Approved by OMB (Office of Management and Budget) 3060-0084
July 2019

Federal Communications Commission

(REFERENCE COPY - Not for submission)

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

File Number: **0000067170** | Submit Date: **2019-01-22** | FRN: **0019781517**

Purpose: **Noncommercial Broadcast Stations Non-Biennial Ownership Report** | Status: **Received** | Status Date: **01/22/2019** | Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0019781517	Sound in Spirit Broadcasting, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
416 MARKET STREET	OSKALOOSA	IA	52577	+1 (641) 954-9010	liftfm@yahoo.com

2. Contact Representative

Name	Organization
Joseph C. Chautin III	HARDY, CAREY, CHAUTIN & BALKIN, LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1080 WEST CAUSEWAY APPROACH	MANDEVILLE	LA	70471	+1 (985) 629-0777	jchautin@hardycarey.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	Transfer of control or assignment of license/permit
"As of" date	01/22/2019 **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) /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
Sound in Spirit Broadcasting, Inc.	0019781517

Fac. ID No.	Call Sign	City	State	Service
84893	KMDY	KEOKUK	IA	FM
152831	W209CH	QUINCY	IL	FX

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	IOWA SECRETARY OF STATE
Date of execution	07/1995
Date of expiration	No expiration date
Agreement type (check all that apply)	Other **Agreement Type:** Entity Formation

Document Information	
Description of contract or instrument	CONSTITUTION AND BYLAWS
Parties to contract or instrument	BOARD OF DIRECTORS
Date of execution	07/1995
Date of expiration	No expiration date
Agreement type (check all that apply)	Other **Agreement Type:** Entity Formation

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		
FRN	0019781517	
Entity Name	Sound in Spirit Broadcasting, Inc.	
Address	**PO Box**	
	Street 1	416 MARKET STREET
	Street 2	
	City	OSKALOOSA
	State ("NA" if non-U.S. address)	IA
	Zip/Postal Code	52577
	Country (if non-U.S. address)	United States
Listing Type	Respondent	
Positional Interests (check all that apply)	Respondent	
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	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?		Yes

Ownership Information		
FRN	9990122082	
Name	Donna Palmeter	
Address	**PO Box**	
	Street 1	115 NORTH E STREET
	Street 2	
	City	Albia
	State ("NA" if non-U.S. address)	IA
	Zip/Postal Code	52531
	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)	
Principal Profession or Occupation	Minister	
By Whom Appointed or Elected	Board	

Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	33.3%
	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?		Yes

Ownership Information		
FRN	9990122080	
Name	Robert Palmeter	
Address	**PO Box**	
	Street 1	115 NORTH E STREET
	Street 2	
	City	Albia
	State ("NA" if non-U.S. address)	IA
	Zip/Postal Code	52531
	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)	
Principal Profession or Occupation	Radio Station Manager	
By Whom Appointed or Elected	Board	
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	33.3%
	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?		Yes

Ownership Information		
FRN	9990122084	
Name	Nancy Paxton	
Address	**PO Box**	
	Street 1	416 SOUTH MARKET STREET
	Street 2	
	City	Oskaloosa
	State ("NA" if non-U.S. address)	IA
	Zip/Postal Code	52577

	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)		
Principal Profession or Occupation	Retired		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	33.3%	
	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?			Yes

(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)? 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

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: **SOUND IN SPIRIT BROADCASTING INC** Name: **Robert Palmeter** Phone: **6419541429** 01/22/2019