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

File Number: **0000165068** | Submit Date: **2021-10-28** | FRN: **0002487056**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **10/28/2021**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0002487056	Board of Governors of Missouri State University

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
901 S. National Avenue	Springfield	MO	65897	+1 (417) 836-3511	rachelknight@missouristate.edu

2. Contact Representative

Name	Organization
Derek Teslik	Gray Miller Persh LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2233 Wisconsin Ave NW Ste 226	Washington	DC	20007	+1 (202) 559-7489	dteslik@graymillerpersh.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 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
Board of Governors of Missouri State University	0002487056

Fac. ID No.	Call Sign	City	State	Service
4210	KSMU	SPRINGFIELD	MO	FM
51101	KOZJ	JOPLIN	MO	DTV
51102	KOZK	SPRINGFIELD	MO	DTV
61519	KSMS-FM	POINT LOOKOUT	MO	FM
94057	KSMW	WEST PLAINS	MO	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	Annual Membership Certification of Good Standing
Parties to contract or instrument	Public Broadcasting Service
Date of execution	07/2021
Date of expiration	No expiration date
Agreement type (check all that apply)	Network Affiliation 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	0002487056

Entity Name	Board of Governors of Missouri State University	
Address	PO Box	
	Street 1	901 S. National Avenue
	Street 2	
	City	Springfield
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	65897
	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	9990120340	
Name	Amelia Counts	
Address	PO Box	
	Street 1	318 Panhurst Court
	Street 2	
	City	Ballwin
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	63021
	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	Account Executive - Sales	
By Whom Appointed or Elected	Governor of Missouri	
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	11.1%
	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	9990120342	
Name	Carol Silvey	
Address	PO Box	
	Street 1	1040 Circle Dr.
	Street 2	
	City	West Plains
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	65775
	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	VP of Advancement Ozark Medical Centers	
By Whom Appointed or Elected	Governor of Missouri	
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	11.1%
	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	9990120346	
Name	James Baker	
Address	PO Box	
	Street 1	6110 Hackamore Circle
	Street 2	
	City	Ozark
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	65721
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	University Vice President	
By Whom Appointed or Elected	Board of Governors	
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)	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	9990120349	
Name	Gabriel Gore	
Address	PO Box	
	Street 1	5066 Westminster Place
	Street 2	
	City	St. Louis
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	63108

	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	Governor of Missouri	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	11.1%
	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	9990120350	
Name	Craig Frazier	
Address	PO Box	
	Street 1	704 S. Hickory Terrace
	Street 2	
	City	Springfield
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	65809
	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 Healthcare Management	
By Whom Appointed or Elected	Governor of Missouri	
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	11.1%
	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	9990120351	
Name	Clifton Smart	
Address	PO Box	
	Street 1	1213 S. Weller Avenue
	Street 2	
	City	Springfield
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	65804
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	University President	
By Whom Appointed or Elected	Board of Governors	
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)	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	9990120353

Name	Carrie Tergin	
Address	PO Box	
	Street 1	1003 Emily Lane
	Street 2	
	City	Jefferson City
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	65109
	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	Business Owner - Elected Official	
By Whom Appointed or Elected	Governor of Missouri	
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	11.1%
	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	9990136742	
Name	Beverly Miller Keltner	
Address	PO Box	
	Street 1	3980 E. Eaglescliffe
	Street 2	
	City	Springfield
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	65809
	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 Educator	
By Whom Appointed or Elected	Governor of Missouri	
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	11.1%
	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	9990144076	
Name	Briar Allen Douglas	
Address	PO Box	
	Street 1	56169 Penny Lane
	Street 2	
	City	New London
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	63459
	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	Student	
By Whom Appointed or Elected	Governor of Missouri	
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	Voting	0.0%

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?		No

Ownership Information		
FRN	9990144077	
Name	John Milton Wasson	
Address	PO Box	
	Street 1	7002 Calabash St.
	Street 2	
	City	Nixa
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	65714
	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 Elected Official	
By Whom Appointed or Elected	Governor of Missouri	
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	11.1%
	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	9990144078	
Name	Christopher Gibson Waters	
Address	PO Box	
	Street 1	1207 Stratford Road

	Street 2	
	City	Kansas City
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	64113
	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	Financial Advisor	
By Whom Appointed or Elected	Governor of Missouri	
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	11.1%
	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	9990144079	
Name	Lynn Renee Parman	
Address	PO Box	
	Street 1	6125 NW Hickory Place
	Street 2	
	City	Parkville
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	64152
	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	COO - National Association of Intercollegiate Athletes	
By Whom Appointed or Elected	Governor of Missouri	
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	11.1%
	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

(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.

Broadcast operation is licensed to and operated by the Board of Governors of Missouri State University, a public, state institution of education. There is 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 LICENSE --OR 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: Vice President Exact Legal Title or Name of Respondent: Board of Governors of Missouri State University Name: James Baker Phone: 4178368501 10/28/2021
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