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

Federal Communications Commission

(REFERENCE COPY - Not for submission)

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

File Number: **0000045335** | Submit Date: **2018-02-28** | FRN: **0001788181**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **02/28/2018**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0001788181	Heartland Ministries, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
219 College Street P.O. Box 281	Hardin	KY	42048	+1 (270) 437-4095	darrell.gibson@hmiradio.com

2. Contact Representative

Name	Organization
John Joseph McVeigh, Esq.	J.J. McVeigh, Attorney at Law

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
16230 Falls Road P.O. Box 128	Butler	MD	21023-0128	+1 (443) 927-6657	kd4vs@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.**

5. Licensee(s) and Station(s)

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

Licensee/Permittee Name	FRN
Heartland Ministries, Inc.	0001788181

Fac. ID No.	Call Sign	City	State	Service
26646	WVHM	BENTON	KY	FM
78270	WAAJ	BENTON	KY	FM
88122	WTRT	BENTON	KY	FM
93979	W206BB	MADISONVILLE	KY	FX

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	The Incorporators
Date of execution	10/1987
Date of expiration	No expiration date
Agreement type (check all that apply)	Other **Agreement Type:** Organic Document

Document Information	
Description of contract or instrument	Certificate of Incorporation
Parties to contract or instrument	The Secretary of State of the Commonwealth of Kentucky
Date of execution	11/1987
Date of expiration	No expiration date
Agreement type (check all that apply)	Other **Agreement Type:** Organic Document

Document Information	
Description of contract or instrument	By-laws
Parties to contract or instrument	The Board of Directors
Date of execution	11/1987
Date of expiration	No expiration date
Agreement type (check all that apply)	Other **Agreement Type:** Organic Document

Document Information

Description of contract or instrument	Amendment to By-laws
Parties to contract or instrument	The Board of Directors
Date of execution	06/1991
Date of expiration	No expiration date
Agreement type (check all that apply)	Other **Agreement Type:** Organic Document

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	0001788181	
Entity Name	Heartland Ministries, Inc.	
Address	**PO Box**	
	Street 1	219 College Street
	Street 2	P.O. Box 281
	City	Hardin
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code	42048
	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	0027294115	
Name	Darrell Gibson	
Address	**PO Box**	
	Street 1	636 James Nance Road
	Street 2	
	City	Benton
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code	42045
	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	Broadcaster	
By Whom Appointed or Elected	The 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 (enter percentage values from 0.0 to 100.0)	**Voting**	20.0%
	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	0027294123	
Name	Dianne Gibson	
Address	**PO Box**	
	Street 1	636 James Nance Road
	Street 2	

	City	Benton
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code	42045
	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	Broadcaster	
By Whom Appointed or Elected	The 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**	20.0%
	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	0027294164	
Name	Roy Gibson	
Address	**PO Box**	
	Street 1	3947 Wadesboro Road
	Street 2	
	City	Benton
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code	42045
	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 Minister	

By Whom Appointed or Elected	The 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 (enter percentage values from 0.0 to 100.0)	**Voting**	20.0%
	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	0027294198	
Name	Jimmy Henson	
Address	**PO Box**	
	Street 1	1311 Cedar Knob Road
	Street 2	
	City	Benton
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code	42045
	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 Teacher	
By Whom Appointed or Elected	The 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 (enter percentage values from 0.0 to 100.0)	**Voting**	20.0%
	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	0027294230	
Name	Paula Henson	
Address	**PO Box**	
	Street 1	1311 Cedar Knob Road
	Street 2	
	City	Benton
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code	42045
	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 Marshall County School System Employee	
By Whom Appointed or Elected	The 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**	20.0%
	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

(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

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.

The licensee is a nonprofit educational corporation domiciled in, and organized under the laws of the State of, Kentucky. Control over the licensee resides in a Board of Directors. Each Director is a natural person. There is 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 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: **Secretary/Treasurer** Exact Legal Title or Name of Respondent: **Heartland Ministries, Inc.** Name: **Dianne Gibson** Phone: **2704374095** 02/28/2018