

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 2007, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
KSER FOUNDATION
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2623 WETMORE AVENUE
 City or town, state or country, and ZIP + 4
EVERETT, WA 98201

D Employer identification number
91 1642834

E Telephone number
 (**425**) **303-9070**

F Accounting method: Cash Accrual
 Other (specify) ▶

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ N/A
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ N/A
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ WWW.KSER.ORG

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 394214

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	202872	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d	48428	
	e	Total (add lines 1a through 1d) (cash \$ <u>177596</u> noncash \$ <u>73704</u>)	1e		251300
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		87
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a	SEE STMT 1 83914	
	b	Less: rental expenses	6b	SEE STMT 2 28380	
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		55534	
7	Other investment income (describe ▶)	7			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	SEE STMT 3 33664	
	b	Less: direct expenses other than fundraising expenses	9b	SEE STMT 3 20455	
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		13209	
Revenue	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
	11	Other revenue (from Part VII, line 103)	11		25249
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		345379
Expenses	13	Program services (from line 44, column (B))	13		217272
	14	Management and general (from line 44, column (C))	14		109218
	15	Fundraising (from line 44, column (D))	15		15636
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17		342126
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		3253
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		100918
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		104171

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	41715	21525	18271	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	55620	40000	8620	
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28	15616	8058	6840	
29	Payroll taxes	29	8749	4514	3832	
30	Professional fundraising fees	30				
31	Accounting fees	31	10		10	
32	Legal fees	32				
33	Supplies	33	3856	1990	1689	
34	Telephone	34	6199	3199	2715	
35	Postage and shipping	35	3728	1924	1633	
36	Occupancy	36				
37	Equipment rental and maintenance	37	8047	4152	3895	
38	Printing and publications	38	3330	3330		
39	Travel	39	4511	2328	1976	
40	Conferences, conventions, and meetings	40	835	431	366	
41	Interest	41	18103		18103	
42	Depreciation, depletion, etc. (attach schedule)	42	26820	26820		
43	Other expenses not covered above (itemize):					
a	SEE STMT 4	43a	144988	99002	41269	
b	.....	43b			
c	.....	43c			
d	.....	43d			
e	.....	43e			
f	.....	43f			
g	.....	43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	342127	217272	109218	15636

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;
 (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ OPERATE A NON-PROFIT COMMUNITY RADIO STATION	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a KSER PROVIDES A COMMUNITY-BASED, NON-COMMERCIAL RADIO STATION WHICH IS ENTERTAINING, INFORMATIVE, AND RELEVANT IN THE SNOHOMISH COUNTY AND SURROUNDING AREAS OF THE PUGET SOUND REGION. _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	217272
b KSER PROVIDES A FORUM FOR MEMBERS OF THE COMMUNITY, ESPECIALLY THOSE UNDERREPRESENTED BY MAINSTREAM MEDIA, TO CONSTRUCTIVELY EXPRESS THEIR IDEAS, OPINIONS, AND CONCERNS. _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c EXPOSURE TO LOCAL, REGIONAL, AND GLOBAL MUSIC, ARTS, AND EVENTS. _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ▶	217272

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	51151	45	2681
	46 Savings and temporary cash investments		46	
	47a Accounts receivable		47a	
	b Less: allowance for doubtful accounts		47b	47c
	48a Pledges receivable		48a	
	b Less: allowance for doubtful accounts		48b	48c
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)		51a	
	b Less: allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment: basis		55a	
	b Less: accumulated depreciation (attach schedule)		55b	55c
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	748934	57a	
b Less: accumulated depreciation (attach schedule)	352353	57b	57c	
58 Other assets, including program-related investments (describe <input type="checkbox"/> WORK IN PROCESS-NEW TRANSMITTER)		13721	58	12311
59 Total assets (must equal line 74). Add lines 45 through 58		385898	59	411574
Liabilities	60 Accounts payable and accrued expenses	140	60	171
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> Loans)		284840	65	307228
66 Total liabilities. Add lines 60 through 65		284980	66	307399
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	100918	72	104173
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	100918	73	104173	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	385988	74	411574	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 10		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . .	75b	✓
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶ If "Yes," attach a statement that includes the information described in the instructions.	75c	✓
d	Does the organization have a written conflict of interest policy?	75d	✓

