



(REFERENCE COPY - Not for submission)

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

File Number: 0000171002 | Submit Date: 2021-11-23 | FRN: 0002322261

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 11/23/2021

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0002322261		Smoky Hills Public Television, Corp			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 9	Bunker Hill	KS	67626	+1 (785) 483-6990	quadem@shptv.org

2. Contact Representative

Name		Organization			
Michael Quade, Mr.		Smoky Hills Public Television Corp.			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 9	Bunker Hill	KS	67626	+1 (785) 483-6990	quadem@shptv.org

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	10/01/2021  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
Smoky Hills Public Television, Corp	0002322261

Fac. ID No.	Call Sign	City	State	Service
60675	KOOD	HAYS	KS	DTV
60683	KSWK	LAKIN	KS	DTV
79258	KDCK	DODGE CITY	KS	DTV
162115	KWKS	COLBY	KS	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	BY-LAWS
Parties to contract or instrument	SMOKY HILLS PTV
Date of execution	12/1995
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> BY-LAWS

Document Information	
Description of contract or instrument	PBS PROGRAMING AGRREMENT
Parties to contract or instrument	PBS
Date of execution	06/2021
Date of expiration	06/2022
Agreement type (check all that apply)	Other <b>Agreement Type:</b> PBS Membership 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	0002322261	
Entity Name	Smoky Hills Public Television, Corp	
Address	PO Box	9
	Street 1	
	Street 2	
	City	Bunker Hill
	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	67626
	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	9990119436	
Name	Amy Hernandez, Mrs.	
Address	PO Box	
	Street 1	1212 Martin Avenue
	Street 2	
	City	Salina
	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	67401
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
<b>Principal Profession or Occupation</b>	Cost Management Accountant		
<b>By Whom Appointed or Elected</b>	SHPTV Board of Directors		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US	
	<b>Gender</b>	Female	
	<b>Ethnicity</b>	Not Hispanic or Latino	
	<b>Race</b>	White	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	9.1%	
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No	

Ownership Information		
<b>FRN</b>	9990119464	
<b>Name</b>	Joseph Allen Robben, Mr.	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	801 Grant St.
	<b>Street 2</b>	
	<b>City</b>	Victoria
	<b>State ("NA" if non-U.S. address)</b>	KS
	<b>Zip/Postal Code</b>	67671
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer, Other - Board ChairMember of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Business owner for Insurance Agency	
<b>By Whom Appointed or Elected</b>	SHPTV Board of Directors	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Male
	<b>Ethnicity</b>	Not Hispanic or Latino
	<b>Race</b>	White
<b>Interest Percentages</b> (enter percentage values	<b>Voting</b>	9.1%

from 0.0 to 100.0)	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

Ownership Information		
FRN	9990119465	
Name	Randall W. Weller, Mr.	
Address	PO Box	
	Street 1	421 12th St.
	Street 2	
	City	Hill City
	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	67642
	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 Attorney	
By Whom Appointed or Elected	SHPTV Board of Directors	
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	9.1%
	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	9990119467	
Name	Mary Ann Tanking, Mrs.	
Address	PO Box	
	Street 1	117 N. Presley Dr.

	Street 2	
	City	Salina
	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	67401
	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 art educator	
By Whom Appointed or Elected	SHPTV Board of Directors	
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	9.1%
	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	9990147101	
Name	Peggy A. Anschutz	
Address	PO Box	
	Street 1	1093 Walker Avenue
	Street 2	
	City	Victoria
	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	67671
	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	SHPTV Board of Directors		
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	9.1%	
	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	9990147102	
Name	Shelly Arnberger	
Address	PO Box	
	Street 1	1221 McKinley St.
	Street 2	
	City	Great Bend
	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	67530
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - SHPTV Board SecretaryMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Bookkeeper, Tax Preparer, Business Owner	
By Whom Appointed or Elected	SHPTV Board of Directors	
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	9.1%
	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	9990147103	
Name	Kelly Easton	
Address	PO Box	
	Street 1	c/o SWKLS
	Street 2	100 Military Ave, Suite 210
	City	Dodge City
	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	67801
	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	Collection Specialist, SW Kansas Library System	
By Whom Appointed or Elected	SHPTV Board of Directors	
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	9.1%
	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	9990147105	
Name	Robert Edward LaPierre, III.	
Address	PO Box	
	Street 1	1161 Summer Sun Avenue
	Street 2	



	<div>City</div>	Colby
	<div>State ("NA" if non-U.S. address)</div>	KS
	<div>Zip/Postal Code</div>	67701
	<div>Country (if non-U.S. address)</div>	United States
<div>Listing Type</div>	Other Interest Holder	
<div>Positional Interests<div>(check all that apply)</div></div>	Member of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	Financial Analyst	
<div>By Whom Appointed or Elected</div>	SHPTV Board of Directors	
<div>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</div>	<div>Citizenship</div>	US
	<div>Gender</div>	Male
	<div>Ethnicity</div>	Not Hispanic or Latino
	<div>Race</div>	White
<div>Interest Percentages<div>(enter percentage values from 0.0 to 100.0)</div></div>	<div>Voting</div>	9.1%
	<div>Equity</div>	0.0%
	<div>Total assets (Equity Debt Plus)</div>	
<div>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</div>		No

Ownership Information		
<div>FRN</div>	9990147106	
<div>Name</div>	Brynae Thompson	
<div>Address</div>	<div>PO Box</div>	
	<div>Street 1</div>	106 Main Street
	<div>Street 2</div>	
	<div>City</div>	Paradise
	<div>State ("NA" if non-U.S. address)</div>	KS
	<div>Zip/Postal Code</div>	67658
	<div>Country (if non-U.S. address)</div>	United States
<div>Listing Type</div>	Other Interest Holder	
<div>Positional Interests<div>(check all that apply)</div></div>	Member of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	Assistant Manager at Paradise Grain	

By Whom Appointed or Elected	SHPTV Board of Directors	
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	9.1%
	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	9990147107	
Name	Joshua Gene Waddell	
Address	PO Box	
	Street 1	110 E. 16th Street
	Street 2	
	City	Hays
	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	67601
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Vice ChairMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Technical and Analyst Specialist	
By Whom Appointed or Elected	SHPTV Board of Directors	
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	9.1%
	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
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Ownership Information		
FRN	9990147108	
Name	Kathleen Whitley	
Address	PO Box	
	Street 1	107 Drury Lane
	Street 2	
	City	Garden City
	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	67846
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - SHPTV Board TreasurerMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	SHPTV Board of Directors	
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	9.1%
	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	9990147110	
Name	Michael Quade	
Address	PO Box	
	Street 1	265 South Green Street
	Street 2	
	City	Hoisington

	State ("NA" if non-U.S. address)	KS
	Zip/Postal Code	67544
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - President of SHPTVMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Broadcast Producer	
By Whom Appointed or Elected	SHPTV Board of Directors	
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	0.0%
	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.

There is no parent entity.

Section III - Certification

Certification	Section	Question	Response
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<b>Authorized Party to Sign</b>	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>Director of Broadcasting</b> Exact Legal Title or Name of Respondent: <b>Smoky Hills Public Television Corporation</b> Name: <b>Michael Quade</b> Phone: <b>7854836990</b>  11/23/2021