



(REFERENCE COPY - Not for submission)

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

File Number: **0000173821** | Submit Date: **2021-11-30** | FRN: **0001569359**
Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/30/2021**
Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0001569359		KSER FOUNDATION			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2623 Wetmore Ave.	Everett	WA	98201	+1 (425) 303-9070	tom@kser.org

2. Contact Representative

Name		Organization			
Melodie A. Virtue		Foster Garvey PC			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac St. NW 2nd Floor	Washington	DC	20007	+1 (202) 965-7880	melodie.virtue@foster.com

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	10/01/2021 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	
KSER FOUNDATION			0001569359	

Fac. ID No.	Call Sign	City	State	Service
29649	KSER	EVERETT	WA	FM
173833	KXIR	FREELAND	WA	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	Articles of Incorporation
Parties to contract or instrument	State of Washington
Date of execution	06/1994
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation

Document Information	
Description of contract or instrument	Re-stated By-laws
Parties to contract or instrument	KSER Foundation
Date of execution	06/2012
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Re-stated By-laws

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	0001569359	
Entity Name	KSER FOUNDATION	
Address	PO Box	
	Street 1	2623 Wetmore Ave.
	Street 2	
	City	Everett
	State ("NA" if non-U.S. address)	WA
	Zip/Postal Code	98201
	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	0027243617	
Name	eric fetters-walp	
Address	PO Box	
	Street 1	2609 121st Drive NE
	Street 2	
	City	Lake Stevens
	State ("NA" if non-U.S. address)	WA
	Zip/Postal Code	98258
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - President Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	Marketing for Boeing Corporation	
By Whom Appointed or Elected	Board appointed	
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	0027244086	
Name	Erin Monroe	
Address	PO Box	
	Street 1	19303 Olympic View Drive
	Street 2	
	City	Edmonds
	State ("NA" if non-U.S. address)	WA
	Zip/Postal Code	98020
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Secretary Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Manager, Goodwill	
By Whom Appointed or Elected	Board elected	
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	9990140720	
Name	Lisa Utter	
Address	PO Box	
	Street 1	18828 46th Ave. W
	Street 2	
	City	Lynnwood
	State ("NA" if non-U.S. address)	WA
	Zip/Postal Code	98036
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Vice-President Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Executive Director, National Alliance on Mental Illness, Snohomish County	
By Whom Appointed or Elected	Board	
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	9990140723	
Name	Keashia Garner	
Address	PO Box	
	Street 1	1508 100th St. SW
	Street 2	

	<div>City</div>	Everett
	<div>State ("NA" if non-U.S. address)</div>	WA
	<div>Zip/Postal Code</div>	98204
	<div>Country (if non-U.S. address)</div>	United States
<div>Listing Type</div>	Other Interest Holder	
<div>Positional Interests<div>(check all that apply)</div></div>	Officer, Other - SecretaryMember of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	Retired, U.S. Navy	
<div>By Whom Appointed or Elected</div>	Board	
<div>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</div>	<div>Citizenship</div>	US
	<div>Gender</div>	Female
	<div>Ethnicity</div>	Not Hispanic or Latino
	<div>Race</div>	Black or African American
<div>Interest Percentages<div>(enter percentage values from 0.0 to 100.0)</div></div>	<div>Voting</div>	16.7%
	<div>Equity</div>	0.0%
	<div>Total assets (Equity Debt Plus)</div>	
<div>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</div>		No

Ownership Information		
<div>FRN</div>	9990147646	
<div>Name</div>	Ashley McDonald	
<div>Address</div>	<div>PO Box</div>	
	<div>Street 1</div>	2623 Wetmore Ave
	<div>Street 2</div>	
	<div>City</div>	Everett
	<div>State ("NA" if non-U.S. address)</div>	WA
	<div>Zip/Postal Code</div>	98201
	<div>Country (if non-U.S. address)</div>	United States
<div>Listing Type</div>	Other Interest Holder	
<div>Positional Interests<div>(check all that apply)</div></div>	Member of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	Broadcasting	

By Whom Appointed or Elected	Board Elected	
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	9990147648	
Name	Michelle Dietz	
Address	PO Box	
	Street 1	2623 Wetmore Ave.
	Street 2	
	City	Everett
	State ("NA" if non-U.S. address)	WA
	Zip/Postal Code	98201
	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	Executive Director Village Community Services Non Profit	
By Whom Appointed or Elected	Board Elected	
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
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(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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(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)? 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.	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.

Licensee does not have a 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.	Official Title: General Manager Exact Legal Title or Name of Respondent: KSER Foundation Name: Tom Clendening Phone: 4253039070 11/30/2021