

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0084 (June 2002)	FOR FCC USE ONLY
<b>FCC 323-E</b>		
<b>Ownership Report For Noncommercial Educational Broadcast Station</b>		FOR COMMISSION USE ONLY FILE NO. BOS - 20140918ABW
Read INSTRUCTIONS Before Filling Out Form		

**Section I - General**

1.	Legal Name of the Licensee/Permittee SANTA MONICA COMMUNITY COLLEGE DISTRICT		
	Mailing Address 1900 PICO BLVD.		
	City SANTA MONICA	State or Country (if foreign address) CA	ZIP Code 90405 - 1628
	Telephone Number (include area code) 3104505183	E-Mail Address (if available)	
	FCC Registration Number: 0001524271	Call Sign KCRW	Facility ID Number 59086
2.	Contact Representative (if other than Licensee/Permittee) LEWIS J. PAPER, ESQ.		Firm or Company Name PILLSBURY WINTHROP SHAW PITTMAN LLP
	Mailing Address 2300 N STREET, NW		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20037 - 1122
	Telephone Number (include area code) 2026638184	E-Mail Address (if available) LEW.PAPER@PILLSBURYLAW.COM	
3.	Name of entity, if other than licensee or permittee, for which report is filed		
	Mailing Address		
	City	State or Country (if foreign address)	ZIP Code -
	Telephone Number (include area code)	E-Mail Address (if available)	

**Section II - Ownership Information**

4.	All of the information furnished in this Report is accurate as of 8/27/2014 ( <i>Date must comply with 47 C.F.R. Section 73.3615(d), i.e., information must be current within 60 days of filing of this report, when 4(a) below is checked.</i> )		
	This Report is filed for ( <i>check one</i> )		
	a. <input type="radio"/> Biennial	b. <input checked="" type="radio"/> Transfer of Control or Assignment of License/Permit	c. <input type="radio"/> Other

d.  Amendment to pending application

for the following stations:

[Enter Station Information]

### Station List

This Report is filed for the following stations:

Call Letters	Facility ID Number	Location (City/State)	Class of service
KCRW	59086	SANTA MONICA CA	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
KCRU	59085	OXNARD CA	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
KCRY	59092	MOJAVE CA	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
KCRI	59087	INDIO CA	FM

Call Letters	Facility ID Number	Location (City/State)	Class of service
K209CN	76970	GORMAN CA	FX

Call Letters	Facility ID Number	Location (City/State)	Class of service
K210CL	90642	LEMON GROVE CA	FX

Call Letters	Facility ID Number	Location (City/State)	Class of service
K207FA	83662	TWENTYNINE PALMS CA	FX

Call Letters	Facility ID Number	Location (City/State)	Class of service
K215BA	59090	BEAUMONT CA	FX

Call Letters	Facility ID Number	Location (City/State)	Class of service
K271AC	59093	OJAI CA	FX

Call Letters	Facility ID Number	Location (City/State)	Class of service
K272DI	59089	FILLMORE CA	FX

Call Letters	Facility ID Number	Location (City/State)	Class of service
K295AH	84739	GOLETA CA	FX

Call Letters	Facility ID Number	Location (City/State)	Class of service

K225BA	141934	BORREGO SPRINGS CA	FX
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Call Letters	Facility ID Number	Location (City/State)	Class of service
KDRW-FM	69085	SANTA MONICA CA	FM

5. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

[Enter Contract/Instrument Information]

**Contracts/Instruments Information**

List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject shall respond.)

Description of Contract or Instrument	Name of person or organization with whom contract is made	Date of Execution (mm/dd/yyyy)	Date of Expiration (mm/dd/yyyy)

6. Is the governing board directly or indirectly under the control of another entity?  Yes  No  
 If Yes, is a separate FCC Form 323-E submitted for such entity?  Yes  No

7. List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages, if necessary.

[Enter Owner Information]

**Owner Information**

List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages if necessary.

