

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

File Number:0000044080Submit Date:2018-02-26FRN:0021409982Purpose:Noncommercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:02/26/2018Filing Status:Active

Section I - General Information

1. Respondent

FRN	Entity Name
0021409982	Little Flower Ministries

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
Post Office Box 81476	Fairbanks	AK	99708- 1476	+1 (907) 451- 4868	steve. mullins@kqhe.org

2. Contact Representative

Name	Organization
Dennis J. Kelly	Law Office of Dennis J. Kelly

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
Post Office Box 41177	Washington	DC	20018- 0577	+1 (202) 293- 2300	dkellyfcclaw1@comcast. net

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	10/01/2017	
	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.	

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

Licensee/Permittee Name			FRN		
Little Flower Ministries			0021409982		
Fac. ID No.	Call Sign	City	Sta	ite	Service
190428	KQHE	FAIRBANKS	AK	<	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	State of Alaska	
Date of execution	04/2009	
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	By-laws	
Parties to contract or instrument	Corporation	
Date of execution	09/2007	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: By-laws	

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	0021409982	0021409982		
Entity Name	Little Flower Ministries			
Address	PO Box	PO Box		
	Street 1	Post Office Box 81476		
	Street 2			
	City	Fairbanks		
	State ("NA" if non-U.S. address)	AK		
	Zip/Postal Code	99708-1476		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent	Respondent		
Positional Interests (check all that apply)	Respondent	Respondent		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	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 that do not appear on this	re an attributable interest in one or more broadcast stations No is report?			

Ownership Information

FRN	9990120214		
Name	Steve Mullins		
Address	PO Box		
	Street 1	1585 Pennyweight Drive	
	Street 2		
	City	Fairbanks	
	State ("NA" if non-U.S. address)AKZip/Postal Code99712-4000		
	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	Program Manager Information Technology-Emergency Management		

By Whom Appointed or Elected	Board of Directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	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)	0.0%
Does interest holder have	Does interest holder have an attributable interest in one or more broadcast stations No	

Ownership Information		
FRN	9990120217	
Name	Anita Mullins	
Address	PO Box	
	Street 1	1585 Pennyweight Drive
	Street 2	
	City	Fairbanks
	State ("NA" if non-U.S. address)	AK
	Zip/Postal Code	99712-4000
	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	Teacher	
By Whom Appointed or Elected	Board of Directors	
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	0.0%

Plus)

that do not appear on this report?

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?

No

Ownership Information			
FRN	9990120218		
Name	Robin Barrett		
Address	PO Box		
	Street 1	108 Duke Way	
	Street 2		
	City	Fairbanks	
	State ("NA" if non-U.S. address)	AK	
	Zip/Postal Code	99709-3023	
	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	Attorney		
By Whom Appointed or Elected	Board of Directors		
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)	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

FRN	9990129956	
Name	Tim Woster	
Address	PO Box	
	Street 1	PO Box 58470
	Street 2	
	City	Fairbanks
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	State ("NA" if non-U.S. address)	АК	
	Zip/Postal Code	99711-0470	
	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 of Directors		
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)	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?			No

Ownership Ir	nformation
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FRN	9990129957	
Name	Jill Woster	
Address	РО Вох	
	Street 1	PO Box 58470
	Street 2	
	City	Fairbanks
	State ("NA" if non-U.S. AK address) AK	
	Zip/Postal Code	99711-0470
	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	Certified Public Accountant	
By Whom Appointed or Elected	Board of Directors	

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	16.7%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations No			No

Ownership Information

that do not appear on this report?

RN	9990129958		
Name	Charles Bowman		
Address	PO Box		
	Street 1	1518 Liatris Lane	
	Street 2		
	City	North Pole	
	State ("NA" if non-U.S. address)	АК	
	Zip/Postal Code	99705-5082	
	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	Deacon, St. Nicholas Roman Catholic Church		
By Whom Appointed or Elected	Board of Directors		
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	0.0%	

(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.

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
If " <u>Yes</u> ," 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 is a non-profit corporation and does not have parent or subsidiary entities. It is controlled by its board of directors.

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: President Exact Legal Title or Name of Respondent: Little Flower Ministries Name: Steve Mullins Phone: 9074514868 02/26/2018