

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

File Number:0000100744Submit Date:2020-01-27FRN:0001524271Purpose:Noncommercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:01/27/2020Filing Status:Active

# **Section I - General Information**

## 1. Respondent

FRN	Entity Name
0001524271	Santa Monica College

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1900 Pico Blvd.	Santa Monica	СА	90405	+1 (310) 450- 5183	jennifer. ferro@kcrw.org

Organization

#### 2. Contact Representative

Name

Suite 200

Not Applicable

Brad Deutsch		F	Foster Garvey P.C.		
Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac St., NW	Washington	DC	20007	+1 (202) 298- 1793	brad.deutsch@foster. com

# 3. Application Filing Fee

4. Control of Respondent

(a) Provide the following information about the Respondent: Relationship to stations/permits Licensee

Is the Respondent's governing boa	rd (or other governing entity) directly or	No
indirectly under the control of anot	her entity?	

(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
Santa Monica College	0001524271

Fac. ID No.	Call Sign	City	State	Service
59085	KCRU	OXNARD	CA	FM
59086	KCRW	SANTA MONICA	CA	FM
59087	KCRI	INDIO	CA	FM
59092	KCRY	MOJAVE	CA	FM
63523	KERW	LOS OSOS-BAYWOOD PAR	CA	FM
69085	KDRW	SANTA BARBARA	CA	FM

## Section II – Biennial Ownership Information

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

1.47 C.F.R.

**Documents** 

Section 73.3613

(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	0001524271	0001524271	
Entity Name	Santa Monica College		
Address	PO Box		
	Street 1	1900 Pico Blvd.	
	Street 2		
	City	Santa Monica	
	State ("NA" if non-U.S. address)	CA	

	Zip/Postal Code	90405		
	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	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	9990128159		
Name	Kathryn E. Jeffery, Dr.		
Address	PO Box		
	Street 1	1900 Pico Blv.	
	Street 2		
	City	Santa Monica	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	90405	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer		
Principal Profession or Occupation	Superintendent and President		
By Whom Appointed or Elected	Appointed by the SMCCD Boa	ard of Trustees	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
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 an	attributable interest in one or	more broadcast stations	No

that do not appear on this report?

Ownership Information				
FRN	9990128407	9990128407		
Name	Elaine Polachek	Elaine Polachek		
Address	PO Box			
	Street 1	1900 Pico Blvd.		
	Street 2			
	City	Santa Monica		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	90405		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer	Officer		
Principal Profession or Occupation	Interim Executive Vice Presid	Interim Executive Vice President - SMC		
By Whom Appointed or Elected	Appointed by SMCCD Board	of Trustees		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
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)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

Ownership Information		
FRN	0027089382	
Name	Rob Rader	
Address	PO Box	
	Street 1	1900 Pico Blvd.
	Street 2	

	City	Santa Monica		
	State ("NA" if non-U.S. address)	СА		
	Zip/Postal Code	90405		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Attorney			
By Whom Appointed or Elected	Voters of Santa Monica Community College District			
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US		
	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	14.3%		
(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	9990128410	
Name	Margaret Quinones-Perez	
Address	PO Box	
	Street 1	1900 Pico Blvd
	Street 2	
	City Santa Monica	
	State ("NA" if non-U.S. address)	СА
	Zip/Postal Code 90405	
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	

By Whom Appointed or Elected	Voters of the Santa Monica Community College District		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have	an attributable interest in one o	r more broadcast stations	No

Ownership Information		
FRN	9990128411	
Name	Susan Aminoff	
Address	PO Box	
	Street 1	1900 Pico Blvd.
	Street 2	
	City	Santa Monica
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	90405
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	Voters of the Santa Monica Community College District	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Female
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages	Voting	14.3%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%

that do not appear on this report?

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

No

Ownership Information				
FRN	9990128413			
Name	Louise Jaffe			
Address	PO Box			
	Street 1	1900 Pico Blvd.		
	Street 2			
	City	Santa Monica		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	90405		
	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	Script Supervisor and Trustee			
By Whom Appointed or Elected	Voters of Santa Monica Community College District			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race White			
Interest Percentages	Voting	14.3%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have an that do not appear on this re	attributable interest in one or port?	more broadcast stations	No	

#### **Ownership Information**

FRN	9990128422	
Name	Nancy Greenstein	
Address	PO Box	
	Street 1	1900 Pico Blvd.
	Street 2	
	City	Santa Monica
		·

	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	90405		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Member of Governing	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired			
By Whom Appointed or Elected	Voters of Santa Monica Community College District			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	14.3%		
(enter percentage values from 0.0 to 100.0)	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	No	

FRN	9990128429	
Name	Barry A. Snell	
Address	PO Box	
	Street 1	1900 Pico Blvd.
	Street 2	
	City	Santa Monica
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	90405
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Certified Public Accountant	
By Whom Appointed or Elected	Voters of Santa Monica Community College District	

Citizenship, Gender, Ethnicity, and Race	Citizenship	US	
Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%	
	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	9990140513		
Name	Sion Roy		
Address	PO Box		
	Street 1	1900 Pico Blvd.	
	Street 2		
	City	Santa Monica	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	90405	
	Country (if non-U.S. address)	United States	
_isting Type	Other Interest Holder		
Positional Interests check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Cardiologist and Assistant Professor of Medicine		
By Whom Appointed or Elected	Voters of Santa Monica Community College District		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race nformation (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Asian	
nterest Percentages	Voting	14.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

(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.

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
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.	

# 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.

Santa Monica Community College District is a political subdivision of the State of California, with an elected Board of Trustees and an appointed President/Superintendent & Executive Vice President appointed by the SMCCD Board of Trustees.

### **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: <b>General Manager</b> Exact Legal Title or Name of Respondent: <b>Santa Monica Community College District</b> Name: <b>Jennifer Ferro</b> Phone: <b>3104505183</b> 01/27/2020