**(Read carefully - The numbered items below refer to line numbers in the following table.)**

- a. Name and address of officer, member of governing board, and holders of 1% or more ownership interest (if other than individual also show name, address and citizenship of natural person authorized to vote the interest). List officers first, then board members, and thereafter, holders of 1% or more ownership interest, if any.
- b. Citizenship.
- c. Office held.
- d. Percent of interest held.
- e. Principal profession or occupation.
- f. By whom appointed or elected.
- g. Existing interests in any other broadcast station, including the nature and size of such interests.

a. Name and Address.	DR. SUSAN AMINOFF, 263 21ST STREET, SANTA MONICA, CA 90402
b. Citizenship.	US
c. Office held.	TRUSTEE, CHAIR
d. Percent of interest held.	14.29
e. Principal profession or occupation.	RETIRED

f. By whom appointed or elected.	ELECTED
g. Existing interests	NONE

a. Name and Address.	ROB RADER, 2850 OCEAN PARK BLVD. #225, SANTA MONICA, CA 90405
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	14.29
e. Principal profession or occupation.	ATTORNEY
f. By whom appointed or elected.	ELECTED
g. Existing interests	NONE

a. Name and Address.	BARRY SNELL, 2020 DELAWARE AVE #2, SANTA MONICA, CA 90404
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	14.29
e. Principal profession or occupation.	ACCOUNTANT
f. By whom appointed or elected.	APPOINTED BY BOARD OF TRUSTEES
g. Existing interests	NONE

a. Name and Address.	DR. NANCY GREENSTEIN, 2016 EUCLID ST. #8, SANTA MONICA 90405
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	14.29
e. Principal profession or occupation.	DIRECTOR OF POLICE COMMUNITY SERVICES, UCLA
f. By whom appointed or elected.	ELECTED
g. Existing interests	NONE

a. Name and Address.	LOUISE JAFFE, 1121 GRANT ST., SANTA MONICA, CA 90405
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	14.29
e. Principal profession or occupation.	SCRIPT SUPERVISOR

f. By whom appointed or elected.	ELECTED
g. Existing interests	NONE

a. Name and Address.	DR. MARGARET QUINONES-PEREZ, 29 VILLAGE PARKWAY, SANTA MONICA, CA 90405
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	14.29
e. Principal profession or occupation.	COLLEGE COUNSELOR
f. By whom appointed or elected.	ELECTED
g. Existing interests	NONE

a. Name and Address.	ROBERT ISOMOTO, 1900 PICO BLVD., SANTA MONICA, CA 90405
b. Citizenship.	US
c. Office held.	EXECUTIVE VICE-PRESIDENT
d. Percent of interest held.	0.00
e. Principal profession or occupation.	ADMINISTRATOR, SMCCD
f. By whom appointed or elected.	SUPERINTENDENT/PRESIDENT
g. Existing interests	NONE

a. Name and Address.	DR. CHUI TSANG, 1900 PICO BLVD., SANTA MONICA, CA 90405
b. Citizenship.	US
c. Office held.	SUPERINTENDENT/PRESIDENT
d. Percent of interest held.	0.00
e. Principal profession or occupation.	SUPERINTENDENT/PRESIDENT, SMCCD
f. By whom appointed or elected.	BOARD OF TRUSTEES
g. Existing interests	NONE

a. Name and Address.	DR. ANDREW WALZER, 1240 FRANKLIN ST. #6, SANTA MONICA, CA 90404
b. Citizenship.	US
c. Office held.	TRUSTEE
d. Percent of interest held.	14.29
e. Principal profession or occupation.	COLLEGE PROFESSOR

f. By whom appointed or elected.	ELECTED
g. Existing interests	NONE

**SECTION III - CERTIFICATION**

I certify that I am SUPERINTENDENT/PRESIDENT

(Official Title)

of SANTA MONICA COMMUNITY COLLEGE DISTRICT

(Exact legal title or name of respondent)

and 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.

(Date of certification must be within 60 days of the date shown in Question 4, Section II and in no event prior to that date.)

Signature DR. CHUI L. TSANG	Date 9/16/2014
Telephone Number of Respondent (Include area code) 3 104344200	

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).

**Exhibits**