

FRN

0004371449

Not Applicable

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

File Number: 0000042375Submit Date: 2018-02-16FRN: 0004371449Purpose: Noncommercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 02/16/2018Filing Status: ActiveStatusStatusStatus

Section I - General Information

1. Respondent

Entity Name Kansas State University

| Street Address | City (and Country if non U.S. address) | State ("NA" if non-U.S. address) | Zip Code | Phone | Email |
|---|---|-------------------------------------|-------------|-----------------------|--------------------|
| 828 Mid- Campus Drive South Kedzie 105 | Manhattan | KS | 66506 | +1 (785) 532- 2332 | vwirka@ksu. edu |

2. Contact Representative

| Name | Organization |
|------------|-------------------------|
| Vern Wirka | Kansas State University |
| | |

| Street Address | City (and Country if non U.S. address) | State | Zip Code | Phone | Email |
|--------------------------|--|-------|----------|-------------------|----------------|
| 828 Mid- Campus Drive | Manhattan | KS | 66506 | +1 (785) 532-2332 | vwirka@ksu.edu |
| South | | | | | |
| Kedzie 105 | | | | | |

3. Application Filing Fee

| 4. | Control of | |
|----|-------------------|--|
| Re | espondent | |

| (a) Provide the following information about the Respondent: | | | | | |
|--|---|--------------------------|--|--|--|
| Relationship to stations/permits | Entity required to file a Form 323-E because it holds an attributable interest in one or more Licensees or Permittees | | | | |
| Is the Respondent's governing board (or other governing entity) directly or No indirectly under the control of another entity? | | | | | |
| | | | | | |
| (b) Provide the following information | on about this report: | | | | |
| Purpose | | Biennial | | | |
| "As of" date | | 10/01/2017 | | | |
| | | and resubmitting a price | ownership report or validating or biennial ownership report, this the year in which this report is | | |

5. Licensee(s) and Station(s)

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

| Licensee/Permittee Name | | FRN | | | |
|------------------------------------|-----------|-----------|--|-------|---------|
| Kansas State University 0004371449 | | | | | |
| Fac. ID No. | Call Sign | City | | State | Service |
| 33351 | KSDB-FM | MANHATTAN | | KS | 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 Responder 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 Section 73.3555, Note 2(i). | | | | |
| | In the case of vertical or indirect attributable interest in the Licens | | nose interests in the Respondent that also represent an ng submitted. | | |
| | Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership m separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does no 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 a Please see the Instructions for d | - | each interest holder reported in response to this question. e concerning this requirement. | | |
| | Ownership Information | | | | |
| | FRN | 0004371449 | | | |
| | Entity Name | Kansas State University | | | |
| | Address | PO Box | | | |
| | | Street 1 | 828 Mid-Campus Drive South | | |
| | | Street 2 | Kedzie 105 | | |
| | | City | Manhattan | | |
| | | State ("NA" if non-U.S. address) | KS | | |
| | | Zip/Postal Code | 66506 | | |
| | | 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 | Voting | 0.0% | | |
| (enter percentage values from 0.0 to 100.0) | Equity | 0.0% | | |
| | Total assets (Equity Debt Plus) | 0.0% | | |

that do not appear on this report?

| Ownership Information | | | | |
|--|---|----------------------------|----|--|
| FRN | 9990125076 | | | |
| Name | Helen Van Etten | Helen Van Etten | | |
| Address | PO Box | | | |
| | Street 1 | 1000 SW Jackson Street | | |
| | Street 2 | Suite 520 | | |
| | City | Торека | | |
| | State ("NA" if non-U.S. address) | KS | | |
| | Zip/Postal Code | 66612-1368 | | |
| | 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 | Audiologist | | | |
| By Whom Appointed or Elected | Governor | | | |
| Citizenship, Gender, | Citizenship | US | | |
| Ethnicity, and Race Information (Natural | Gender | Female | | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | | |
| | Race | Asian | | |
| Interest Percentages | Voting | 0.0% | | |
| (enter percentage values from 0.0 to 100.0) | Equity | 0.0% | | |
| | Total assets (Equity Debt Plus) | | | |
| Does interest holder have that do not appear on this | an attributable interest in one o report? | or more broadcast stations | No | |

