

(REFERENCE COPY - Not for submission)

Amendment to a Non-Commercial Broadcast Stations Biennial Ownership Report

File Number: 0000042858 | Submit Date: 2018-02-26 | FRN: 0005850854

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Amendment Status: Received Status Date:

02/26/2018 Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name
0008	5850854	The KBOO Foundation

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
20 SE 8TH AVENUE	PORTLAND	OR	97214	+1 (503) 231- 8032	ADMIN@KBOO. ORG

2. Contact Representative

Name	Organization
John Crigler, Esq.	Garvey Schubert Barer

Street	City (and Country if non U.S.		Zip		
Address	address)	State	Code	Phone	Email
1000	Washington	DC	20007	+1 (202) 965-	JCRIGLER@GSBLAW.
Potomac				7880	COM
Street NW					
Suite 200					

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	10/01/2017
	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.
Reason for Amendment	Amended to include updated Amendments to Articles of Incorporation

5. Licensee(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name	FRN	
The KBOO Foundation	0005850854	

Fac. ID No.	Call Sign	City	State	Service
65755	KBOO	PORTLAND	OR	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 OREGON		
Date of execution	06/1972		
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	BY-LAWS (AS AMENDED)	
Parties to contract or instrument	KBOO FOUNDATION	
Date of execution	09/2014	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: BY-LAWS (AS AMENDED)	

Document Information		
Description of contract or instrument	Amendment to Articles of Incorporation	
Parties to contract or instrument	State of Oregon	
Date of execution	11/1972	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Amendment to Articles of Incorporation	

Document Information		
	Description of contract or instrument	Amendment to Articles of Incorporation
	Parties to contract or instrument	State of Oregon

Date of execution	12/1990
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Amendment to Articles of Incorporation

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	0005850854	0005850854	
Entity Name	The KBOO Foundation		
Address	PO Box		
	Street 1	20 SE 8TH AVENUE	
	Street 2		
	City	PORTLAND	
	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97214	
	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	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	
that do not appear on this report?	

No

Ownership Information				
FRN	9990123461			
Name	John Shuck			
Address	PO Box			
	Street 1	15393 NW Andalusian Way		
	Street 2			
	City	Portland		
	State ("NA" if non-U.S. address)	OR		
	Zip/Postal Code	97229		
	Country (if non-U.S. United States address)			
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Clergy			
By Whom Appointed or Elected	Board			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	9.1%		
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have a that do not appear on this re	n attributable interest in one or eport?	r more broadcast stations No		

Ownership Information				
FRN	9990123466	9990123466		
Name	Roseanne Medlock	Roseanne Medlock		
Address	РО Вох			
	Street 1	19310 SW Regal Ct.		
	Street 2			
	City	Beaverton		
	Oity	Deaverton		

	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97003	
	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	E-Learning Content Develope	er, Credo Reference	
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	No

Ownership Information		
FRN	9990123465	
Name	Shaheed Haamid	
Address	PO Box	
	Street 1	1515 N. Ainsworth
	Street 2	Apt 70
	City Portland State ("NA" if non-U.S. OR address) Zip/Postal Code 97217	
	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	Retired	
By Whom Appointed or Elected	Member	

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	9.1%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No

Ownership Information				
FRN	9990123458			
Name	Ruban Lawrence			
Address	PO Box			
	Street 1	5455 SE 91st Avenue		
	Street 2			
	City	Portland		
	State ("NA" if non-U.S. address)	OR		
	Zip/Postal Code	97266		
	Country (if non-U.S. United States address)			
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Software Consultant			
By Whom Appointed or Elected	Member	Member		
Citizenship, Gender,	Citizenship	CA		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Race Asian		
Interest Percentages	Voting	9.1%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have a	an attributable interest in one o	r more broadcast stations	No	

Ownership Information			
FRN	9990123459		
Name	Christina Jean Lugo		
Address	PO Box		
	Street 1	1108 7th St	
	Street 2		
	City	Oregon City	
	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97045	
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Manufacturing Technician		
By Whom Appointed or Elected	Board	Board	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No	

Ownership Information			
FRN	9990123456	9990123456	
Name	Inga Irving	Inga Irving	
Address	РО Вох		
	Street 1	2933 NE 11th Avenue	
	Street 2 City Portland State ("NA" if non-U.S. OR address)		
	Zip/Postal Code 97212		

	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Administrative Assistant	Administrative Assistant		
By Whom Appointed or Elected	Member			
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	9.1%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have a that do not appear on this	an attributable interest in one oreport?	r more broadcast stations	No	

Ownership Information		
FRN	9990123455	
Name	Adam Carpinelli	
Address	PO Box	
	Street 1	6825 SE 47th Avenue
	Street 2	
	City	Portland
	State ("NA" if non-U.S. OR address)	
	Zip/Postal Code	97242
	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	Educator, Youth Advocate, Social Worker	
By Whom Appointed or Elected	Board	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Male
Persons Only)		

Interest Percentages (enter percentage values from 0.0 to 100.0)	Ethnicity	Not Hispanic or Latino	
	Race	White	
	Voting	9.1%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations	No

Ownership Information			
FRN	9990123460		
Name	Tommy Moore	Tommy Moore	
Address	PO Box		
	Street 1	2943 SE Columbus St.	
	Street 2		
	City	HIllsboro	
	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97123	
	Country (if non-U.S. United States address)		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Manufacturing Technician		
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race Black or African American		
Interest Percentages Voting 9.1%		9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o	or more broadcast stations No	

Ownership Information	
FRN	9990123457

Name	Kipp Kruger		
Address	РО Вох		
	Street 1	8935 SE Boones Ferry Rd	
	Street 2		
	City	Portland	
	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97219	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - PresidentMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	SELF-EMPLOYED		
By Whom Appointed or Elected	Member		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural	Gender Male		
Persons Only)	Ethnicity Not Hispanic or Latino		
	Race White		
Interest Percentages	Voting	9.1%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
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	9990123462	
Name	Sekoynia Wright	
Address	PO Box	
	Street 1 2740 SE Powell Blvd	
	Street 2 #6	
	City Portland	
	State ("NA" if non-U.S. OR address)	
	Zip/Postal Code 97202	
	Country (if non-U.S. United States address)	
Listing Type	Other Interest Holder	

Positional Interests (check all that apply)	Officer, Other - SECRETARYMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Food Service Assistant, Portland Public Schools	
By Whom Appointed or Elected	Member	
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	9.1%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations No

FRN	9990123464	9990123464	
Name	Kathryn Garcia		
Address	PO Box		
	Street 1	3829 SE 62nd Ave	
	Street 2		
	City	Portland	
	State ("NA" if non-U.S. address)	OR	
	Zip/Postal Code	97206	
	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	Media Educator at Portland Community Media		
By Whom Appointed or Elected	Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting 9.1%		

from 0.0 to 100.0)	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	

(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.

Licensee has 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 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: Board Secretary Exact Legal Title or Name of Respondent: The KBOO Foundation Name: John Shuck Phone: 5033095346 02/26/2018