

FRN

Not Applicable

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

File Number:0000103739Submit Date:2020-01-31FRN:0005672175Purpose:Noncommercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:01/31/2020Filing Status:Active

Section I - General Information

1. Respondent

Entity Name

	0005672175	University of Northern Iowa
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Street Address	City (and Country if non U.S. address)	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
324 Communications Arts Center	Cedar Falls	IA	50614	+1 (515) 725-1705	kedmister@iowapublicradio. org

2. Contact Representative

Name	Organization
Margaret L. Miller	Gray Miller Persh LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2233 Wisconsin Ave. NW Suite 226	Washington	DC	20007	+1 (202) 776- 2914	mmiller@graymillerpersh. com

3. Application Filing Fee

4.	Control	of
Re	esponde	ent

(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 No indirectly under the control of another entity?						
(b) Provide the following information	on about this report:					

Purpose	Biennial
"As of" date	10/01/2019
	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 Name	FRN
University of Northern Iowa	0005672175

Fac. ID No.	Call Sign	City	State	Service
69027	KHKE	CEDAR FALLS	IA	FM
69035	KRNI	MASON CITY	IA	AM
69158	KUNI	CEDAR FALLS	IA	FM
69284	KNSM	MASON CITY	IA	FM
83086	KICW	OTTUMWA	IA	FM
83540	KNSB	BETTENDORF	IA	FM
85606	KNSY	DUBUQUE	IA	FM
90336	KICJ	MITCHELLVILLE	IA	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	Management Agreement		
Parties to contract or instrument	Iowa Public Radio, Inc., Iowa State University of Science and Technology, University of Iowa, University of Northern Iowa.		
Date of execution	07/2013		
Date of expiration	06/2020		
Agreement type (check all that apply)	Other Agreement Type: Management Agreement for noncommercial educational radio stations, as extended by one year through June 2020.		

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	0005672175	0005672175		
Entity Name	University of Northern Iowa			
Address	PO Box			
	Street 1	324 Communications Arts Center		
	Street 2			
	City	Cedar Falls		
	State ("NA" if non-U.S. address)	ΙΑ		
	Zip/Postal Code	50614		
	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	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 that do not appear on this	an attributable interest in one o report?	r more broadcast stations No		

Ownership Information			
FRN	9990126676	9990126676	
Name	Michael Richards		
Address	PO Box		
	Street 1	5465 Mills Civic Parkway	
	Street 2	Suite 400	
	City	West Des Moines	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	50266	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder	·	

Positional Interests (check all that apply)	Officer, Other - President, Board of Regents, State of IowaMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	Former Vice Chair and Managing Partner, Quatro Composites		
By Whom Appointed or Elected	Governor, State of Iowa		
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)		
Does interest holder have an attributable interest in one or more broadcast stations Yes			

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

Yes

Ownership Information

FRN	9990126689	9990126689	
Name	Sherry Bates		
Address	PO Box		
	Street 1	1759 E Avenue	
	Street 2		
	City	Scranton	
	State ("NA" if non-U.S. address)	ΙΑ	
	Zip/Postal Code	51462	
	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	Social Worker		
By Whom Appointed or Elected	Governor, State of Iowa		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	Voting 11.1%	
(enter percentage values			

from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder ha	ve an attributable interest in one o	more broadcast stations	Yes

that do not appear on this report?

Ownership Information			
FRN	9990126683		
Name	Patricia Cownie	Patricia Cownie	
Address	PO Box		
	Street 1	305 East Locust	
	Street 2	Suite 500	
	City	Des Moines	
	State ("NA" if non-U.S. address)	ΙΑ	
	Zip/Postal Code	50309	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - President Pro Tem, Board of Regents, State of Iowa Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	State Public Servant		
By Whom Appointed or Elected	Governor, State of Iowa		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	11.1%	
(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	Plus) an attributable interest in one o	r more broadcast stations Yes	

