

(REFERENCE COPY - Not for submission)

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

File Number: 0000222309 | Submit Date: 2023-10-10 | FRN: 0001790393

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 10/10/2023

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name	
0001790393	SOMERSET EDUCATIONAL BROADCASTING FOUNDATION	

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
PO Box 1423 93 RAINBOW TERRACE DR.	SOMERSET	KY	42503	+1 (606) 679-6300	DCRADIO@WINDSTREAM. NET

2. Contact Representative

Name	Organization
CHARLES R. NAFTALIN	HOLLAND & KNIGHT LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
800 17TH STREET, N. W. SUITE #1100	WASHINGTON	DC	20006- 3906	+1 (202) 457- 7040	CHARLES. NAFTALIN@HKLAW.COM

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:			
Relationship to stations/permit	Relationship to stations/permits Licensee		
Is the Respondent's governing indirectly under the control of	No		

(b) Provide the following information about this report:		
Purpose	Biennial	

"As of" date	10/01/2023
	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
SOMERSET EDUCATIONAL BROADCASTING FOUNDATION	0001790393

Fac. ID No.	Call Sign	City	State	Service
37154	WNKW	NEON	KY	AM
60780	WWOG	COOKEVILLE	TN	FM
60782	WTHL	SOMERSET	KY	FM
61177	WGNH	SOUTH WEBSTER	ОН	FM
74301	WZWP	WEST UNION	ОН	FM
91596	WSGP	GLASGOW	KY	FM
93789	WPTJ	PARIS	KY	FM
175299	WKCX	CRITTENDEN	KY	FM
175623	WNFC	PADUCAH	KY	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	DECLARATION OF TRUSTEES		
Parties to contract or instrument	TRUSTEES		
Date of execution	08/2011		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: N/A		

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	Ownership Information				
FRN	0001790393	0001790393			
Entity Name	SOMERSET EDUCATIONAL	SOMERSET EDUCATIONAL BROADCASTING FOUNDATION			
Address	PO Box	1423			
	Street 1	93 RAINBOW TERRACE DR.			
	Street 2				
	City	SOMERSET			
	State ("NA" if non-U.S. address)	KY			
	Zip/Postal Code	42503			
	Country (if non-U.S. address)	United States			
Listing Type	Respondent				
Positional Interests (check all that apply)	Respondent	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity				
Interest Percentages	Voting	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 an attributable interest in one or more broadcast stations that do not appear on this report?					

Ownership Information				
FRN	0027205400			
Name	GWEN CARR			
Address	PO Box 1423			
	Street 1			
	Street 2			
	City	SOMERSET		
	State ("NA" if non-U.S.	KY		

	address)			
	Zip/Postal Code	42502		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			
Principal Profession or Occupation	TRUSTEE			
By Whom Appointed or Elected	TRUST			
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US		
	Gender	Female		
	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	33.3%		
(enter percentage values from 0.0 to 100.0)	Equity	33.3%		
	Total assets (Equity Debt Plus)	33.3%		
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations	No	

Ownership Information		
FRN	0027205392	
Name	DAVID CARR	
Address	PO Box 1423	
	Street 1	
	Street 2	
	City	SOMERSET
	State ("NA" if non-U.S. KY address)	
	Zip/Postal Code 42502	
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	TRUSTEE	
By Whom Appointed or Elected	TRUST	
Citizenship, Gender,	Citizenship US	
I		

Ethnicity, and Race	Gender	Male		
Information (Natural Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	33.3%		
(enter percentage values from 0.0 to 100.0)	Equity	33.3%		
	Total assets (Equity Debt Plus)	33.3%		
Does interest holder have that do not appear on this	an attributable interest in one creport?	r more broadcast stations	No	

Ownership Information				
FRN	0029099652			
Name	Carolyn S. Jones			
Address	PO Box	О Вох		
	Street 1	3556 Highway 39		
	Street 2			
	City	SOMERSET		
	State ("NA" if non-U.S. address)	KY		
	Zip/Postal Code	42503		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			
Principal Profession or Occupation	BROADCASTER			
By Whom Appointed or Elected	PRESIDENT			
Citizenship, Gender,	Citizenship US			
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race American Indian or Alaska Native			
Interest Percentages	Voting 33.3%			
(enter percentage values from 0.0 to 100.0)	Equity	33.3%		
	Total assets (Equity Debt Plus)	33.3%		
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No		

(b) Respondent certifies that any interests, including equity, financial, or voting	
interests, not reported in this filing are non-attributable.	

(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 attributed an interest.	

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.

File Name	Uploaded By	Attachment Type	Description
Organization Structure - Somerset Educational	Applicant	Ownership	Organization Structure - Somerset
Broadcasting (2023)(176158688.2).pdf		Chart	Educational Broadcasting (2023)

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: Trustee Exact Legal Title or Name of Respondent: Somerset Educational Broadcasting Foundation Name: David Carr Phone: 6066796300 10/09/2023