

Federal Communications Commission Washington, D.C. 20554 <p style="text-align: center;">FCC 323-E</p>	Approved by OMB 3060-0084 (June 2002) FOR FCC USE ONLY
<p>Ownership Report For Noncommercial Educational Broadcast Station</p> <p>Read INSTRUCTIONS Before Filling Out Form</p>	FOR COMMISSION USE ONLY FILE NO. - 20160229ABK

Section I - General

1.	Legal Name of the Licensee/Permittee MOREHEAD STATE UNIVERSITY/WMKY		
	Mailing Address 150 UNIVERSITY BLVD BOX 903 MOREHEAD STATE UNIVERSITY		
	City MOREHEAD	State or Country (if foreign address) KY	ZIP Code 40351 - 1684
	Telephone Number (include area code) 6067832334	E-Mail Address (if available) P.HITCHC@MOREHEADSTATE.EDU	
	FCC Registration Number: 0001792233	Call Sign WMKY	Facility ID Number 43765
2.	Contact Representative (if other than Licensee/Permittee) WILLIAM D. SILVA		
	Firm or Company Name LAW OFFICES OF WILLIAM D. SILVA		
	Mailing Address P.O. BOX 1121		
	City STEVENSVILLE	State or Country (if foreign address) MD	ZIP Code 21666 -
	Telephone Number (include area code) 4432490109	E-Mail Address (if available) BILL@WMSILVALAW.COM	
3.	Name of entity, if other than licensee or permittee, for which report is filed		
	Mailing Address		
	City	State or Country (if foreign address)	ZIP Code -
	Telephone Number (include area code)	E-Mail Address (if available)	

Section II - Ownership Information

4.	All of the information furnished in this Report is accurate as of 3/1/2016 (<i>Date must comply with 47 C.F.R. Section 73.3615(d), i.e., information must be current within 60 days of filing of this report, when 4(a) below is checked.</i>)		
	This Report is filed for (<i>check one</i>)		
	a. <input checked="" type="radio"/> Biennial	b. <input type="radio"/> Transfer of Control or Assignment of License/Permit	c. <input type="radio"/> Other
	d. <input type="radio"/> Amendment to pending application		

for the following stations:

[Enter Station Information]

Station List

This Report is filed for the following stations:

Call Letters	Facility ID Number	Location (City/State)	Class of service
WMKY	43765	MOREHEAD KY	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
W202BH	88510	INEZ KY	TX

5. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

[Enter Contract/Instrument Information]

Contracts/Instruments Information

List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject shall respond.)

Description of Contract or Instrument	Name of person or organization with whom contract is made	Date of Execution (mm/dd/yyyy)	Date of Expiration (mm/dd/yyyy)
NETWORK AFFILIATION	NATIONAL PUBLIC RADIO	7/1/1980	9/30/2016

Description of Contract or Instrument	Name of person or organization with whom contract is made	Date of Execution (mm/dd/yyyy)	Date of Expiration (mm/dd/yyyy)
NETWORK AFFILIATION	PUBLIC RADIO INTERNATIONAL	7/1/1982	6/30/2016

6. Is the governing board directly or indirectly under the control of another entity? Yes No
 If Yes, is a separate FCC Form 323-E submitted for such entity? Yes No

7. List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages, if necessary.

[Enter Owner Information]

Owner Information

List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages if necessary.
(Read carefully - The numbered items below refer to line numbers in the following table.)

- a. Name and address of officer, member of governing board, and holders of 1% or more ownership interest (if other than individual also show name, address and citizenship of natural person authorized to vote the interest). List officers first, then board members, and thereafter, holders of 1% or more ownership interest, if any.
- b. Citizenship.
- c. Office held.
- d. Percent of interest held.
- e. Principal profession or occupation.
- f. By whom appointed or elected.
- g. Existing interests in any other broadcast station, including the nature and size of such interests.

a. Name and Address.	AUSTIN G. CASEBOLT, 203A ADRON DORAN UNIVERSITY CENTER, MOREHEAD STATE UNIVERSITY, MOREHEAD, KY 40351
b. Citizenship.	US
c. Office held.	MEMBER
d. Percent of interest held.	0
e. Principal profession or occupation.	STUDENT REPRESENTATIVE
f. By whom appointed or elected.	STUDENT BODY
g. Existing interests	NONE

a. Name and Address.	ERIC E. HOWARD, 1145 WINTER HAVEN WAY, LEXINGTON, KY 40509
b. Citizenship.	US
c. Office held.	MEMBER
d. Percent of interest held.	0
e. Principal profession or occupation.	HUMAN RESOURCES MANAGER
f. By whom appointed or elected.	KENTUCKY GOVERNOR
g. Existing interests	NONE