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	✓
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	✓
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) . . . [81a]		
b	Did the organization file Form 1120-POL for this year?	81b	✓

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	<input checked="" type="checkbox"/>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<input type="text" value="0"/>
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<input type="text" value="0"/>
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<input checked="" type="checkbox"/>
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<input checked="" type="checkbox"/>
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	<input checked="" type="checkbox"/>
90a	List the states with which a copy of this return is filed	WASHINGTON	
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	3
91a	The books are in care of	JOHN THIELKE, KSER TREASURER	
	Located at	2623 WETMORE AVENUE, EVERETT, WA	
	Telephone no.	(425) 303-9070	
	ZIP + 4	98201	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

- c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
- If "Yes," enter the name of the foreign country ▶
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | **92** |

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	87	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property	531390	55534			
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	13209	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a SPONSORSHIPS			42	25249	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		55534		38545	0
105 Total (add line 104, columns (B), (D), and (E))					94079

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: John Thielke Date: 5/11/2008

Type or print name and title: JOHN THIELKE, TREASURER

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

2007

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the organization
KSER FOUNDATION

Employer identification number
91 : 1642834

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 Yes No

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property

2a Yes No

b Lending of money or other extension of credit

2b Yes No

c Furnishing of goods, services, or facilities

2c Yes No

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)

2d Yes No

e Transfer of any part of its income or assets

2e Yes No

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a Yes No

b Did the organization have a section 403(b) annuity plan for its employees?

3b Yes No

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c Yes No

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d Yes No

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a Yes No

b Did the organization make any taxable distributions under section 4966?

4b Yes No

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c Yes No

d Enter the total number of donor advised funds owned at the end of the tax year ▶ 0

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ 0

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	197138	185730	149073	162797	694738
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	87894	39034	39295	36826	203049
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	7245	15702	19902	21745	64594
23 Total of lines 15 through 22	292277	240466	208270	221368	926381
24 Line 23 minus line 17	292277	240466	208270	221368	926381
25 Enter 1% of line 23	2928	2405	2083	2214	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 0 (2005) 0 (2004) 0 (2003) 0					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0 (2005) 0 (2004) 0 (2003) 0					
c Add: Amounts from column (e) for lines: 15 694738 16 _____ 17 _____ 20 _____ 21 _____					27c 694738
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e 694738
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 926381
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 72.19 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 21.10 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
37	Total lobbying expenditures to influence a legislative body (direct lobbying).	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41).	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				N/A
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body.			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

KSER FOUNDATION

91 : 1642834

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

91

1642834

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CORPORATION FOR PUBLIC BROADCASTING 901 E. STREET WASHINGTON, dc 20004	\$ 46728	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	TULALIP TRIBES 8802 27TH AVENUE NE TULALIP, WA 98271	\$ 5000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CITY OF EVERETT 802 MUKILTEO BLVD EVERETT, WA 98203	\$ 10000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MCGREGORS PLAID BOOK DIRECTORY 17869 SR 536 MT. VERNON, WA 98273	\$ 15390	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CREATIVE HEART ENTERPRISES 22713 LAKE VIEW DRIVE B-1 MOUNTLAKE TERRACE, WA 98043	\$ 5000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	STRAWBERRY JAM TOURS AND PRODUCTIONS 5042 WILSHIRE BLVD #155 LOS ANGELES, ca 90036	\$ 5000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

