018-02-12** FRN: **0007309180**

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 02/12/2018

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0007309180	United Ministries

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
300 EAST ROCK ROAD	ALLENTOWN	PA	18103	+1 (970) 254- 5565	ken@kjol. org

2. Contact Representative

Name	Organization
Melodie Virtue	Garvey Schubert Barer

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac Street NW Suite 200	Washington	DC	20007	+1 (202) 965-7880	mvirtue@gsblaw.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 boaindirectly under the control of ano	ard (or other governing entity) directly or ther entity?	No

(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.

5. Licensee(s) and Station(s)

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

Licensee/Permittee Name	FRN
United Ministries	0007309180

Fac. ID No.	Call Sign	City	State	Service
6606	KJYE	DELTA	СО	AM
21628	KJOL	GRAND JUNCTION	СО	AM
68857	WBMR	TELFORD	PA	FM
175928	KJOL-FM	MONTROSE	СО	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	COMMONWEALTH OF PENNSYLVANIA		
Date of execution	12/2000		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: ARTICLES OF INCORPORATION		

Document Information		
Description of contract or instrument	BYLAWS	
Parties to contract or instrument	UNITED MINISTRIES	
Date of execution	12/2000	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: BYLAWS	

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	0007309180	0007309180		
Entity Name	United Ministries			
Address	РО Вох			
	Street 1	300 EAST ROCK ROAD		
	Street 2			
	City	ALLENTOWN		
	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	18103		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent	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 that do not appear on this report?				

Ownership Information			
FRN	0020010203		
Name	GREGORY C. HARTMAN		
Address	РО Вох		
	Street 1	71 FOUNTAIN DRIVE	
	Street 2		
	City	BIRDSBORO	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	19508	
	Country (if non-U.S. address)	United States	

Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - PRESIDENTMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	ATTORNEY	ATTORNEY	
By Whom Appointed or Elected	BOARD	BOARD	
Citizenship, Gender,			
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	16.7%	
(enter percentage values from 0.0 to 100.0)	Equity	Equity 0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this	an attributable interest in one oreport?	r more broadcast stations	No

Ownership Information				
FRN	0020010195			
Name	KEN ANDREWS			
Address	РО Вох			
	Street 1	2372 BROADWAY		
	Street 2			
	City	GRAND JUNCTION		
	State ("NA" if non-U.S. address)			
	Zip/Postal Code 81507			
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Other - VICE PRESIDENTMember of Governing Board (or other governing entity)			
Principal Profession or Occupation	BROADCASTER			
By Whom Appointed or Elected	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	16.7%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information			
FRN	0025798919		
Name	Tara Thomson		
Address	PO Box		
	Street 1	126 JEFFERSON STREET	
	Street 2		
	City	EMMAUS	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	18049	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - TreasurerMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	ACCOUNTING BOOKKEEPER		
By Whom Appointed or Elected	BOARD		
Citizenship, Gender,	Citizenship	us	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race White		
Interest Percentages	Voting	16.7%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a	an attributable interest in one o	r more broadcast stations	No

Ownership Information		
FRN	0020010237	
Name	BRIAN DEWALT	
Address	PO Box	
	Street 1 3045 SAUCON AVE	

	Street 2		
	City	ALLENTOWN	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	18103	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - SECRETARYMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	BROADCAST ENGINEER		
By Whom Appointed or Elected	BOARD		
Citizenship, Gender,	Citizenship	us	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	16.7%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		

Ownership Information			
FRN	0023199235	0023199235	
Name	DENNIS L. NICE		
Address	PO Box		
	Street 1	668 HARLEYSVILLE PIKE	
	Street 2		
	City TELFORD		
	State ("NA" if non-U.S. address) Zip/Postal Code 18969 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		

By Whom Appointed or Elected	BOARD	
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 from 0.0 to 100.0)	Voting	16.7%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations No

FRN	0024082034	
Name	Daniel M. Roberts	
Address	РО Вох	
	Street 1	14006 WEST ANTELOPE CT.
	Street 2	
	City	SUN CITY WEST
	State ("NA" if non-U.S. address)	AZ
	Zip/Postal Code	85375
	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	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Male
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages	Voting	16.7%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	

that do not appear on this report?	
(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)?	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.	

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: VICE PRESIDENT Exact Legal Title or Name of Respondent: UNITED MINISTRIES Name: KEN ANDREWS Phone: 9702545565