



(REFERENCE COPY - Not for submission)

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

File Number: 0000099948 | Submit Date: 2020-01-24 | FRN: 0001790583

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 01/24/2020

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0001790583		Commonwealth of Kentucky-Kentucky Authority for Educational Television			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
600 Cooper Drive	Lexington	KY	40502	+1 (859) 258-7000	ecrawford@ket.org

2. Contact Representative

Name		Organization			
Todd D. Gray		Gray Miller Persh LLP			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2233 Wisconsin Ave., NW Suite 226	Washington	DC	20007	+1 (202) 776-2571	tgray@graymillerpersh.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
Commonwealth of Kentucky-Kentucky Authority for Educational Television	0001790583

Fac. ID No.	Call Sign	City	State	Service
21432	WKPC-TV	LOUISVILLE	KY	DTV
34171	WKAS	ASHLAND	KY	DTV
34174	WKMU	MURRAY	KY	DTV
34177	WKGB-TV	BOWLING GREEN	KY	DTV
34181	WKZT-TV	ELIZABETHTOWN	KY	DTV
34195	WKMJ-TV	LOUISVILLE	KY	DTV
34196	WKHA	HAZARD	KY	DTV
34200	WKPI-TV	PIKEVILLE	KY	DTV
34202	WKMR	MOREHEAD	KY	DTV
34204	WCVN-TV	COVINGTON	KY	DTV
34205	WKOH	OWENSBORO	KY	DTV
34207	WKLE	LEXINGTON	KY	DTV
34211	WKON	OWENTON	KY	DTV
34212	WKMA-TV	MADISONVILLE	KY	DTV
34222	WKSO-TV	SOMERSET	KY	DTV
65758	WKPD	PADUCAH	KY	DTV

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	PBS Membership Services Agreement
Parties to contract or instrument	Public Broadcasting Service
Date of execution	06/2019
Date of expiration	06/2020
Agreement type (check all that apply)	Network Affiliation Agreement

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	0001790583	
Entity Name	Commonwealth of Kentucky-Kentucky Authority for Educational Television	
Address	PO Box	
	Street 1	600 Cooper Drive
	Street 2	
	City	Lexington
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code	40502
	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	9990121872	
Name	Donna Moore Campbell	
Address	PO Box	

	Street 1	1833 St. Ives Circle	
	Street 2		
	City	Lexington	
	State ("NA" if non-U.S. address)	KY	
	Zip/Postal Code	40502	
	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		
By Whom Appointed or Elected	Council on Post-Secondary Education		
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	12.5%	
	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	9990121879	
Name	David Couch	
Address	PO Box	
	Street 1	123 Gaybourne Way
	Street 2	
	City	Versailles
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code	40383
	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	Associate Commissioner and Chief Information Officer		
By Whom Appointed or Elected	State Department of Education		
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)	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	9990121881	
Name	G. Dan Griffith	
Address	PO Box	
	Street 1	1919 Lexington Avenue
	Street 2	
	City	Owensboro
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code	42301
	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	Chief Executive Officer	
By Whom Appointed or Elected	Governor	
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	0.0%

	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	9990121888	
Name	Shae Hopkins	
Address	PO Box	
	Street 1	900 Taborlake Place
	Street 2	
	City	Lexington
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code	40502
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	KET Executive Director	
By Whom Appointed or Elected	Kentucky Authority for Educational Television	
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	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	9990121882	
Name	Jeffrey S. Jobe	
Address	PO Box	
	Street 1	119 Trigg Court
	Street 2	
	City	Glasgow

	State ("NA" if non-U.S. address)	KY	
	Zip/Postal Code	42141	
	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	Chief Executive Officer		
By Whom Appointed or Elected	Governor		
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)	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	9990121870	
Name	Mary B. Broecker	
Address	PO Box	
	Street 1	2908 N. Highway 53
	Street 2	
	City	LaGrange
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code	40031
	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	
By Whom Appointed or Elected	Governor	

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	12.5%
	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	9990121874	
Name	Melissa Chastain	
Address	PO Box	
	Street 1	704 N. Arbor Drive
	Street 2	
	City	Anchorage
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code	40223
	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	Dean	
By Whom Appointed or Elected	Governor	
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	12.5%
	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



FRN	9990139132	
Name	Wayne D. Lewis, Jr.	
Address	PO Box	
	Street 1	2056 Elmwood Drive
	Street 2	
	City	Versailles
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code	40383
	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	Executive Administrator	
By Whom Appointed or Elected	State Department of Education	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%
	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	9990139134	
Name	Lucas Mentzer	
Address	PO Box	
	Street 1	4616 Honeycomb Trail
	Street 2	
	City	Lexington
	State ("NA" if non-U.S. address)	KY
	Zip/Postal Code	40509
	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	Customer Operations Manager	
By Whom Appointed or Elected	Council on Post-Secondary Education	
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)	
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.

Kentucky Authority for Educational Television is an agency of the Commonwealth of Kentucky with its governing board being members of the Authority. There is no parent entity with an attributable interest in the Authority.

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).	
<b>Certification</b>	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: <b>Executive Director and CEO</b> Exact Legal Title or Name of Respondent: <b>Commonwealth of Kentucky - Kentucky Authority for Educational Television</b> Name: <b>Shae Hopkins</b> Phone: <b>8592587000</b>  01/24/2020