



(REFERENCE COPY - Not for submission)

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

File Number: **0000098798** | Submit Date: **2020-01-21** | FRN: **0006142236**
Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **01/21/2020**
Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0006142236		BOARD OF REGENTS, SOUTHEAST MISSOURI STATE UNIVERSITY			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
One University Plaza	Cape Girardeau	MO	63701	+1 (573) 651-5070	djwoods@semo.edu

2. Contact Representative

Name		Organization			
Danny Woods		KRCU-FM KSEF-FM			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
One University Plaza Mailstop 0300	Cape Girardeau	MO	63701	+1 (573) 651-5070	djwoods@semo.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 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	10/01/2019 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.

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 REGENTS, SOUTHEAST MISSOURI STATE UNIVERSITY			0006142236	

Fac. ID No.	Call Sign	City	State	Service
61212	KRCU	CAPE GIRARDEAU	MO	FM
90232	KSEF	STE. GENEVIEVE	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.

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.

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	0006142236	
Entity Name	BOARD OF REGENTS, SOUTHEAST MISSOURI STATE UNIVERSITY	
Address	PO Box	
	Street 1	One University Plaza
	Street 2	
	City	Cape Girardeau
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	63701
	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	9990124869		
Name	Edward P. Gargas		
Address	PO Box		
	Street 1	302 N. Walnut St.	
	Street 2		
	City	Dexter	
	State ("NA" if non-U.S. address)	MO	
	Zip/Postal Code	63841	
	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	Director of Operations and Sales, Bagby Wealth Management		
By Whom Appointed or Elected	Governor Jay Nixon		
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	16.7%	
	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?			No

Ownership Information

FRN	9990124870	
Name	Jay B. Knudtson	
Address	PO Box	
	Street 1	2 South Mt. Auburn Rd.
	Street 2	
	City	Cape Girardeau
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	63703
	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	Banker	
By Whom Appointed or Elected	Governor Jay Nixon	
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	16.7%
	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?		No

Ownership Information		
FRN	9990125220	
Name	Phillip M. Britt	
Address	PO Box	
	Street 1	1175 Floyd St.
	Street 2	
	City	Kennett
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	63857
	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	Drug Court Commissioner - Judge		
By Whom Appointed or Elected	Governor Jay Nixon		
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	16.7%	
	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?		No	

Ownership Information		
FRN	9990137652	
Name	Tina Klocke	
Address	PO Box	
	Street 1	130 S. Benton Ave.
	Street 2	Suite 303
	City	Clayton
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	63105
	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	CFO and COO for Clark-Fox Family Foundation	
By Whom Appointed or Elected	Governor Eric Greitens	
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	16.7%	
	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?			No

Ownership Information			
FRN	9990137655		
Name	James P. Limbaugh		
Address	PO Box	1815	
	Street 1	2027 Broadway	
	Street 2		
	City	Cape Girardeau	
	State ("NA" if non-U.S. address)	MO	
	Zip/Postal Code	63702	
	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	Banker		
By Whom Appointed or Elected	Governor Mike Parson		
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	16.7%	
	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?			No

Ownership Information		
FRN	9990137657	
Name	Dennis L. Vinson	
Address	PO Box	

	Street 1	1302 Lenco Ave.	
	Street 2		
	City	Jackson	
	State ("NA" if non-U.S. address)	MO	
	Zip/Postal Code	63755	
	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	CEO Signature Packaging and Paper		
By Whom Appointed or Elected	Governor Mike Parson		
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	16.7%	
	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?		No	

Ownership Information		
FRN	9990137659	
Name	Luke M. LeGrand	
Address	PO Box	
	Street 1	One University Plaza
	Street 2	MS3300
	City	Cape Girardeau
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	63701
	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 Eric Greitens		
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)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990137692	
Name	Kathy Mangels	
Address	PO Box	
	Street 1	One University Plaza
	Street 2	MS3300
	City	Cape Girardeau
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	63701
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	VP Finance and Administration, SEMO University - Board Treasurer	
By Whom Appointed or Elected	University President	
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	0.0%
	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?		No

Ownership Information		
FRN	9990137693	
Name	Chris Martin	
Address	PO Box	
	Street 1	One University Plaza
	Street 2	MS3300
	City	Cape Girardeau
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	63701
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Chief of Staff - Board Secretary	
By Whom Appointed or Elected	University President	
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)	
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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<p>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	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.

Southeast Missouri State University is a public university governed by its Board of Regents. 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.	<p>Official Title: Vice President, Finance & Administration</p> <p>Exact Legal Title or Name of Respondent: Board of Regents, Southeast Missouri State University</p> <p>Name: Kathy M. Mangels</p> <p>Phone: 5736512570</p> <p>01/21/2020</p>