

FRN

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

**Entity Name** 

File Number:0000164762Submit Date:2021-10-25FRN:0001716125Purpose:Noncommercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:10/25/2021Filing Status:Active

### **Section I - General Information**

#### 1. Respondent

### 0001716125 PORT ALLEN EDUCATIONAL BROADCASTING FOUNDATION

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
11950 Milldale Road	Zachary	LA	70791	+1 (225) 681- 5904	rochet@milldale. org

#### 2. Contact Representative

Name	Organization
Joseph C. Chautin, III.	HARDY, CAREY, CHAUTIN & BALKIN, LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1080 WEST CAUSEWAY APPROACH	Mandeville	LA	70471	+1 (985) 629- 0777	jchautin@hardycarey. 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 boa indirectly under the control of ano	ard (or other governing entity) directly or ther 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.

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

Licensee/Permittee	FRN			
PORT ALLEN EDUCATIONAL BROADCASTING FOUNDATION				0001716125
Fac. ID No.Call SignCityState				Service
53023	KPAE	ERWINVILLE	LA	FM
53026	WPAE	CENTREVILLE	MS	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.

Document Information			
Description of contract or instrument	Articles of Incorporation		
Parties to contract or instrument	State of Louisiana		
Date of execution	10/1985		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Entity Formation		

Document Information			
Description of contract or instrument	Constitution and Bylaws		
Parties to contract or instrument	Licensee		
Date of execution	10/1985		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Entity Operation		

#### 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	0001716125			
Entity Name	PORT ALLEN EDUCATIONAL BROADCASTING FOUNDATION			
Address	PO Box			
	Street 1	11950 Milldale Road		
	Street 2			
	City	Zachary		
	State ("NA" if non-U.S. address)	LA		
	Zip/Postal Code	70791		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
<b>Positional Interests</b> (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%		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

#### **Ownership Information**

FRN	9990117833				
Name	DENNIS E. TERRY, SR.				
Address	PO Box				
	Street 1	17138 GREENWELL SPRINGS/PORT HUDSON RD			
	Street 2				
	City GREENWELL SPRINGS,				
	State ("NA" if non-U.S. address)	LA			
	Zip/Postal Code	70739			
	Country (if non-U.S.     United States       address)     United States				
Listing Type	Other Interest Holder				
<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)				

Principal Profession or Occupation	Pastor			
By Whom Appointed or Elected	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	Voting	16.6%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
	Total assets (Equity Debt	0.0%	No	

that do not appear on this report?

FRN       9990135479         Name       Daryl Hall         Address       PO Box         Street 1       6970 Braswell Ln         Street 2       Image: City         City       Ethel         State ("NA" if non-U.S. address)       LA         Zip/Postal Code       70730         Country (if non-U.S. address)       United States         Listing Type       Other Interest Holder	Ownership Information				
AddressPO BoxStreet 16970 Braswell LnStreet 2	9990135479				
Street 16970 Braswell LnStreet 2CityEthelState ("NA" if non-U.S. address)LAZip/Postal Code70730Country (if non-U.S. address)United States	Daryl Hall				
Street 2CityEthelState ("NA" if non-U.S. address)LAZip/Postal Code70730Country (if non-U.S. address)United States					
CityEthelState ("NA" if non-U.S. address)LAZip/Postal Code70730Country (if non-U.S. address)United States					
State ("NA" if non-U.S. address)       LA         Zip/Postal Code       70730         Country (if non-U.S. address)       United States					
address)       Zip/Postal Code       Country (if non-U.S. address)   United States					
Country (if non-U.S. address)     United States					
address)					
Listing Type Other Interest Holder					
	Other Interest Holder				
Positional Interests     Member of Governing Board (or other governing entity)       (check all that apply)     Image: Member of Governing Board (or other governing entity)	Member of Governing Board (or other governing entity)				
Principal Profession or     Commercial Business Owner       Occupation     Commercial Business Owner	Commercial Business Owner				
By Whom Appointed or Board of Directors Elected					
Citizenship, Gender, Citizenship US					
Ethnicity, and Race     Male       Information (Natural     Gender					
Persons Only) Ethnicity Not Hispanic or Latino					
Race White					
Interest Percentages Voting 16.6%					
(enter percentage values from 0.0 to 100.0)Equity0.0%					

	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations		No	

that do not appear on this report?

Ownership Information			
FRN	9990136133		
Name	Tim Hart, Mr.		
Address	PO Box		
	Street 1	15174 LA Hwy 959	
	Street 2		
	City	Clinton	
	State ("NA" if non-U.S. address)	LA	
	Zip/Postal Code	70722	
	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 Engineer		
By Whom Appointed or Elected	Board of Directors		
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	16.6%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a that do not appear on this	an attributable interest in one o	r more broadcast stations No	

Ownership Information		
FRN	9990136134	
Name	Jimmy Bardwell, Mr.	
Address	PO Box	
	Street 1	8720 Meadow Lane
	Street 2	

	City	Denham Springs	
	State ("NA" if non-U.S. address)	LA	
	Zip/Postal Code	70726	
	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 Pilot		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US	
	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	16.6%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

Ownership Information			
FRN	9990136135		
Name	George Storms, Bro.	George Storms, Bro.	
Address	PO Box		
	Street 1	1074 Main Street	
	Street 2		
	City	Liberty	
	State ("NA" if non-U.S. address)	MS	
	Zip/Postal Code 39645		
	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)		
Principal Profession or Occupation	Pastor		

By Whom Appointed or Elected	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	16.6%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations No			

Ownership Information			
FRN	9990138603		
Name	Gregory W. Sullivan		
Address	PO Box		
	Street 1	30860 Pete Smith Road	
	Street 2		
	City	Holden	
	State ("NA" if non-U.S. address)	LA	
	Zip/Postal Code	70744	
	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)		
Principal Profession or Occupation	IT Specialist		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	16.6%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
Total assets (Equity Debt0.0%Plus)		0.0%	

that do not appear on this report?

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)?	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 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.

Licensee has no parent entity.

### **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 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: <b>President</b> Exact Legal Title or Name of Respondent: <b>Port</b> <b>Allen Educational Broadcasting Foundation</b> Name: <b>Darryl Hall</b> Phone: <b>8003241108</b> 10/25/2021