Ownership Information		
FRN	9990126701	
Name	Nancy Dunkel	
Address	PO Box	
	Street 1	11789 Hickory Lane

cutive Director of Dyersvil	Dyersville IA 52040 United States (or other governing entity) Ile Area Community Foundation	
ress) Postal Code ntry (if non-U.S. ress) er Interest Holder aber of Governing Board cutive Director of Dyersvil	52040 United States (or other governing entity)	
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cutive Director of Dyersvil		
- 	lle Area Community Foundation	
ernor, State of Iowa		
Governor, State of Iowa		
enship	US	
der	Female	
nicity	Not Hispanic or Latino	
9	White	
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Ownership Information

FRN	9990126699	
Name	Milt J. Dakovich	
Address	PO Box	
	Street 1	1967 Kitty Hawk Drive
	Street 2	
	City Waterloo	
	State ("NA" if non-U.S. address)	ΙΑ
	Zip/Postal Code	50701
	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	President of Aspro, Inc.		
By Whom Appointed or Elected	Governor, State of Iowa		
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)		
Does interest holder have	Does interest holder have an attributable interest in one or more broadcast stations Yes		

that do not appear on this report?

Ownership Information		
FRN	9990126694	
Name	Nancy Boettger	
Address	PO Box	
	Street 1	926 Ironwood Road
	Street 2	
	City	Harlan
	State ("NA" if non-U.S. address)	ΙΑ
	Zip/Postal Code	51537
	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 Farmer and Educator	
By Whom Appointed or Elected	Governor, State of Iowa	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Female
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages	Voting	11.1%
(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 that do not appear on this report?			Yes

Ownership Information			
FRN	9990139905		
Name	David Barker		
Address	PO Box		
	Street 1	114 1/2 East College	
	Street 2		
	City	Iowa City	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	52240	
	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	Partner, Barker Companies		
By Whom Appointed or Elected	Governor, State of Iowa		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	11.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

Ownership Information			
FRN	9990139906		
Name	Zack Leist		
Address	PO Box		
	Street 1	508 Maple Lane	
	Street 2		

	City	Clarion	
	State ("NA" if non-U.S. address)	ΙΑ	
	Zip/Postal Code	50525	
	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, State of Iowa		
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 a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes

Ownership Information		
FRN	9990139907	
Name	Jim Lindenmayer	
Address	PO Box	
	Street 1	440 East Manning
	Street 2	
	City	Ottumwa
	State ("NA" if non-U.S. address)	IA
	Zip/Postal Code	52501
	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	

Governor, State of Iowa		
Citizenship	US	
Gender	Male	
Ethnicity	Not Hispanic or Latino	
Race	White	
Voting	11.1%	
Equity	0.0%	
Total assets (Equity Debt Plus)	0.0%	
	Citizenship Gender Ethnicity Race Voting Equity Total assets (Equity Debt	

that do not appear on this report?

Ownership Information		
FRN	9990126775	
Name	Mark A. Nook	
Address	PO Box	
	Street 1	1 Seerley Hall
	Street 2	University of Northern Iowa
	City	Cedar Falls
	State ("NA" if non-U.S. address)	ΙΑ
	Zip/Postal Code	50614
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - President, University of Northern Iowa	
Principal Profession or Occupation	University Administrator	
By Whom Appointed or Elected	Board of Regents, State of Iowa	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural Persons Only)	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%

Ownership Information

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

No

Ownership Information			
FRN	9990140596		
Name	Andrew Morse		
Address	PO Box		
	Street 1	Seerley Hall 1	
	Street 2	University of Northern Iowa	
	City	Cedar Falls	
	State ("NA" if non-U.S. address)	ΙΑ	
	Zip/Postal Code	50614-0705	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Asst to the President for Board and Gov't Relations, UNI		
Principal Profession or Occupation	University Administrator		
By Whom Appointed or Elected	Board of Regents, State of Iowa		
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)		
Does interest holder have a that do not appear on this re	n attributable interest in one o eport?	r more broadcast stations	No
(b) Respondent certifies that interests, not reported in this	it any interests, including equit is filing are non-attributable.	ty, financial, or voting	Yes

If "No," submit as an exhibit an explanation.

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

No

If "<u>Yes</u>," 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.

Respondent is direct licensee of the Stations. 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 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: Director of University Relations Exact Legal Title or Name of Respondent: University of Northern Iowa Name: Cassie Mathes Phone: 3192732761 01/31/2020