KSER FOUNDATION

91-1642834

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

91 1642834

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	TRADE OUT FOR SPONSORSHIP OF MUSIC EVENTS IN THE CITY OF EVERETT (FRESH PAINT AND MUSIC IN THE PARKS)	\$ 10000	09 / 30 / 2007
4	TRADE OUT FOR ADVERTISING IN DIRECTORY	\$ 15390	06 / 30 / 2007
5	PROFESSIONAL ASSISTANCE PROVIDED DURING THE YEAR FOR HUMAN RELATIONS CONSULTING	\$ 5000	12 / 31 / 2007
6	DONATED PERFORMANCE AT KSER'S BOARD EVENT	\$ 5000	9 / 15 / 2007
		\$	/ /
		\$	/ /

FORM 990 RENTAL INCOME STATEMENT 1 FY2007

KSER FOUNDATION
2623 WETMORE AVENUE
EVERETT, WA 98201

<u>KIND AND LOCATION OF PROPERTY</u>	<u>ACTIVITY NUMBER</u>	<u>GROSS RENTAL INCOME</u>
BROADCAST ANTENNA	1	83914.

TOTAL TO FORM 99, PART I, LINE 6a

FORM 990 RENTAL EXPENSES STATEMENT 2 FY2007

KSER FOUNDATION
2623 WETMORE AVENUE
EVERETT, WA 98201

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
INSURANCE	1	3923.	
MAINTENANCE	1	272.	
PARTS/EQUIPMENT	1	2072.	
PROPERTY TAXES	1	2529.	
ELECTRICITY	1	5923.	
TELEPHONE	1	568.	
ENGINEERING	1	7600.	
MANAGEMENT	1	4635.	
EMPLOYEE EXPENSES	1	858.	
SUBTOTAL	1	28380.	28380.

TOTAL TO FORM 99, PART I, LINE 6b

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3 FY2007

KSER FOUNDATION
2623 WETMORE AVENUE
EVERETT, WA 98201

<u>EVENT</u>	<u>GROSS RECEIPTS</u>	<u>CONTRIBUTIONS INCLUDED</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSE</u>	<u>NET INCOME</u>
CELTIC HARVEST CONCERT	473		473	400	73
CHILDREN OF THE REVOLUTION CONCERT (CARRY-OVER FROM 2006)	0		0	305	-305
AMY GOODMAN LECTURE (CARRY-OVER FROM 2006)	1900		1900	0	1900
CRUISE ON PUGET SOUND	2160		2160	1380	780
4 TH OF JULY SIDEWALK SALE	0		0	54	-54
ON AIR-BOARD FUND RAISER	17510	5000	22510	13621	8889
HAIR BENEFIT	840		840	380	460
DANA LYONS CONCERT	2781	3000	5781	4315	1466
<u>TOTAL</u>	<u>25664</u>	<u>8000</u>	<u>33664</u>	<u>20455</u>	<u>13209</u>

TO FORM 990, PART I, LINE 9

 FORM 990 OTHER EXPENSES STATEMENT 4 FY2007

 KSER FOUNDATION
 2623 WETMORE AVENUE
 EVERETT, WA 98201

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MGMT GENERAL	(D) FUND-RAISING
Computers and Related	418	251	147	20
Dues & Subscriptions	2,941	1767	1034	141
Professional Fees	18,206	10936	6400	870
Lk Stevens Tower Rent	9,825	9825		
Insurance-Studio	3,923	2356	1379	187
Real Estate Taxes	2,724	1636	958	130
Bankcard Fees	1,997	1200	702	95
Building Art	3,700	2222	1301	177
Music Library	53	32	18	3
Market Research	590	354	207	28
Website	1,155	694	406	55
Federal Taxes	6,571		6571	
Miscellaneous	75	45	26	4
Programming - General	4	4		
American Public Media	3,724	3724		
PRI Programming	14,481	14481		
Interconnect Fees	6,900	6900		
Other Programming Expense	258	258		
Pacifica Radio	2,223	2223		
Advertising	8,967	5386	3152	428
Promotional Items	1,695	1018	596	81
Other Underwriting	9	5	3	0
Consulting/Memberships	1,097	659	386	52
Development	48	29	17	2
Hosting Service	30	18	11	1
Premiums	3,242	1948	1140	155
Food/Supplies	1,067	641	375	51
Temporary Help	300	180	105	14
Promotion/Advertising	27,781	16687	9766	1328
Groundspring	194	117	68	9
Contract Services	7,667	4605	2695	366
Other Engineering	2,249	1351	791	107
Content Depot	2,300	2300		
Software Support	1,308	786	460	63
Meals	45	27	16	2
Gas	888	533	312	42
Electricity	2,963	1780	1042	142
Water/Sewer	833	500	293	40
Transmitter	1,433	861	504	68
Security	240	144	84	11
Garbage	827	497	291	40
Internet Web Service	38	23	13	2
Totals	144988	99002	41269	4716