Ownership Information

| FRN | 9990125078 | | | |
|--|---|-------------------------------|---------------|--|
| Name | Daniel Thomas | | | |
| Address | PO Box | | | |
| | Street 1 | 1000 SW Jackson Street | | |
| | Street 2 | Suite 520 | | |
| | City | Topeka | | |
| | State ("NA" if non-U.S. address) | KS | | |
| | Zip/Postal Code | 66612-1368 | | |
| | 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 | Periodontist | | | |
| By Whom Appointed or Elected | Governor | | | |
| Citizenship, Gender, | Citizenship | US | | |
| Ethnicity, and Race Information (Natural | Gender | Male | | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | | |
| | Race | American Indian or Alaska Nat | Native, Asian | |
| Interest Percentages | Voting | 0.0% | | |
| (enter percentage values from 0.0 to 100.0) | Equity | 0.0% | | |
| | Total assets (Equity Debt Plus) | | | |
| Does interest holder have a that do not appear on this r | in attributable interest in one of eport? | r more broadcast stations | No | |

Ownership Information

| FRN | 9990125081 | | |
|---------|-------------------------------------|------------------------|--|
| Name | Joe Bain | | |
| Address | PO Box | | |
| | Street 1 | 1000 SW Jackson Street | |
| | Street 2 | Suite 520 | |
| | City | Topeka | |
| | State ("NA" if non-U.S. address) | KS | |
| | Zip/Postal Code | 66612-1368 | |
| | 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 | Attorney | Attorney | | | | |
| By Whom Appointed or Elected | Governor | | | | | |
| Citizenship, Gender, | Citizenship | US | | | | |
| Ethnicity, and Race Information (Natural | Gender | Male | | | | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | | | | |
| | Race | White | | | | |
| Interest Percentages | Voting | 0.0% | | | | |
| (enter percentage values from 0.0 to 100.0) | Equity | 0.0% | | | | |
| | Total assets (Equity Debt Plus) | | | | | |
| Does interest holder have a | an attributable interest in one o | r more broadcast stations No | | | | |

that do not appear on this report?

| Ownership Information | | | |
|---|---|------------------------|--|
| FRN | 9990125082 | | |
| Name | Shane Bangerter | Shane Bangerter | |
| Address | PO Box | | |
| | Street 1 | 1000 SW Jackson Street | |
| | Street 2 | Suite 520 | |
| | City | Topeka | |
| | State ("NA" if non-U.S. address) | KS | |
| | Zip/Postal Code 66612-1368 | | |
| | 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 | Attorney | Attorney | |
| By Whom Appointed or Elected | Governor | Governor | |
| 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) | Voting | 0.0% |
|--|------------------------------------|-------------------------|
| | Equity | 0.0% |
| | Total assets (Equity Debt Plus) | |
| Does interest holder have | an attributable interest in one o | more broadcast stations |

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

No

| FRN | 9990125084 | 9990125084 | | |
|--|---|------------------------|-------|--|
| Name | Ann Brandau-Murguia | Ann Brandau-Murguia | | |
| Address | PO Box | | | |
| | Street 1 | 1000 W Jackson Street | | |
| | Street 2 | Suite 520 | | |
| | City | Торека | | |
| | State ("NA" if non-U.S. address) | KS | | |
| | Zip/Postal Code | 66612-1368 | | |
| | 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 Director of non-profit organization | | | |
| By Whom Appointed or Elected | Governor | | | |
| Citizenship, Gender, | Citizenship | US | | |
| Ethnicity, and Race Information (Natural | Gender | Female | | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | | |
| | Race | White | White | |
| Interest Percentages (enter percentage values | Voting | 0.0% | 0.0% | |
| from 0.0 to 100.0) | Equity | 0.0% | | |
| | Total assets (Equity Debt Plus) | | | |

that do not appear on this report?

Ownership Information

| - | | |
|----------------|----------------|--|
| FRN | 9990125087 | |
| Name | Bill Feuerborn | |
| Address PO Box | | |
| | | |

| | Street 1 | 1000 SW Jackson Street | |
|--|---|------------------------|--|
| | Street 2 | Suite 520 | |
| | City | Topeka | |
| | State ("NA" if non-U.S. address) | KS | |
| | Zip/Postal Code | 66612-1368 | |
| | 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 | small businessman, farmer, rancher | | |
| By Whom Appointed or Elected | Governor | | |
| Citizenship, Gender, | Citizenship | US | |
| Ethnicity, and Race Information (Natural | Gender | Male | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | |
| | Race | White | |
| Interest Percentages | Voting | 0.0% | |
| (enter percentage values from 0.0 to 100.0) | Equity | 0.0% | |
| | Total assets (Equity Debt Plus) | | |

