

(REFERENCE COPY - Not for submission)

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

File Number: 0000227872 Submit Date: 2023-11-27 FRN: 0009984709 Status: **Submitted** Status Date: Purpose: Noncommercial Broadcast Stations Biennial Ownership Report 11/27/2023 Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0009984709	Arkansas State University

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 1930	State University	AR	72467- 1930	+1 (870) 972- 2200	msmith@astate. edu

2. Contact Representative

Name	Organization
Mark Smith	KASU

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 1930	State University	AR	72467-1930	+1 (870) 972-2200	msmith@astate.edu

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 anot	ard (or other governing entity) directly or ther entity?	No	

(b) Provide the following information about this report:	
Purpose	Biennial
"As of" date	10/01/2023
	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.

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

Arkansas State University			0009984709	
Fac. ID No.	Call Sign	City	State	Service
2785	KASU	JONESBORO	AR	FM

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 DocumentsLicensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stat contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or fac report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select Respondents should select "Not Applicable" in response to this question.		.3613(a) through (c) for the facility or facilities listed on this the appropriate box. Otherwise, select "Other." Non-Licensee			
	Not Applicable.				
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.				
		ssets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an ondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R.			
	In the case of vertical or indirect attributable interest in the Licens		nose interests in the Respondent that also represent an ng 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	0009984709			
	Entity Name	Arkansas State University			
	Address	PO Box	1930		
		Street 1			
		Street 2			
		City	State University		
		State ("NA" if non-U.S. address)	AR		
		Zip/Postal Code	72467-1930		
		Country (if non-U.S. address)	United States		

Respondent

Respondent

Interest holder is not a Tribal nation or Tribal entity

Listing Type

Entity

Positional Interests

(check all that apply)

Tribal Nation or Tribal

Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Doos interest holder have an attributable interest in one or more breadcast stations			

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?

No

Ownership Information				
FRN	9990153993	9990153993		
Name	Jerry Morgan	Jerry Morgan		
Address	PO Box	1930		
	Street 1			
	Street 2			
	City	State University		
	State ("NA" if non-U.S. address)	AR		
	Zip/Postal Code	72467-1930		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Regional President - First Nat	ional Bank		
By Whom Appointed or Elected	Arkansas Governor			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	14.2%		
(enter percentage values 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 o eport?	r more broadcast stations No		

Ownership Information

-		
FRN	9990145548	
Name	Steve Eddington	
Address	PO Box	1930

	Street 1		
	Street 2		
	City	State University	
	State ("NA" if non-U.S. address)	AR	
	Zip/Postal Code	72467-1930	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	VP of Public Relations - Arkansas Farm Bureau Federation		
By Whom Appointed or Elected	Arkansas Governor		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.2%	
(enter percentage values 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	an attributable interest in one of report?	more broadcast stations No	

Ownership Information

Ownership Information			
FRN	9990145560		
Name	Robert Rudolph, Jr.		
Address	PO Box 1930		
	Street 1		
	Street 2		
	City	State University	
	State ("NA" if non-U.S. address)	AR	
	Zip/Postal Code	72467-1930	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		

Principal Profession or Occupation	Governmental Affairs Liaison - COGIC		
By Whom Appointed or Elected	Arkansas Governor		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
Interest Percentages	Voting	14.2%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations No			

that do not appear on this report?

Ownership Information				
FRN	9990142106			
Name	Christy Clark			
Address	PO Box	1930		
	Street 1			
	Street 2			
	City	State University		
	State ("NA" if non-U.S. address)	AR		
	Zip/Postal Code	72467-1930		
	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	Construction	Construction		
By Whom Appointed or Elected	Arkansas Governor			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	14.2%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		

	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			

Ownership Information				
FRN	9990145563			
Name	Paul Rowton	Paul Rowton		
Address	PO Box	1930		
	Street 1			
	Street 2			
	City	State University		
	State ("NA" if non-U.S. address)	AR		
	Zip/Postal Code	72467-1930		
	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	Executive VP of GES, Inc.			
By Whom Appointed or Elected	Arkansas Governor			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	14.2%		
(enter percentage values 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	an attributable interest in one o report?	r more broadcast stations	No	

Ownership Information		
FRN	9990142105	
Name	Price Gardner	
Address	РО Вох	1930
	Street 1	
	Street 2	

	City	State University	
	State ("NA" if non-U.S. address)	AR	
	Zip/Postal Code	72467-1930	
	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	Attorney		
By Whom Appointed or Elected	Arkansas Governor		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.2%	
(enter percentage values 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	an attributable interest in one o report?	r more broadcast stations	No

Ownership Information				
FRN	9990153998			
Name	Gary Harpole	Gary Harpole		
Address	PO Box 1930			
	Street 1			
	Street 2			
	City State University			
	State ("NA" if non-U.S. address)	AR		
	Zip/Postal Code 72467-1930			
	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	Director of Development - Halsey Thrasher Harpole Real Estate Group			

By Whom Appointed or Elected	Arkansas Governor		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.2%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations No			

Ownership Information			
FRN	9990153999		
Name	Todd G. Shields, Ph.D.		
Address	PO Box	600	
	Street 1		
	Street 2		
	City	State University	
	State ("NA" if non-U.S. address)	AR	
	Zip/Postal Code	72467-0600	
	Country (if non-U.S. United States address) United States		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Official of Parent Entity		
Principal Profession or Occupation	Chancellor - Arkansas State University		
By Whom Appointed or Elected	Board of Trustees		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		

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

Ownership Information			
FRN	9990142113		
Name	Len Frey, Ph.D.		
Address	PO Box	600	
	Street 1		
	Street 2		
	City	State University	
	State ("NA" if non-U.S. address)	AR	
	Zip/Postal Code	72467-0600	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Official of Parent Entity		
Principal Profession or Occupation	Arkansas State University Executive Vice-Chancellor for Finance and Administration		
By Whom Appointed or Elected	Board of Trustees		
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	Voting	0.0%	
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have ar that do not appear on this re	n attributable interest in one or port?	more broadcast stations	No
(b) Respondent certifies that interests, not reported in this If "No," submit as an exhibit ar		y, financial, or voting	Yes

(c) Is Respondent seeking an attribution exemption for any officer or director with
duties wholly unrelated to the Licensee(s)?NoIf "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

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
SYSTEM ORGANIZATIONAL CHART FOR KASU - 10:1:23.pdf	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 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: Executive Vice Chancellor for Finance & Admin. Exact Legal Title or Name of Respondent: Arkansas State University Name: Len Frey , Ph.D Phone: 8709723303 11/27/2023