Totals to 990, Part II, Line 43

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 5
PART II, LINE 25 FY2007

KSER FOUNDATION
2623 WETMORE AVENUE
EVERETT, WA 98201

NAME OF OFFICER	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BRUCE WIRTH	46350.			46350.
A. PROGRAM SERVICES	21525.			21525.
B. MANAGEMENT & GENERAL	18271.			18271.
C. FUNDRAISING	1919.			1919.
D. TOWER MANAGEMENT	4635.			4635.
TOTAL PROGRAM SERVICES				21525.
TOTAL MANAGEMENT & GENERAL				18271.
TOTAL FUNDRAISING				1919.
TOTAL OFFICER, ETC. COMPENSATION INCLUDED ON PARTS V-A AND V-B				41715.
TOTAL TOWER MANAGEMENT (INCLUDED IN LINE 6b)				4635.

FORM 990 OTHER LIABILITIES STATEMENT 6 FY2007

KSER FOUNDATION
2623 WETMORE AVENUE
EVERETT, WA 98201

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ACCRUED STATE TAX LIABILITY	171.
LOAN - WELLS FARGO	278729.
LOANS - INDIVIDUALS	28500.
TOTAL LIABILITY	307400.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	

FORM 990 PART V-A — LIST OF OFFICERS STATEMENT 7 FY2007
 DIRECTORS, TRUSTEES AND KEY EMPLOYEES

KSER FOUNDATION
 2623 WETMORE AVENUE
 EVERETT, WA 98201

NAME AND ADDRESS	TITLE AND AVG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRUCE WIRTH 2623 WETMORE AVE. EVERETT, WA 98201	GENERAL MANAGER 40.00	46350.	0.	0.
CANDACE MCKENNA 425 9 TH ST SNOHOMISH WA 98290	PRESIDENT 10.00	0.	0.	0.
KAREN CROWLEY 602 AVENUE A SNOHOMISH WA 98290	VICE PRESIDENT 5.00	0.	0.	0.
SANDY THOMPSON 5406 EAST DRIVE EVERETT WA 98203	SECRETARY 3.00	0.	0.	0.
JOHN THIELKE 19518 14 TH AVENUE NW SHORELINE WA 98177	TREASURER 5.00	0.	0.	0.
JOHN MCALPINE 2515 COLBY AVE. #510 EVERETT WA 98201	BOARD MEMBER 2.00	0.	0.	0.
TOM KILLORAN 18812 51 ST AVE NE LAKE FOREST PARK WA 98155	BOARD MEMBER 2.00	0.	0.	0.
DAVID LENCI 9314 62 ND PLACE WEST MUKILTEO WA 98275	BOARD MEMBER 2.00	0.	0.	0.
JAMES GILLAN 6106 LOWELL-LARIMAR ROAD EVERETT WA 98208	BOARD MEMBER 2.00	0.	0.	0.
LAURA SELL 1424 FOURTH AVENUE STE. 311 SEATTLE, WA 98101	BOARD MEMBER 2.00	0.	0.	0.
KARI KING 1712 11 TH ST. EVERETT, WA 98201	BOARD MEMBER 2.00	0.	0.	0.
TOTALS INDLUED ON FORM 990, PART V-A		46350.	0.	0.

