

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

File Number:0000183128Submit Date:2022-01-31FRN:0007777980Purpose:Noncommercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:01/31/2022Filing Status:Active

#### **Section I - General Information**

#### 1. Respondent

FRN	Entity Name	
0007777980	Adirondack Community College	

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
640 Bay Road	Queensbury	NY	12804	+1 (518) 742- 2200	ankenyk@sunyacc. edu

Organization

#### 2. Contact Representative

Kevin Ankeny, Mr.		Ac	Adirondack Community College			
Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email	
640 Bay Road	Queensbury	NY	12801	+1 (518) 743-2200	ankenyk@sunyacc.edu	

3. Application Filing Fee Not Applicable

Name

# 4. Control of Respondent

Relationship to stations/permits Licensee			
s the Respondent's governing bo ndirectly under the control of an	pard (or other governing entity) directly or other 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.	

Licensee/Permittee Name			FRN	
Adirondack Community College 0007777980				
		1		
Fac. ID No.	Call Sign	City	State	Service
6682	WGFR	GLENS FALLS	NY	FM

# Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents	tion 73.3613 report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." No			
	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.			
			nk for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R.	
	nose interests in the Respondent that also represent an ng submitted.			
	separate ownership reports. In s	ntities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file parate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have a attributable interest in the Licensee(s) for which the report is being submitted.		
	Please see the Instructions for f	urther detail concerning interests	s that must be reported in response to this question.	
	The Respondent must provide a Please see the Instructions for d	-	each interest holder reported in response to this question. e concerning this requirement.	
	Ownership Information			
	FRN	0007777980		
	Entity Name	Adirondack Community Colleg	e	
	Address	PO Box		
		Street 1	640 Bay Road	
		Street 2		
		City	Queensbury	

Listing Type

**Positional Interests** 

(check all that apply)

address)

Zip/Postal Code

Respondent

State ("NA" if non-U.S.

NY

12804

**United States** 

Tribal Nation or Tribal       Interest holder is not a Tribal nation or T         Entity		ation 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 that do not appear on this re	attributable interest in one or port?	more broadcast stations	No

Ownership Information				
FRN	9990143022			
Name	Lee Braggs, Mr.			
Address	PO Box			
	Street 1	36 Stewart Avenue		
	Street 2			
	City	Glens Falls		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	12801		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Retired			
By Whom Appointed or Elected	NY Governor			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Black or African American		
Interest Percentages (enter percentage values	Voting	0.0%		
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this r	n attributable interest in one o eport?	r more broadcast stations	No	

# Ownership Information FRN 9990143023 Name Amie Gonzales, Ms.

Address	PO Box			
	Street 1	363 County Route 45		
	Street 2			
	City	Argyle		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	12809		
	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	Project Manager			
By Whom Appointed or Elected	Washington Co. Board of Sup	pervisors		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt	0.0%		

Ownership Information				
FRN	9990143024	9990143024		
Name	Kathy Grasmeder, Ms.			
Address	PO Box			
	Street 1	19 Honey Hollow Road		
	Street 2			
	City	Queensbury		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	12804		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			

Officer			
Finanacial Planning Specialist			
Warren Co. Board of Supervisors			
Citizenship	US		
Gender	Female		
Ethnicity	Not Hispanic or Latino		
Race	White		
Voting	0.0%		
Equity	0.0%		
Total assets (Equity Debt Plus)	0.0%		
	Finanacial Planning Specialis Warren Co. Board of Supervis 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

## **Ownership Information**

Ownership mornation			
FRN	9990143026		
Name	Patricia Pietropaolo, Dr.		
Address	PO Box	4129	
	Street 1		
	Street 2		
	City	Queensbury	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	12804	
	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 - college administrator		
By Whom Appointed or Elected	Warren Co. Board of Supervisors		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	0.0%	
(enter percentage values			

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

Does interest holder have an attributab	le interest in one o	r more broadcast	stations
that do not appear on this report?			

Ownership Information				
FRN	9990143027			
Name	Robert Judge, Dr.			
Address	PO Box			
	Street 1	1862 Sanford Ridge Road		
	Street 2			
	City	Queensbury		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	12804		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer			
Principal Profession or Occupation	Retired - educator			
By Whom Appointed or Elected	NY Governor			
Citizenship, Gender,	Citizenship	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Race White		
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 a that do not appear on this r	an attributable interest in one o report?	r more broadcast stations	No	

Ownership Information			
FRN	9990143028		
Name	Redeker Alan, Mr.		
Address	PO Box		
	Street 1	23 Honey Hollow Road	

	Street 2			
	City	Queensbury		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	12804		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			
Principal Profession or Occupation	Retired	Retired		
By Whom Appointed or Elected	Warren Co. Board of Supervisors			
Citizenship, Gender,	Citizenship	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Race White		
Interest Percentages	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		

Ownershin	Information
Ownership	mormation

FRN	9990143029		
Name	John Strough, Mr.		
Address	PO Box		
	Street 1	7 Woodcrest Drive	
	Street 2		
	City	Queensbury	
	State ("NA" if non-U.S. NY address)		
	Zip/Postal Code	12804	
	Country (if non-U.S.     United States       address)     United States		
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		

Principal Profession or Occupation	Town Supervisor		
By Whom Appointed or Elected	NY Governor		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

Ownership Information

that do not appear on this report?

Ownership Information		
FRN	9990143030	
Name	Skylar Dorrer, Ms.	
Address	PO Box	
	Street 1	76 Leisure Way
	Street 2	
	City	Granville
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	12804
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	College Student	
By Whom Appointed or Elected	College Student Senate	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Female
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	Black or African American, White
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 ha that do not appear on t	ave an attributable interest in one o his report?	r more broadcast stations	No
	s that any interests, including equi in this filing are non-attributable.	ty, financial, or voting	Yes
	ion an oxplanation.		
	ing an attribution exemption for an	y officer or director with	No

3. Organizational Chart (Licensees Only) 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.

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

The Licensee has direct supervisory control of the WGFR advisor/chief operator.

### **Section III - 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 LICENSEOR 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: <b>Professor of Broadcasting</b> Exact Legal Title or Name of Respondent: <b>Adirondack Community College</b> Name: <b>Kevin Ankeny , Mr</b> Phone: <b>5187422200</b> 01/31/2022

#### Certification