

FRN

Name

Suite 226

Not Applicable

0007650823

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

File Number:0000226407Submit Date:2023-11-16FRN:0007650823Purpose:Noncommercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:11/16/2023Filing Status:Active

Section I - General Information

Illinois State University Board of Trustees

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
Campus Box 8910	Normal	IL	61790	+1 (309) 438- 2255	rcmcbri@ilstu. edu

2. Contact Representativ

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Barry Persh			Gray Miller	r Persh LLP	
Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2233 Wisconsin Ave., NW	Washington	DC	20007	+1 (202) 776- 2458	bpersh@graymillerpersh. com

Organization

3. Application Filing Fee

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
 No

indirectly under the control of another entity?

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2023
	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.

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

Licensee/Permittee Name			FRM	ı
Illinois State University Board of Trustees 0007650823			07650823	
Fac. ID No.	Call Sign	City	State	Service
28310	WGLT	NORMAL	IL	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.

Document Information		
Description of contract or instrument	Programming and Management Agreement	
Parties to contract or instrument	Bradley University (WCBU) and Illinois State University (WGLT)	
Date of execution	10/2023	
Date of expiration	06/2029	
Agreement type (check all that apply)	Other Agreement Type: Management and Programming Agreement for Noncommercial Educational Radio Station	

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	0007650823	0007650823		
Entity Name	Illinois State University Board of Trustees			
Address	PO Box			
	Street 1	Campus Box 8910		

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	Street 2			
	City	Normal		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	61790		
	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 r	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 that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	

Ownership Information

FRN	9990122127		
Name	Julie Annette Jones		
Address	PO Box		
	Street 1	Campus Box 1000	
	Street 2		
	City	Normal	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	61790	
	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	Attorney		
By Whom Appointed or Elected	Governor		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	

	Race	Black or African American	
Interest Percentages	Voting	14.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have	an attributable interest in one o	r more broadcast stations	No

that do not appear on this report?

Ownership Information FRN 9990139194 Name Robert Navarro Address PO Box Street 1 Campus Box 1000 Street 2 City Normal State ("NA" if non-U.S. IL address) 61790 **Zip/Postal Code United States** Country (if non-U.S. address) Listing Type Other Interest Holder **Positional Interests** Officer, Other - Board SecretaryMember of Governing Board (or other governing entity) (check all that apply) **Principal Profession or** Manager Occupation By Whom Appointed or Governor Elected Citizenship, Gender, Citizenship US Ethnicity, and Race Gender Male **Information (Natural** Persons Only) Ethnicity Hispanic or Latino American Indian or Alaska Native, White Race **Interest Percentages** Voting 14.3% (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?

Ownership Information

FRN	9990139193
Name	Kathy Bohn

Address	PO Box		
	Street 1	Campus Box 1000	
	Street 2		
	City	Normal	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	61790	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - ChairpersonMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	Physician		
By Whom Appointed or Elected	Governor		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	_	White	
	Race	WINC	
Interest Percentages	Race Voting	14.3%	
Interest Percentages (enter percentage values from 0.0 to 100.0)			

Ownership Information		
FRN	9990152998	
Name	Scott Jenkins	
Address	PO Box	
	Street 1	Campus Box 1000
	Street 2	
	City Normal	
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61790
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

Member of Governing Board (or other governing entity)		
Strategy Director for State Policy, Lumina Foundation		
Governor		
Citizenship	US	
Gender	Male	
Ethnicity	Not Hispanic or Latino	
Race	White	
Voting	14.3%	
Equity	0.0%	
Total assets (Equity Debt Plus)		
	Strategy Director for State Po Governor 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

FRN	9990153000	
Name	Lia Merminga	
Address	PO Box	
	Street 1	Campus Box 1000
	Street 2	
	City	Normal
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61790
	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	Physicist	
By Whom Appointed or Elected	Governor	
Citizenship, Gender,	Citizenship US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race White	
Interest Percentages (enter percentage values	Voting 14.3%	
(-) F		

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

that do not appear on this report?

Ownership Information			
FRN	9990153001		
Name	Darren Tillis		
Address	PO Box		
	Street 1	Campus Box 1000	
	Street 2		
	City	Normal	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	61790	
	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	Insurance Agent		
By Whom Appointed or Elected	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	Voting	14.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
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 9990153003 Name Aselimhe Ebikhumi Address PO Box Street 1 Campus Box 1000

	Street 2		
	City	Normal	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	61790	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Student TrusteeMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	Student		
By Whom Appointed or Elected	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	Voting	14.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No

Ownership	Information
Ownership	mormation

Ownership Information		
FRN	9990153680	
Name	Aondover Tarhule	
Address	PO Box	
	Street 1	Campus Box 1000
	Street 2CityNormalState ("NA" if non-U.S. address)ILZip/Postal Code61790	
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Interim President, Illinois State University	

Principal Profession or Occupation	Interim President, Illinois State University			
By Whom Appointed or Elected	Board of Trustees	Board of Trustees		
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	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	
(b) Respondent certifies th	at any interests, including equi	ty, financial, or voting	Yes	
interests, not reported in t If "No," submit as an exhibit	his filing are non-attributable. an explanation.			

(c) Is Respondent seeking an attribution exemption for any officer or director with No duties wholly unrelated to the Licensee(s)?

If "<u>Yes</u>," 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.

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

Respondent is the direct licensee of the station. There is no parent entity.

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: Interim President Name: Dr Aondover Tarhule Name: Dr Aondover Tarhule Phone: 3094385677 11/16/2023			
	Certification	and that to the best of my knowledge and belief, all statements in this report are	Exact Legal Title or Name of Respondent: Illinois State University Board of Trustees Name: Dr Aondover Tarhule Phone: 3094385677