

FRN

0009374265

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

File Number: 0000176207Submit Date: 2021-12-01FRN: 0009374265Purpose: Noncommercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 12/01/2021Filing Status: ActiveStatusStatusStatus

Section I - General Information

1. Respondent

Entity Name

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
28000 Marguerite Parkway	Mission Viejo	CA	92692	+1 (949) 582-4664	lauren.lynch. flick@pillsburylaw.com

South Orange County Community College District

2. Contact Representative

Name	Organization
Lauren Lynch Flick	Pillsbury Winthrop Shaw Pittman LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1200 Seventeenth Street, NW	Washington	DC	20036	+1 (202) 663- 8166	lauren.lynch.flick@pillsburylaw. 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 boa indirectly under the control of ano	ard (or other governing entity) directly or ther entity?	No	

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2021
	When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

5. Licensee(s) and Station(s)

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

Licensee/Permittee Name	FRN
South Orange County Community College District	0009374265

Fac. ID No.	Call Sign	City	State	Service
58524	K206AA	LAGUNA BEACH	CA	FX
58525	K208AM	NEWPORT BEACH	CA	FX
58529	KSBR	MISSION VIEJO	CA	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.

Not Applicable.

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	0009374265		
Entity Name	South Orange County Community College District		
Address	PO Box		
	Street 1	28000 Marguerite Parkway	
	Street 2		
	City	Mission Viejo	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	92692	
	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 No that do not appear on this report?			

FRN	9990122719			
Name	Timothy Jemal			
Address	PO Box			
	Street 1	28000 Marguerite Parkway		
	Street 2			
	City	Mission Viejo		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	92692		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Public Relations and Business Development			
By Whom Appointed or Elected	Community Election	Community Election		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	14.3%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

Ownership Information			
FRN	9990122723		
Name	Marcia Milchiker		
Address	PO Box		
	Street 1	28000 Marguerite Parkway	
	Street 2		
	City	Mission Viejo	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	92692	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Education		
By Whom Appointed or Elected	Community Election		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.3%	
(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 No that do not appear on this report?			

Ownership Information				
FRN	9990122725			
Name	T.J. Prendergast, III.			
Address	PO Box			
	Street 1	28000 Marguerite Parkway		
	Street 2			
	City	Mission Viejo		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	92692		

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Education		
By Whom Appointed or Elected	Community Election		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

that do not appear on this report?

N

FRN	9990122727		
Name	James R. Wright		
Address	PO Box		
	Street 1	28000 Marguerite Parkway	
	Street 2		
	City	Mission Viejo	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	92692	
	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 (or other governing entity)		
Principal Profession or Occupation	Retired Administrator		
By Whom Appointed or Elected	Community Election		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender Male		

	Ethnicity	Not Hispanic or Latino	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Race	White	
	Voting	14.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations			No

Ownership Information

that do not appear on this report?

FRN	9990122731			
Name	Barbara J. Jay			
Address	PO Box			
	Street 1	28000 Marguerite Parkway		
	Street 2			
	City	Mission Viejo		
	State ("NA" if non-U.S. address)	if non-U.S. CA		
	Zip/Postal Code	92692		
	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 (or other governing entity)			
Principal Profession or Occupation	Retired Dentist			
By Whom Appointed or Elected	Community Election			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	14.3%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations No		

FRN	9990122734
-----	------------

Name	Terri Whitt Rydell			
Address	PO Box	Box		
	Street 1	Street 1 2800 Marguerite Parkway		
	Street 2			
	City Mission Viejo			
	State ("NA" if non-U.S. CA address) CA			
	Zip/Postal Code	92692		
	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	Education			
By Whom Appointed or Elected	Community Election			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	14.3%		
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
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	9990146635		
Name	Carolyn Inmon		
Address	PO Box		
	Street 1	28000 Marguerite Parkway	
	Street 2		
	City	Mission Viejo	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	92692	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		

Member of Governing Board (or other governing entity)			
Education	Education		
Community Election	Community Election		
Citizenship	US		
Gender	Female		
Ethnicity	Not Hispanic or Latino		
Race	White		
Voting	14.3%		
Equity	0.0%		
Total assets (Equity Debt Plus)			
	Education Community Election Citizenship Gender Ethnicity Race Voting Equity Total assets (Equity Debt		

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?

No

FRN	9990146636		
Name	Setarra Matin		
Address	PO Box		
	Street 1	28000 Marguerite Parkway	
	Street 2		
	City	Mission Viejo	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	92692	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Student Representative to the BoardMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	Student		
By Whom Appointed or Elected	Student Election		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Asian	
Interest Percentages (enter percentage values	Voting	0.0%	

from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have	e an attributable interest in one o	more broadcast stations	No

that do not appear on this report?

Ownership Information FRN 9990147151 Name Kathleen F. Burke Address **PO Box** Street 1 28000 Marguerite Parkway Street 2 City Mission Viejo State ("NA" if non-U.S. CA address) 92692 **Zip/Postal Code** Country (if non-U.S. **United States** address) Listing Type Other Interest Holder Officer **Positional Interests** (check all that apply) **Principal Profession or** Chancellor of South Orange County Community College District Occupation **Board of Trustees** By Whom Appointed or Elected Citizenship, Gender, US Citizenship Ethnicity, and Race Gender Female **Information (Natural** Persons Only) Ethnicity Not Hispanic or Latino White Race 0.0% **Interest Percentages** Voting (enter percentage values 0.0% Equity from 0.0 to 100.0) Total assets (Equity Debt Plus) Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, not reported in this filing are non-attributable.	
If "No," submit as an exhibit an explanation.	

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?

If "Yes," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.

3. Organizational Chart (Licensees Only)

Certification

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.

No

Non-Licensee Respondents should select "N/A" in response to this question.

File Name	Uploaded By	Attachment Type	Description
SOCCCD Ownership Chart 323-E	Applicant	Ownership	South Orange County Community College District
(2021).pdf		Chart	Ownership Chart

Section III - Certification

Section Question Response WILLFUL FALSE STATEMENTS ON Authorized Party to Sign THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSE -- OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503). Certification I certify that I have examined this report Official Title: Chancellor and that to the best of my knowledge and Exact Legal Title or Name of Respondent: South Orange County Community College belief, all statements in this report are true, correct and complete. District Name: Kathleen F. Burke Phone: 9495824840 12/01/2021