



(REFERENCE COPY - Not for submission)

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

File Number: 0000144395 | Submit Date: 2021-05-03 | FRN: 0005850854

Purpose: Noncommercial Broadcast Stations Non-Biennial Ownership Report | Status: Received | Status Date: 05/03/2021 | Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0005850854		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 Ave.	Portland	OR	97214	+1 (503) 231-8032	manager@kboo.org

2. Contact Representative

Name		Organization			
Melodie A. Virtue		Foster Garvey P.C.			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1000 Potomac Street NW Suite 200	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	Transfer of control or assignment of license/permit
"As of" date	04/09/2021  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) /Permittees(s) and Station(s) /Permit(s)

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

Licensee/Permittee Name	FRN
The KBOO Foundation	0005850854

Fac. ID No.	Call Sign	City	State	Service
33677	K220HR	HOOD RIVER	OR	FX
65755	KBOO	PORTLAND	OR	FM
147659	K242AX	THE DALLES	OR	FX
149626	K282BH	PHILOMATH	OR	FX

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents

Licensee/Permittee Respondents 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/Permittee Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	BY-LAWS (AS AMENDED)
Parties to contract or instrument	KBOO FOUNDATION
Date of execution	11/2020
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> BY-LAWS (AS AMENDED)

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 <b>Agreement Type:</b> 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	11/1972
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> 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 <b>Agreement Type:</b> 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) or Permittee(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) or Permittee(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	
Entity Name	The KBOO Foundation	
Address	PO Box	
	Street 1	20 SE 8th Ave.
	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	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	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

FRN	9990123464		
Name	Kathryn Garcia		
Address	PO Box		
	Street 1	20 SE 8th Ave.	
	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	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - PresidentMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	Media Educator at Open Signal		
By Whom Appointed or Elected	Members		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%	
	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	9990139377		
Name	Ruba Leech		
Address	PO Box		
	Street 1	20 SE 8th Ave.	
	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	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Vice PresidentMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	Educator		

By Whom Appointed or Elected	Members		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%	
	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	9990139412		
Name	Laurie Mercier		
Address	PO Box		
	Street 1	20 SE 8th Ave.	
	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	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Professor		
By Whom Appointed or Elected	Members		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%	
	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	9990139414		
Name	Marvin D. Raines		
Address	PO Box		
	Street 1	20 SE 8th Ave.	
	Street 2		
	City	Portland	
	State ("NA" if non-U.S. address)	OR	

	<b>Zip/Postal Code</b>	97214
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Sterile Processor	
<b>By Whom Appointed or Elected</b>	Members	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	8.3%
	<b>Total assets (Equity Debt Plus)</b>	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

<b>Ownership Information</b>		
<b>FRN</b>	9990123465	
<b>Name</b>	Shaheed Haamid	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	20 SE 8th Ave.
	<b>Street 2</b>	
	<b>City</b>	Portland
	<b>State ("NA" if non-U.S. address)</b>	OR
	<b>Zip/Postal Code</b>	97214
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Retired	
<b>By Whom Appointed or Elected</b>	Members	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	8.3%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

<b>Ownership Information</b>	
<b>FRN</b>	9990123459

Name	Christina Lugo		
Address	PO Box		
	Street 1	20 SE 8th Ave.	
	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	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - TreasurerMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	Gardener		
By Whom Appointed or Elected	Members		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%	
	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	9990143377		
Name	Brian Setzler		
Address	PO Box		
	Street 1	20 SE 8th Ave.	
	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	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Certified Public Accountant		
By Whom Appointed or Elected	Members		

<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	8.3%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

<b>Ownership Information</b>			
<b>FRN</b>	9990143378		
<b>Name</b>	Stephanie Rider		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	20 SE 8th Ave.	
	<b>Street 2</b>		
	<b>City</b>	Portland	
	<b>State ("NA" if non-U.S. address)</b>	OR	
	<b>Zip/Postal Code</b>	97214	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
<b>Principal Profession or Occupation</b>	Energy Efficiency Non-profit, Manager of Analytics team		
<b>By Whom Appointed or Elected</b>	Members		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	8.3%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

<b>Ownership Information</b>			
<b>FRN</b>	9990143379		
<b>Name</b>	Karla Patricia Langlois-Cruz		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	20 SE 8th Ave.	
	<b>Street 2</b>		
	<b>City</b>	Portland	
	<b>State ("NA" if non-U.S. address)</b>	OR	
	<b>Zip/Postal Code</b>	97214	



	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	Accountant, Tax Preparer, Bookkeeper	
By Whom Appointed or Elected	Members	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%
	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	9990143380	
Name	Layla Kanaan	
Address	PO Box	
	Street 1	20 SE 8th Ave.
	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	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Recruiting for Harder Mechanical Contractors	
By Whom Appointed or Elected	Members	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%
	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	9990143381
Name	Alyssa Hundersmarck

Address	PO Box	
	Street 1	20 SE 8th Ave.
	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	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - SecretaryMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Social Worker	
By Whom Appointed or Elected	Members	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	8.3%
	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	9990143382	
Name	Jessica Almroth	
Address	PO Box	
	Street 1	20 SE 8th Ave.
	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	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Operations Manager of a Day Shelter	
By Whom Appointed or Elected	Members	
Interest Percentages (enter percentage values	Voting	8.3%

from 0.0 to 100.0)	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

<b>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.</b> If "No," submit as an exhibit an explanation.	Yes
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<b>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</b>  If " <u>Yes</u> ," 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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Certification

Section	Question	Response
<b>Authorized Party to Sign</b>	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).	
<b>Certification</b>	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>Board President</b> Exact Legal Title or Name of Respondent: <b>The KBOO Foundation</b> Name: <b>Kathryn Garcia</b> Phone: <b>5032318032</b>  05/03/2021