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: **0000137531** | Submit Date: **2021-03-03** | FRN: **0003764172**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **03/03/2021**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0003764172	Texarkana College

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Em
2500 N ROBISON RD 2500 N ROBISON RD	TEXARKANA	TX	75599-0001	+1 (903) 748-4541	ktx cor

2. Contact Representative

Name	Organization
Steve Monte Mitchell	Texarkana College

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2500 N ROBISON RD 2500 N ROBISON RD	TEXARKANA	TX	75599	+1 (903) 748-4541	ktxktc@

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 resubmitting a prior biennial ownership report, this d 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
Texarkana College	0003764172

Fac. ID No.	Call Sign	City	State	Service
65294	KTXK	TEXARKANA	TX	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 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 affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee Respondents should select “Not Applicable 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 subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other person with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A “direct” intere not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributabl 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 i 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 sep reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest ir (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 se Instructions for detailed information and guidance concerning this requirement.

Ownership Information		
FRN	0003764172	
Entity Name	Texarkana College	
Address	**PO Box**	
	Street 1	2500 N ROBISON RD
	Street 2	2500 N ROBISON RD
	City	TEXARKANA
	State ("NA" if non-U.S. address)	TX
	Zip/Postal Code	75599-0001
	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

(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 tha attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a 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.

File Name	Uploaded By	Attachmen Type
Board_Members_Address_and_Phone_Numbers_2017_SPOUSES_AND_JOBS_FOR_PUBLIC_USE_-_UPDATED_9-26-17.docx	Applicant	Ownership Chart
Board Members Address and Phone Numbers 2021 SPOUSES AND JOBS FOR PUBLIC USE - UPDATED 1-28-202`.docx	Applicant	Ownership Chart

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: **General Manager** Exact Legal Title or Name of Respondent **Manger** Name: **Steve Monte Mitchell** Phone: **9038384541** 03/03/2021