Ownership Information

that do not appear on this report?

| • | | | |
|---|---|------------------------|--|
| FRN | 9990125088 | | |
| Name | Blake Flanders | | |
| Address | PO Box | | |
| | Street 1 | 1000 SW Jackson Street | |
| | Street 2 | Suite 520 | |
| | CityTopekaState ("NA" if non-U.S. address)KSZip/Postal Code66612-1368Country (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 | President and CEO | | |
|--|------------------------------------|---------------------------|----|
| By Whom Appointed or Elected | Kansas Board of Regents | | |
| Citizenship, Gender, | Citizenship | US | |
| Ethnicity, and Race Information (Natural Persons Only) | Gender | Male | |
| | 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) | | |
| Does interest holder have | an attributable interest in one o | r more broadcast stations | No |

that do not appear on this report?

| Ownership Information | Ownership Information | | | |
|---|---|------------------------|--|--|
| FRN | 9990125089 | | | |
| Name | Dennis Mullin | | | |
| Address | PO Box | | | |
| | Street 1 | 1000 SW Jackson Street | | |
| | Street 2 | Suite 520 | | |
| | City | Topeka | | |
| | State ("NA" if non-U.S. address) | KS | | |
| | Zip/Postal Code | 66612-1368 | | |
| | 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 | businessman, chairman of Steel and Pipe Supply | | | |
| By Whom Appointed or Elected | Governor | | | |
| Citizenship, Gender, | Citizenship | US | | |
| Ethnicity, and Race Information (Natural | Gender | Male | | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | | |
| | Race | White | | |
| Interest Percentages | Voting | 0.0% | | |
| (enter percentage values from 0.0 to 100.0) | Equity | 0.0% | | |
| | | | | |

| | Total assets (Equity Debt Plus) | | |
|--|---------------------------------------|-------------------------|----|
| Does interest holder have an that do not appear on this re | attributable interest in one or port? | more broadcast stations | No |

| wnership Information | | | | |
|--|---|------------------------|------|--|
| FRN | 9990125092 | | | |
| Name | David Murfin | | | |
| Address | PO Box | | | |
| | Street 1 | 1000 SW Jackson Street | | |
| | Street 2 | Suite 520 | | |
| | City | Manhattan | | |
| | State ("NA" if non-U.S. address) | KS | | |
| | Zip/Postal Code | 66612-1368 | | |
| | 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 | businessman, owner of Murfin, Inc. | | | |
| By Whom Appointed or Elected | Governor | | | |
| Citizenship, Gender, | Citizenship | US | | |
| Ethnicity, and Race Information (Natural | Gender | Male | | |
| Persons Only) | Ethnicity | Not Hispanic or Latino | | |
| | Race | White | | |
| Interest Percentages | Voting | 0.0% | | |
| (enter percentage values from 0.0 to 100.0) | Equity | 0.0% | 0.0% | |
| | Total assets (Equity Debt Plus) | | | |

| Ownership Information | | |
|-----------------------|--------------------|------------------------|
| FRN | 9990125094 | |
| Name | Zoe Newton | |
| Address | PO Box | |
| | Street 1 | 1000 SW Jackson Street |
| | Street 2 Suite 520 | |
| | | |

| City Topeka | | |
|---|---------------------------|--|
| State ("NA" if non-U.S. KS address) | | |
| Zip/Postal Code 66612-1368 | | |
| Country (if non-U.S.United Statesaddress) | | |
| Other Interest Holder | | |
| Member of Governing Board (or other governing entit | y) | |
| Attorney | Attorney | |
| Governor | | |
| Citizenship US | | |
| Gender Female | | |
| Ethnicity Not Hispanic or Latin | Not Hispanic or Latino | |
| Race Black or African Ame | Black or African American | |
| Voting 0.0% | 0.0% | |
| Equity 0.0% | 0.0% | |
| Total assets (Equity Debt Plus) | | |
| e an attributable interest in one or more broadcast stat s report? | ons No | |
| | | |

| (b) Respondent certifies that any interests, including equity, financial, or voting | Yes |
|---|-----|
| 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 "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 | |

| 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: Chief Operator and Faculty Adviser Exact Legal Title or Name of Respondent: Vern Wirka Name: Vern Wirka Phone: 7855322332 |
|---------------|--|--|
| | | 02/16/2018 |