



(REFERENCE COPY - Not for submission)

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

File Number: **0000184916** | Submit Date: **2022-02-16** | FRN: **0010672566**Purpose: **Noncommercial Broadcast Stations Non-Biennial Ownership Report** | Status: **Received** | Status Date: **02/16/2022** | Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0010672566	MULTICULTURAL ASSOCIATION OF SOUTHERN OREGON

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 67	Medford	OR	97501	+1 (541) 482-3999	jason.houk@kskq.org

2. Contact Representative

Name	Organization
Connie A. Saldana	Multicultural Association of Southern Oregon

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1650 Sunset St	Ashland	OR	97520	+1 (541) 890-2237	connie.saldana@kskq.org

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	02/16/2018 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)

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

and Station(s)
/Permit(s)

Licensee/Permittee Name	FRN
MULTICULTURAL ASSOCIATION OF SOUTHERN OREGON	0010672566

Fac. ID No.	Call Sign	City	State	Service
173192	KSKQ	ASHLAND	OR	FM

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.

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) 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	0010672566	
Entity Name	MULTICULTURAL ASSOCIATION OF SOUTHERN OREGON	
Address	PO Box	67
	Street 1	
	Street 2	
	City	Medford
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97501
	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

Ownership Information

FRN	9990149320	
Name	Vanessa Houk	
Address	PO Box	
	Street 1	137 5th Street
	Street 2	
	City	Ashland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97520
	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	Writer	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	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	0027257088	
Name	Don C. Senter	
Address	PO Box	
	Street 1	1650 Sunset St
	Street 2	
	City	Ashland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97520

	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	Case Manager	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	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	9990149321	
Name	Milo Salgado	
Address	PO Box	
	Street 1	1964 Woodlawn Dr.
	Street 2	
	City	Medford
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97504
	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	Outreach services	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	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	0023204761
Name	Constance A. Saldana

Address	PO Box	
	Street 1	1650 Sunset St
	Street 2	
	City	Ashland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97520
	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	Planner	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	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	9990149322	
Name	Rob Engorn	
Address	PO Box	
	Street 1	345 Coventry Place
	Street 2	
	City	Ashland
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97520
	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	Business Owner	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages (enter percentage values	Voting	14.3%

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

Ownership Information

FRN	9990149323	
Name	Mark Cook	
Address	PO Box	
	Street 1	406 Lani Way
	Street 2	
	City	Talent
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97540
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	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	9990149325	
Name	Laurell Reynolds	
Address	PO Box	
	Street 1	5424 Coleman Creek Road
	Street 2	
	City	Medford
	State ("NA" if non-U.S. address)	OR
	Zip/Postal Code	97501
	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	Volunteer	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	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

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

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION 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 and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: Treasurer Exact Legal Title or Name of Respondent: Treasurer Name: Connie Saldana Phone: 5418902237 02/16/2022