

## (REFERENCE COPY - Not for submission)

# **Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)**

File Number: 0000104800 Submit Date: 2020-02-03 FRN: 0005031281 Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 02/03/2020 Filing Status: Active

# **Section I - General Information**

# 1. Respondent

**Entity Name** 

FRN	Entity Name
0029107281	The Willis W. Noland Testamentary Trust For Laura Elisabeth Kelley

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 788	Baton Rouge	LA	70821	+1 (225) 922- 4665	jpellegrin@powellgroup. com

# 2. Contact Representative

Name	Organization
Charles L. Spencer	Phelps Dunbar, L.L.P.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
400 Convention Street Suite 1100	Baton Rouge	LA	70802- 5692	+1 (225) 376- 0235	Charles.Spencer@Phelps. com

# 3. Application **Filing Fee**

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent:			
Relationship to stations/permits	Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees		
Nature of Respondent	Other Trust		

### (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.

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

Licensee/Permittee	Licensee/Permittee Name				
KSUX/KSCJ Radio	SUX/KSCJ Radio Broadcasting Company			0005031281	
Fac. ID No.	Fac. ID No. Call Sign City Sta				
21691	KSCJ	SIOUX CITY	IA	AM	
21692	KSUX	WINNEBAGO	NE	FM	
153258	K235CA	SIOUX CITY	IA	FX	

# Section II – Biennial Ownership Information

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. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question.

Not Applicable.

### 2. Ownership Interests

1.47 C.F.R.

and Other

**Documents** 

Section 73.3613

(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, directors, stockholders, non-insulated partners, non-insulated members, 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	0029107281			
Entity Name	The Willis W. Noland Testamentary Trust For Laura Elisabeth Kelley			
Address	PO Box	788		
	Street 1			
	Street 2			
	City	Baton Rouge		
	State ("NA" if non-U.S. address)	LA		
	Zip/Postal Code	70821		

	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	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have ar	n attributable interest in one o	r more broadcast stations	Yes

that do not appear on this report?

Ownership Information				
FRN	9990005978	9990005978		
Name	NANETTE NOLAND	NANETTE NOLAND		
Address	PO Box			
	Street 1	7 Country Club Place		
	Street 2			
	City	Baton Rouge		
	State ("NA" if non-U.S. address)	LA		
	Zip/Postal Code	70809	70809	
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Other - Trustee			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? Yes	
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?	r more broadcast stations	Yes	

FRN	9990141969			
Name	Anne Thompson Kurz			
Address	PO Box			
	Street 1	9147 U.S. Highway 51		
	Street 2			
	City	St. Francisville		
	State ("NA" if non-U.S. address)	LA		
	Zip/Postal Code	70775		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Trustee			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? Yes	
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 or eport?	r more broadcast stations	No	
(b) Respondent certifies that any interests, including equity, financial, or votingYesinterests, not reported in this filing are non-attributable.If "No," submit as an exhibit an explanation.			Yes	



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

(e) Is Respondent seeking an attribution exemption for any officer or director with No duties wholly unrelated to the Licensee(s)?

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.

Certificatio	n

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).	

CertificationI 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: Trustee Exact Legal Title or Name of Respondent: The Willis W. Noland Testamentary Trust for Laura Elisabeth Kelley Name: Nanette Noland Phone: 2259224665			
02/03/2020	Certification	and that to the best of my knowledge and belief, all statements in this report are	Exact Legal Title or Name of Respondent: <b>The</b> <b>Willis W. Noland Testamentary Trust for</b> <b>Laura Elisabeth Kelley</b> Name: <b>Nanette Noland</b> Phone: <b>2259224665</b>