

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

File Number: 0000069425Submit Date: 2018-01-24FRN: 0002834992Purpose: Noncommercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 01/24/2018Filing Status: ActiveStatusStatusStatus

# **Section I - General Information**

### 1. Respondent

# Entity Name

0002834992		Glenbrook Hig	gh School District 225				
Street Address	City (and Count address)	ry if non U.S.	State ("NA" if non-U.S. address)	Zip Code	Phone	Email	
3801 W. Lake	Glenview		IL	60026	+1 (847) 998- 6100	rmanly@glenbrook225. org	

### 2. Contact Representative

Name	Organization	
Marc Korman	Sidley Austin LLP	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1501 K Street NW	Washington	DC	20005	+1 (202) 736-8417	mkorman@sidley.com

## 3. Application Filing Fee

## Not Applicable

FRN

Avenue

# 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	Biennial			
"As of" date	10/01/2017			
	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/Permitte	ee Name	FRN	FRN	
Glenbrook High S	chool District 225	0002834992	0002834992	
Fac. ID No.	Call Sign	City	State	Service
42125	WGBK	GLENVIEW	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.

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	Ownership Information				
FRN	0002834992				
Entity Name	Glenbrook High School District	225			
Address	PO Box				
	Street 1	3801 W. Lake Avenue			
	Street 2				
	City	Glenview			
	State ("NA" if non-U.S. address)	IL			
	Zip/Postal Code	60026			
	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 that do not appear on this report?			No	

Ownership Information				
FRN	9990119198			
Name	Skip Shein			
Address	PO Box			
	Street 1	3801 W. Lake Avenue		
	Street 2			
	City	Glenview		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	60026		
	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	Technical Consultant for IT Co.			
By Whom Appointed or Elected	School District			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
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%		
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
 9990119199

 Name
 Sonia Kim

Address	PO Box			
	Street 1	3801 W. Lake Avenue		
	Street 2			
	City	Glenview		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	60026		
	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	Managing Director Marketing and Commercialization Education			
By Whom Appointed or Elected	School District			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Asian		
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	9990119200	9990119200		
Name	Michael D. Riggle			
Address PO Box				
	Street 1	3801 W. Lake Avenue		
	Street 2			
	City	Glenview		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	60026		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			

Positional Interests (check all that apply)	Officer			
Principal Profession or Occupation	Superintendent	Superintendent		
By Whom Appointed or School Board Elected				
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
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%		

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

No

# **Ownership Information**

FRN	9990119201		
Name	Rosanne Williamson		
Address	PO Box		
	Street 1	3801 W. Lake Avenue	
	Street 2		
	City	Glenview	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60026	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer		
Principal Profession or Occupation	Assistant Superintendant		
By Whom Appointed or Elected	Board of Education		
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 0.0%		
lemer 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	Yes

Does interest noider have an attributable interest in one or more broadcast statio	ns
that do not appear on this report?	

Ownership Information			
FRN	9990119202		
Name	Peter Glowacki		
Address	PO Box		
	Street 1	3801 W. Lake Avenue	
	Street 2		
	City	Glenview	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60026	
	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	Chief Learning office with Council of Residential Specialists		
By Whom Appointed or Elected	School District	School District	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
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%	
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			
FRN	9990119203		
Name	Marcelo Sztainberg		
Address	PO Box		
	Street 1	3801 W. Lake Avenue	

	Street 2		
	City	Glenview	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60026	
	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	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Associate Dean at Northeastern Illinois University		
By Whom Appointed or Elected	School District		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	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%	
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	9990119205		
Name	Joel Taub		
Address	PO Box		
	Street 1	3801 W. Lake Avenue	
	Street 2		
	CityGlenviewState ("NA" if non-U.S. address)ILZip/Postal Code60026		
	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)		

Employee Benefit Specialist		
School District		
Citizenship	US	
Gender	Male	
Ethnicity	Not Hispanic or Latino	
Race	White	
Voting	0.0%	
Equity	0.0%	
Total assets (Equity Debt Plus)	0.0%	
-	Citizenship Gender Ethnicity Race Voting Equity Total assets (Equity Debt	Citizenship       US         Gender       Male         Ethnicity       Not Hispanic or Latino         Race       White         Voting       0.0%         Equity       0.0%

that do not appear on this report?

Ownership Information			
FRN	9990119206		
Name	Karen Stang Hanley		
Address	PO Box		
	Street 1	3801 W. Lake Avenue	
	Street 2		
	City	Glenview	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60026	
	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	Travel Advisor		
By Whom Appointed or Elected	School District		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female	
	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%	
Does interest holder have an attributable interest in one or more broadcast stations		No	

that do not appear on this report?

Ownership Information				
FRN	9990119207			
Name	Bruce Doughty			
Address	PO Box			
	Street 1	3801 W. Lake Avenue		
	Street 2			
	City	Glenview		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	60026		
	Country (if non-U.S. address)	United States	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	School District			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	0.0%		
from 0.0 to 100.0)	Equity	0.0%		
Total assets (Equity Debt OPlus)		0.0%		
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 equin	ty, financial, or voting	Yes	

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 "<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)

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.

Licensee is a school district and there is no ownership above the school district level.

### **Section III - Certification**

#### 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>Superintendent</b> Exact Legal Title or Name of Respondent: <b>Glenbrook High School District #225</b> Name: <b>Michael D Riggle</b> Phone: <b>8474864799</b> 01/24/2018