



(REFERENCE COPY - Not for submission)

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

File Number: **0000092533** | Submit Date: **2019-12-03** | FRN: **0007279698**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **12/03/2019**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0007279698	Kenston Local School District

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
WKHR Radio 17419 Snyder Road	Chagrin Falls	OH	44023	+1 (440) 543-9677	koftron@yahoo.com

2. Contact Representative

Name	Organization
Cary S. Tepper	Tepper Law Firm, LLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
4900 Auburn Avenue Suite 100	Bethesda	MD	20814-2632	+1 (301) 718-1818	tepperlaw@aol.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
Kenston Local School District	0007279698

Fac. ID No.	Call Sign	City	State	Service
34028	WKHR	BAINBRIDGE	OH	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.

Not Applicable.

**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	0007279698	
Entity Name	Kenston Local School District	
Address	PO Box	
	Street 1	WKHR Radio
	Street 2	17419 Snyder Road
	City	Chagrin Falls
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44023
	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	9990118239	
Name	William Timmons	
Address	PO Box	
	Street 1	16429 Munn Road
	Street 2	
	City	Chagrin Falls
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44023
	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	Dairy Farmer	
By Whom Appointed or Elected	Elected by public.	
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	00.0%
	Total assets (Equity Debt Plus)	00.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information

FRN	9990118241	
Name	Beth Krause	
Address	PO Box	
	Street 1	8182 Westhill Drive
	Street 2	
	City	Chagrin Falls
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44023
	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	Pharmacist	
By Whom Appointed or Elected	Elected by public.	
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	00.0%
	Total assets (Equity Debt Plus)	00.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990118242	
Name	Elizabeth Ward	
Address	PO Box	
	Street 1	16431 Messenger Road
	Street 2	
	City	Chagrin Falls
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44023
	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	Elected by public	
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	00.0%
	Total assets (Equity Debt Plus)	00.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information

FRN	9990118243	
Name	Neysa Gaskins	
Address	PO Box	
	Street 1	1600 Downey Glen Trail
	Street 2	
	City	Chagrin Falls
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44023
	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	Volunteer	
By Whom Appointed or Elected	Elected by public	
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	00.0%
	Total assets (Equity Debt Plus)	00.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990118244	
Name	Thomas Manning	
Address	PO Box	
	Street 1	18915 White Oak Drive
	Street 2	
	City	Chagrin Falls
	State ("NA" if non-U.S. address)	OH
	Zip/Postal Code	44023
	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	IT Administrator	
By Whom Appointed or Elected	Elected by public.	
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	00.0%
	Total assets (Equity Debt Plus)	00.0%
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>	<p>No</p>
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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.

A vertical ownership structure exhibit is not required because the licensee does not have a 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.	<p>Official Title: President, Board of Education Exact Legal Title or Name of Respondent: Kenston Local School District Name: Beth Krause Phone: 4405439677</p> <p>12/03/2019</p>