



(REFERENCE COPY - Not for submission)

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

File Number: **0000068284** | Submit Date: **2019-03-05** | FRN: **0028006120**

Purpose: **Noncommercial Broadcast Stations Non-Biennial Ownership Report** | Status: **Received** | Status Date:

03/05/2019 | Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0028006120	Christian Healthcare Ministries, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
127 Hazelwood Avenue	Barberton	OH	44203-0029	+1 (419) 889-3233	jemert@newliferadio.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	02/28/2019 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
Christian Healthcare Ministries, Inc.	0028006120

Fac. ID No.	Call Sign	City	State	Service
122205	WKJA	BRUNSWICK	OH	FM

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	Bylaws
Parties to contract or instrument	State of Ohio
Date of execution	09/2001
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Entity organization

Document Information	
Description of contract or instrument	Articles of Incorporation
Parties to contract or instrument	State of Ohio
Date of execution	09/2001
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Entity organization

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	0028006120	
Entity Name	Christian Healthcare Ministries, Inc.	
Address	PO Box	
	Street 1	127 Hazelwood Avenue
	Street 2	
	City	Barberton
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44203-0029
	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?		No

Ownership Information		
FRN	9990135610	
Name	James O. Detwiler	
Address	PO Box	
	Street 1	722 BEACH DR
	Street 2	
	City	WILLARD
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44890
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Director and Chairman	
Principal Profession or Occupation	Retired Hospital President	
By Whom Appointed or Elected	Board	
Interest Percentages	Voting	12.5%

(enter percentage values from 0.0 to 100.0)	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	9990135611	
Name	Howard S. Russell	
Address	PO Box	
	Street 1	16163 GALEHOUSE RD
	Street 2	
	City	DOYLESTOWN
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44230
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - President and CEO	
Principal Profession or Occupation	President and CEO of Christian Healthcare Ministries	
By Whom Appointed or Elected	Board	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%
	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	9990135612	
Name	Joseph Carl Emert	
Address	PO Box	
	Street 1	149 COTTAGE CLUB DR
	Street 2	
	City	LOCUST GROVE
	State ("NA" if non-U.S. address)	GA
	Zip/Postal Code	30248
	Country (if non-U.S. address)	United States

Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Radio Executive		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	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	9990135613		
Name	Roy Edward Hamilton		
Address	PO Box		
	Street 1	20 SHERWOOD CIRCLE	
	Street 2		
	City	Hurricane	
	State ("NA" if non-U.S. address)	WV	
	Zip/Postal Code	25526	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Treasurer		
Principal Profession or Occupation	Banker		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	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	9990135614	
Name	Carol Tanksley	
Address	PO Box	
	Street 1	13916 TURKEY HOLLOW TRAIL

	Street 2		
	City	Austin	
	State ("NA" if non-U.S. address)	TX	
	Zip/Postal Code	78717	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Director		
Principal Profession or Occupation	author, speaker, physician		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	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	9990135615		
Name	Sterling Bruce Hugill		
Address	PO Box		
	Street 1	15590 N 92ND W AVE	
	Street 2		
	City	SKIATOOK	
	State ("NA" if non-U.S. address)	OK	
	Zip/Postal Code	74070	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Director		
Principal Profession or Occupation	Senior Marketing Consultant		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	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
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Ownership Information		
FRN	9990135616	
Name	JEFFREY A. Yount	
Address	PO Box	
	Street 1	8497 OLD TURNPIKE RD
	Street 2	
	City	MIFFLINBURG
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	17844
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Director	
Principal Profession or Occupation	Business self-employed	
By Whom Appointed or Elected	Board	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%
	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	9990135617	
Name	Claude Daniel Hopper	
Address	PO Box	
	Street 1	442 TUCKER ROAD
	Street 2	
	City	Madison
	State ("NA" if non-U.S. address)	NC
	Zip/Postal Code	27025
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	Other - Director		
Principal Profession or Occupation	Singer		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	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	9990135618		
Name	Victor M. Porter		
Address	PO Box		
	Street 1	122 E. TUSCANY CT, UNIT B	
	Street 2		
	City	Hollister	
	State ("NA" if non-U.S. address)	MO	
	Zip/Postal Code	65672	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Director Emeritus		
Principal Profession or Occupation	Minister		
By Whom Appointed or Elected	Board		
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?			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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<p>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	No
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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 and CEO Exact Legal Title or Name of Respondent: Christian Healthcare Ministries, Inc. Name: Howard Russell Phone: 4198893233 03/05/2019