Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0390 (April 2000)	FOR FCC USE ONLY CODE NO.B395B - 20001002APC

BROADCAST STATION ANNUAL EMPLOYMENT REPORT

SECTION I

Legal Name of the Licensee CURATORS OF THE UNIVERSITY OF MISSOURI		
Mailing Address 227 UNIVERSITY HALL		
City COLUMBIA	State or Country (if foreign address) MO	Zip Code 65211 -
Telephone Number (include area code) 5738828888	E-Mail Address (if available) KWMU@UMSL.EDU	
Facility ID Number 14740		Call Sign KMNR

SECTION II

A. TYPE OF RESPONDENT:	Commercial Broadcast Station ○ Radio ○ TV ○ Low Power TV ○ International	Noncommercial Broadcast Station ◉ Educational Radio ○ Educational TV	Headquarters ○ HQ

B. List call sign and location of all stations whose employees are on this report. This should include commonly owned stations which share one or more employees.

[Stations Locations]

Station List

List call sign and location of all stations those employees are on this report. This should include commonly owned stations which share one or more employees.

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KMNR	14740	○ AM ◉ FM ○ TV	ROLLA, MO

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 7/30/2000

B. CHECK APPLICABLE BOX

◉	Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
○	Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the

licensee.

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).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name DENNIS CESARI
Title ASST VP FOR MGMT SERVICES	Telephone No. (include area code) 5738822706
Date 09/29/2000	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA
[Full-Time Paid Employee Data]

B. PART-TIME PAID EMPLOYEE DATA
[Part-Time Paid Employee Data]

Additional Information [Exhibit 1]

Exhibits