FORM 990

OTHER INCOME STATEMENT 8

KSER FOUNDATION
2623 WETMORE AVENUE
EVERETT, WA 98201

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
SPECIAL EVENTS	7245.	15702.	19902.	21745.

TOTALS TO SCHEDULE A, LINE 22

FORM 990 SCHEDULE A — PART III-2-b STATEMENT 9 FY2007
LENDING OF MONEY

JOHN THIELKE, KSER BOARD MEMBER AND TREASURER, MADE TWO (2) PERSONAL LOANS TO KSER FOUNDATION. THESE TRANSACTIONS WERE APPROVED BY THE BOARD OF DIRECTORS AT REGULAR MEETINGS AND ARE INCLUDED IN THE BOARD MINUTES. THE PURPOSE OF THE LOANS WAS TO ACQUIRE FUNDS TO COMPLETE THE DIGITAL CONVERSION PROJECT AND TO USE THESE FUNDS UNTIL SUPPORT WAS RECEIVED FROM STATE AND FEDERAL GRANT.

LOAN 1	\$22500
LOAN 2	6000
TOTAL EXTENDED	28500

IT IS EXPECTED THESE NOTES WILL BE RETIRED DURING 2008.

Tax Asset Detail 1/1/07 - 12/31/07

KSER Foundation
91-1642834
EYE: 12/31/2006

Asset	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depreciation	Tax Net Book Value	Tax Method	Tax Period
Group: Broadcasting Equipment											
4	Broadcasting equipment	5/2/95	176,603	0	0	176,603	0	176,603	0	St/L	5.0
5	Transmatic/STL System	7/1/99	75,844	0	0	68,259	7,585	75,844	0	St/L	10.0
6	CD Players	5/7/02	378	0	113	328	33	361	17	2000B	7.0
7	MDs Recorders	5/28/02	1,088	0	326	945	95	1,040	48	2000B	7.0
8	Mitsubishi Recorders	7/10/02	978	0	283	848	85	934	44	2000B	7.0
9	Headphones	10/7/02	76	0	23	67	7	74	2	2000B	7.0
10	Amp	7/1/02	800	0	240	695	70	765	35	2000B	7.0
11	Stereo Receivers	7/1/02	300	0	90	260	28	288	14	2000B	7.0
12	Mitsubishi Recorder Kits	7/1/02	3,600	0	1,080	3,128	315	3,443	167	2000B	7.0
16	Mitsubishi Recorder Kit	1/6/03	1,589	0	477	1,339	171	1,508	83	2000B	7.0
17	Mitsubishi Recorder	1/30/03	489	0	147	410	52	462	27	2000B	7.0
18	Broadcast Filler	2/3/03	608	0	182	510	65	575	33	2000B	7.0
19	CD Players	3/20/03	185	0	56	156	20	176	9	2000B	7.0
20	Transmitter Filter	5/20/03	513	0	257	449	43	492	21	2000B	7.0
21	Broadcasting Equipment	6/17/03	530	0	285	484	45	509	21	2000B	7.0
22	Broadcasting Equipment	8/11/03	246	0	123	212	22	234	12	2000B	7.0
23	Broadcasting Equipment	9/11/03	255	0	127	221	24	245	10	2000B	7.0
24	Telephone System	9/11/03	1,117	0	558	965	102	1,067	50	2000B	7.0
25	Omnia FM Audio Processor	11/19/03	3,408	0	1,705	2,907	336	3,243	166	2000B	7.0
26	New Studio Equipment	12/16/03	3,629	0	1,814	3,093	357	3,450	179	2000B	7.0
31	MD Playars/Recorders	11/3/04	1,278	0	639	1,042	156	1,198	80	2000B	7.0
35	Equipment	6/30/04	26,360	0	13,180	24,250	2,110	26,360	0	2000B	5.0
37	Equipment	7/5/05	107	0c	0	30	15	45	62	2000B	7.0
38	Equipment	6/30/05	387	0c	0	110	55	165	222	2000B	7.0
42	Content Depot Upgrade	3/1/05	7,592	0c	0	2,170	1,085	3,255	4,337	2000B	7.0
48	Equipment	2/20/06	1,342	0c	0	160	463	623	719	2000B	7.0
49	Equipment	5/22/06	785	0c	0	100	224	324	461	2000B	7.0
50	Equipment	6/26/06	920	0c	0	110	254	364	566	2000B	7.0
51	HD Radio Transmitter	9/30/07	59,042	0	0	0	3,813	3,813	94,229	2000B	15.0
Group: Building			499,050	0c	21,695	259,828	17,628	307,456	101,594		
Broadcasting equipment											
3	Building	5/2/95	3,415	0	0	3,415	0	3,415	0	St/L	5.0
27	Heating System	12/31/03	1,488	0	744	1,268	146	1,414	74	2000B	7.0
28	Building in Service	1/1/04	103,706	0	0	7,866	2,659	10,525	93,181	St/L	39.0
29	Land	11/14/03	70,619	0	0	0	0	0	70,619	Land	0.0
36	Building improvements	6/30/04	47,391	0	0	3,088	1,215	4,303	43,088	St/L	39.0
39	Building improvements	6/30/05	6,000	0c	0	168	83	249	5,751	St/L	39.0
46	Building art	6/1/06	500	0c	0	57	119	176	624	St/L	7.0
Group: Furniture & Fixtures			233,419	0c	744	15,860	4,222	20,682	213,337		
Furniture and Fixtures											
2	Furniture and Fixtures	5/2/95	4,351	0	0	4,351	0	4,351	0	St/L	5.0
13	Computer	7/1/02	2,000	0	600	1,919	81	2,000	0	2000B	5.0
14	Office Furniture	7/1/02	500	0	150	435	44	479	21	2000B	7.0

