

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0084 (June 2002)	FOR FCC USE ONLY
FCC 323-E		
Ownership Report For Noncommercial Educational Broadcast Station		FOR COMMISSION USE ONLY FILE NO. BOA - 20121001BEX
Read INSTRUCTIONS Before Filling Out Form		

Section I - General

1.	Legal Name of the Licensee/Permittee THE CURATORS OF THE UNIVERSITY OF MISSOURI		
	Mailing Address 1105 CARRIE FRANCKE DRIVE		
	City COLUMBIA	State or Country (if foreign address) MO	ZIP Code 65211 -
	Telephone Number (include area code) 5738825768		E-Mail Address (if available)
	FCC Registration Number: 0002511491	Call Sign KCOU	Facility ID Number 28513
2.	Contact Representative (if other than Licensee/Permittee) SCOTT R. FLICK, ESQ.		
	Firm or Company Name PILLSBURY WINTHROP SHAW PITTMAN LLP		
	Telephone Number (include area code) 2026638167		E-Mail Address (if available) SCOTT.FLICK@PILLSBURYLAW.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.	<p>All of the information furnished in this Report is accurate as of 09/01/2012 (<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>)</p> <p>This Report is filed for (<i>check one</i>)</p> <p>a. <input checked="" type="radio"/> Biennial b. <input type="radio"/> Transfer of Control or Assignment of License/Permit c. <input type="radio"/> Other</p> <p>d. <input type="radio"/> Amendment to pending application</p> <p>for the following stations:</p> <p>[Enter Station Information]</p> <hr/> <p style="text-align: center;">Station List</p> <p>This Report is filed for the following stations:</p>
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Call Letters	Facility ID Number	Location (City/State)	Class of service
KCUR-FM	14738	KANSAS CITY, MO	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
KMNR	14740	ROLLA, MO	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
KMST	69041	ROLLA, MO	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
KWMU	65585	ST. LOUIS, MO	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
KAUD	172407	MEXICO MO	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
WQUB	54282	QUINCY IL	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
KBIA	69180	COLUMBIA, MO	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
KCOU	28513	COLUMBIA, MO	FM

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 <u>de facto</u> 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)
BYLAWS	UNIVERSITY OF MISSOURI AND BOARD	11/07/1969	

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.	DAVID R. BRADLEY, C/O UNIVERSITY OF MISSOURI, 316 UNIVERSITY HALL, COLUMBIA, MISSOURI 65211
b. Citizenship.	US
c. Office held.	BOARD MEMBER
d. Percent of interest held.	14.20
e. Principal profession or occupation.	BUSINESS EXECUTIVE
f. By whom appointed or elected.	GOVERNOR OF STATE OF MISSOURI
g. Existing interests	THE CURATORS OF THE UNIVERSITY OF MISSOURI ARE ALSO THE LICENSEE OF STATION KOMU-TV, COLUMBIA, MO; DAVID R. BRADLEY IS A PRINCIPAL OF NEWS-PRESS & GAZETTE COMPANY, WHOSE INTERESTS IN RADIO AND TV IN OR, ID, CO, CA, TX, AND MO ARE OF RECORD.

a. Name and Address.	DONALD L. CUPPS, C/O UNIVERSITY OF MISSOURI, 316 UNIVERSITY HALL, COLUMBIA, MISSOURI 65211
b. Citizenship.	US
c. Office held.	BOARD MEMBER
d. Percent of interest held.	14.20
e. Principal profession or occupation.	ATTORNEY
f. By whom appointed or elected.	GOVERNOR OF STATE OF MISSOURI
g. Existing interests	KOMU-TV

a. Name and Address.	DON M. DOWNING, C/O UNIVERSITY OF MISSOURI, 316 UNIVERSITY HALL, COLUMBIA, MISSOURI 65211
b. Citizenship.	US
c. Office held.	BOARD MEMBER
d. Percent of interest held.	14.20
e. Principal profession or occupation.	ATTORNEY
f. By whom appointed or elected.	GOVERNOR OF STATE OF MISSOURI
g. Existing interests	KOMU-TV

a. Name and Address.	WARREN K. ERDMAN, C/O UNIVERSITY OF MISSOURI, 316
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	UNIVERSITY HALL, COLUMBIA, MISSOURI 65211
b. Citizenship.	US
c. Office held.	BOARD MEMBER
d. Percent of interest held.	14.20
e. Principal profession or occupation.	BUSINESS EXECUTIVE
f. By whom appointed or elected.	GOVERNOR OF STATE OF MISSOURI
g. Existing interests	KOMU-TV

a. Name and Address.	WAYNE GOODE, C/O UNIVERSITY OF MISSOURI, 316 UNIVERSITY HALL, COLUMBIA, MISSOURI 65211
b. Citizenship.	US
c. Office held.	BOARD MEMBER
d. Percent of interest held.	14.20
e. Principal profession or occupation.	RETIRED BUSINESS EXECUTIVE
f. By whom appointed or elected.	GOVERNOR OF STATE OF MISSOURI
g. Existing interests	KOMU-TV

a. Name and Address.	PAMELA QUIGG HENRICKSON, C/O UNIVERSITY OF MISSOURI, 316 UNIVERSITY HALL, COLUMBIA, MISSOURI 65211
b. Citizenship.	US
c. Office held.	BOARD MEMBER
d. Percent of interest held.	14.20
e. Principal profession or occupation.	ATTORNEY
f. By whom appointed or elected.	GOVERNOR OF STATE OF MISSOURI
g. Existing interests	KOMU-TV

a. Name and Address.	DAVID L. STEWARD, C/O UNIVERSITY OF MISSOURI, 316 UNIVERSITY HALL, COLUMBIA, MISSOURI 65211
b. Citizenship.	US
c. Office held.	BOARD MEMBER, VICE CHAIR
d. Percent of interest held.	14.20
e. Principal profession or occupation.	BUSINESS EXECUTIVE
f. By whom appointed or elected.	GOVERNOR OF STATE OF MISSOURI
g. Existing interests	KOMU-TV

a. Name and Address.	AMY JOHNSON, C/O UNIVERSITY OF MISSOURI, 316 UNIVERSITY HALL, COLUMBIA, MISSOURI 65211
b. Citizenship.	US
c. Office held.	STUDENT REPRESENTATIVE

d. Percent of interest held.	0.00
e. Principal profession or occupation.	STUDENT
f. By whom appointed or elected.	GOVERNOR OF STATE OF MISSOURI
g. Existing interests	KOMU-TV

SECTION III - CERTIFICATION

I certify that I am DIRECTOR

(Official Title)

of UNIVERSITY OF MISSOURI BUSINESS SERVICES

(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 STEPHAN LAUZIER	Date 10/01/2012
Telephone Number of Respondent (Include area code) 5738823385	

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