



(REFERENCE COPY - Not for submission)

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

File Number: 0000095595 | Submit Date: 2020-01-07 | FRN: 0004362182

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 01/07/2020

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0004362182		Northern Broadcast Ministries, Inc.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 600	Caribou	ME	04736	+1 (207) 492-6000	wfst@maine.rr.com

2. Contact Representative

Name		Organization			
Jessica A. Rogers		Luvaas Cobb			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
777 High Street, Suite 300	Eugene	OR	97401	+1 (541) 484-9292	jrogers@luvaascobb.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 Name			FRN	
Northern Broadcast Ministries, Inc.			0004362182	

Fac. ID No.	Call Sign	City	State	Service
49517	WFST	CARIBOU	ME	AM

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	Northern Broadcast Ministries, Inc. and State of Maine
Date of execution	01/0020
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Business form to start a company

Document Information	
Description of contract or instrument	Bylaws
Parties to contract or instrument	Northern Broadcast Ministries, Inc.
Date of execution	01/0020
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Bylaws of the 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	0004362182	
Entity Name	Northern Broadcast Ministries, Inc.	
Address	PO Box	600
	Street 1	
	Street 2	
	City	Caribou
	State ("NA" if non-U.S. address)	ME
	Zip/Postal Code	04736
	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%
	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	9990119589	
Name	Don Flewelling	
Address	PO Box	
	Street 1	108 State Road
	Street 2	
	City	Presque Isle
	State ("NA" if non-U.S. address)	ME
	Zip/Postal Code	04769
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Internet Service Tech	

By Whom Appointed or Elected	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	12.5%
	Equity	0.0%
	Total assets (Equity Debt Plus)	12.5%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990119611	
Name	Tom Hale	
Address	PO Box	
	Street 1	1107 Westmanland Road
	Street 2	
	City	Westmanland
	State ("NA" if non-U.S. address)	ME
	Zip/Postal Code	04783
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	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	12.5%
	Equity	0.0%
	Total assets (Equity Debt Plus)	12.5%

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No
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Ownership Information		
FRN	9990119612	
Name	Sam Dobson	
Address	PO Box	369
	Street 1	
	Street 2	
	City	Washburn
	State ("NA" if non-U.S. address)	ME
	Zip/Postal Code	04786
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Accountant	
By Whom Appointed or Elected	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	12.5%
	Equity	0.0%
	Total assets (Equity Debt Plus)	12.5%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990119615	
Name	Dana Doody, Sr.	
Address	PO Box	
	Street 1	405 Woodland Center Road
	Street 2	
	City	Woodland

	State ("NA" if non-U.S. address)	ME
	Zip/Postal Code	04736
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Mason	
By Whom Appointed or Elected	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	12.5%
	Equity	0.0%
	Total assets (Equity Debt Plus)	12.5%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990119616	
Name	Roger Jewell	
Address	PO Box	
	Street 1	48 Grimes Mill Road
	Street 2	
	City	Caribou
	State ("NA" if non-U.S. address)	ME
	Zip/Postal Code	04736
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Pastor	
By Whom Appointed or Elected	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	12.5%
	Equity	0.0%
	Total assets (Equity Debt Plus)	12.5%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990119618	
Name	Brian McDougal	
Address	PO Box	
	Street 1	39 Capitol Hill Road
	Street 2	
	City	New Sweden
	State ("NA" if non-U.S. address)	ME
	Zip/Postal Code	04762
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	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	12.5%
	Equity	0.0%
	Total assets (Equity Debt Plus)	12.5%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990119619	
Name	H. Mark Carter	
Address	PO Box	234
	Street 1	
	Street 2	
	City	Blaine
	State ("NA" if non-U.S. address)	ME
	Zip/Postal Code	04734
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Pastor	
By Whom Appointed or Elected	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	12.5%
	Equity	0.0%
	Total assets (Equity Debt Plus)	12.5%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990119620	
Name	Troy Heald	
Address	PO Box	154
	Street 1	
	Street 2	
	City	Caribou
	State ("NA" if non-U.S. address)	ME
	Zip/Postal Code	04736

	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Insurance Agent	
By Whom Appointed or Elected	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	12.5%
	Equity	0.0%
	Total assets (Equity Debt Plus)	12.5%
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
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(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
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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.

Single parent entity no other entities.

Section III - Certification

Certification

Section	Question	Response
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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: Northern Broadcast Ministries, Inc. Name: Donald Fleweling Phone: 2074926000 01/07/2020