Tax Asset Detail 1/1/07 - 12/31/07

KSER Foundation
91-1642834
EYE: 12/31/2006

Asset	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depreciation	Tax Net Book Value	Tax Method	Tax Period
15	Laser Printer	7/11/02	1,000	0	300	960	40	1,000	0	2000B	5.0
32	Lesler for Music Library	7/21/04	449	0	225	367	55	422	27	2000B	7.0
40	Production Furniture	1/18/05	423	0c	0	120	60	180	243	2000B	7.0
43	Office Furniture	8/22/06	1,038	0c	300	42	334	376	662	2000B	7.0
	Furniture & Fixtures		9,761		1,575	8,194	614	8,808	953		
Group: Land											
1	Land	5/2/95	65,721	0	0	0	0	0	65,721	Land	0.0
	Land		65,721	0	0	0	0	0	65,721		
Group: Loan Fees											
30	Loan Fees	11/14/03	3,000	0	0	317	100	417	2,583	Amort	30.0
	Loan Fees		3,000	0	0	317	100	417	2,583		
Group: Office Equipment											
33	Computer	11/23/04	2,286	0	1,143	2,104	182	2,286	0	2000B	5.0
34	Telephone System	1/23/04	10,891	0	5,445	8,891	1,334	10,225	666	2000B	7.0
41	Development Computer	11/28/05	662	0c	0	264	132	398	266	2000B	5.0
44	Computers	1/30/06	2,776	0c	0	444	1,305	1,749	1,027	2000B	5.0
45	Computers	8/28/06	2,335	0c	0	187	287	1,144	1,191	2000B	5.0
	Office Equipment		18,950		6,588	11,890	3,910	15,800	3,150		
Group: Lynnwood Tower											
47	Lights	6/5/06	1,030	0c	0	200	345	546	484	200DB	5.0
	Lynnwood Tower		1,030	0c	0	200	345	546	484		
	Grand Total		799,901	0c	30,602	325,069	26,820	352,563	387,338		