a. Name and Address.	PAUL C. GOODPASTER, 114 W MAIN STREET, MOREHEAD, KY 40351
b. Citizenship.	US
c. Office held.	CHAIR
d. Percent of interest held.	0
e. Principal profession or occupation.	BANK OFFICER
f. By whom appointed or elected.	KENTUCKY GOVERNOR
g. Existing interests	NONE

a. Name and Address.	WAYNE M. MARTIN, 385 BOONE AVE, WINCHESTER, KY 40391
b. Citizenship.	US
c. Office held.	MEMBER

d. Percent of interest held.	0
e. Principal profession or occupation.	TELEVISION CONSULTANT
f. By whom appointed or elected.	GOVERNOR OF KENTUCKY
g. Existing interests	NONE

a. Name and Address.	CRAIG PREECE, P.O. BOX 190, LOVELY, KY 41231
b. Citizenship.	US
c. Office held.	MEMBER
d. Percent of interest held.	0
e. Principal profession or occupation.	CHIEF FINANCIAL OFFICER
f. By whom appointed or elected.	GOVERNOR OF KENTUCKY
g. Existing interests	NONE

a. Name and Address.	KATHY WALKER, P.O. BOX 1718, PAINTSVILLE, KY 41240
b. Citizenship.	US
c. Office held.	MEMBER
d. Percent of interest held.	0
e. Principal profession or occupation.	CHIEF EXECUTIVE OFFICER
f. By whom appointed or elected.	GOVERNOR OF KENTUCKY
g. Existing interests	NONE

a. Name and Address.	PATRICK E. PRICE, 130 WILLIAM STREET, FLEMINGSBURG, KY 41041
b. Citizenship.	US
c. Office held.	MEMBER
d. Percent of interest held.	0
e. Principal profession or occupation.	ATTORNEY
f. By whom appointed or elected.	GOVERNOR OF KENTUCKY
g. Existing interests	NONE

a. Name and Address.	ROYAL BERGLEE, UPO 0593, MOREHEAD STATE UNIVERSITY, MOREHEAD, KY 40351
b. Citizenship.	US
c. Office held.	FACULTY REGENT
d. Percent of interest held.	0
e. Principal profession or occupation.	ACADEMIC

f. By whom appointed or elected.	MOREHEAD STATE FACULTY
g. Existing interests	NONE

a. Name and Address.	DR. KEVIN W. PUGH, 110 GRANDVIEW DRIVE, PIKEVILLE, KY 41501
b. Citizenship.	US
c. Office held.	MEMBER
d. Percent of interest held.	0
e. Principal profession or occupation.	SURGEON
f. By whom appointed or elected.	GOVERNOR OF KENTUCKY
g. Existing interests	NONE

a. Name and Address.	SHARON S. REYNOLDS, 202 HOWELL-MCDOWELL, MOREHEAD STATE UNIVERSITY, MOREHEAD, KY 40351
b. Citizenship.	US
c. Office held.	SECRETARY
d. Percent of interest held.	0
e. Principal profession or occupation.	STAFF
f. By whom appointed or elected.	MOREHEAD STATE UNIVERSITY
g. Existing interests	NONE

a. Name and Address.	SHANNON L. HARR, GINGER HALL 901, MOREHEAD STATE UNIVERSITY, MOREHEAD, KY 40351
b. Citizenship.	US
c. Office held.	MEMBER
d. Percent of interest held.	0
e. Principal profession or occupation.	UNIVERSITY STAFF
f. By whom appointed or elected.	STAFF OF UNIVERSITY
g. Existing interests	NONE

a. Name and Address.	DEBORAH H. LONG, C/O DUDLEY'S ON SHORT, 259 W. SHORT STREET, LEXINGTON, KY 40507
b. Citizenship.	US
c. Office held.	MEMBER
d. Percent of interest held.	0
e. Principal profession or occupation.	BUSINESS OWNER
	KENTUCKY GOVERNOR

f. By whom appointed or elected.	
g. Existing interests	NONE

a. Name and Address.	BETH PATRICK, 305 HOWELL-MCDOWELL, MOREHEAD STATE UNIVERSITY, MOREHEAD, KY 40351
b. Citizenship.	US
c. Office held.	TREASURER
d. Percent of interest held.	0
e. Principal profession or occupation.	MSU CHIEF FINANCIAL OFFICER
f. By whom appointed or elected.	MOREHEAD STATE UNIVERSITY
g. Existing interests	NONE

SECTION III - CERTIFICATION

I certify that I am MANAGER

(Official Title)

of WMKY-MOREHEAD STATE UNIVERSITY

(Exact legal title or name of respondent)

and 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.

(Date of certification must be within 60 days of the date shown in Question 4, Section II and in no event prior to that date.)

Signature PAUL WILSON HITCHCOCK	Date 2/26/2016
Telephone Number of Respondent (Include area code) 6067832334	

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).

Exhibits