



(REFERENCE COPY - Not for submission)

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

File Number: **0000092725** | Submit Date: **2019-12-05** | FRN: **0011249240**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **12/05/2019**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0011249240		Board of Education School District U-46			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
355 E. Chicago St.	Elgin	IL	60120	+1 (847) 888-5000	michaelademe@u-46.org

2. Contact Representative

Name		Organization			
Mike Ademe		School District U-46			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
355 E. Chicago St.	Elgin	IL	60120	+1 (847) 888-5000	michaelademe@u-46.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	Biennial
"As of" date	10/01/2019  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	
Board of Education School District U-46			0011249240	

Fac. ID No.	Call Sign	City	State	Service
4266	WEPS	ELGIN	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 AGREEMENT
Parties to contract or instrument	WISCONSIN PUBLIC RADIO
Date of execution	09/2009
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: PROGRAMMING AGREEMENT

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	0011249240	
Entity Name	Board of Education School District U-46	
Address	PO Box	
	Street 1	355 E. Chicago St.
	Street 2	
	City	Elgin

	<b>State ("NA" if non-U.S. address)</b>	IL
	<b>Zip/Postal Code</b>	60120
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Respondent	
<b>Positional Interests</b> (check all that apply)	Respondent	
<b>Tribal Nation or Tribal Entity</b>	Interest holder is not a Tribal nation or Tribal entity	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

Ownership Information		
<b>FRN</b>	9990130413	
<b>Name</b>	Susan Kerr	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	1457 Canter Lane
	<b>Street 2</b>	
	<b>City</b>	Bartlett
	<b>State ("NA" if non-U.S. address)</b>	IL
	<b>Zip/Postal Code</b>	60103
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer, Other - Board PresidentMember of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Retired	
<b>By Whom Appointed or Elected</b>	Elected by the Public	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Female
	<b>Ethnicity</b>	Not Hispanic or Latino
	<b>Race</b>	White
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	14.3%

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

Ownership Information		
FRN	9990130428	
Name	Veronica Noland	
Address	PO Box	
	Street 1	926 Douglas Avenue
	Street 2	
	City	Elgin
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60120
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Board Secretary Pro TemporeMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Association Management	
By Whom Appointed or Elected	Elected by the Public	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990130409	
Name	Melissa Owens	
Address	PO Box	
	Street 1	1940 Woodhaven Drive

	Street 2	
	City	Bartlett
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60103
	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 Coordinator	
By Whom Appointed or Elected	Elected by the Public	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990130383	
Name	Donna Smith	
Address	PO Box	
	Street 1	5465 MacLain Lane
	Street 2	
	City	Hanover Park
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60133
	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	Billing and Collection Specialist	
By Whom Appointed or Elected	Elected by the Public	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990131467	
Name	Miguel Rodriguez	
Address	PO Box	
	Street 1	355 E. Chicago Street
	Street 2	
	City	Elgin
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60120
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Chief Legal Officer, Board Secretary	
Principal Profession or Occupation	Chief Legal Officer, Board Secretary	
By Whom Appointed or Elected	Board of Education	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Equity	0.0%

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

Ownership Information		
FRN	9990131474	
Name	Tony Sanders	
Address	PO Box	
	Street 1	355 E. Chicago Street
	Street 2	
	City	Elgin
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60120
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Chief Executive Officer	
Principal Profession or Occupation	Chief Executive Officer	
By Whom Appointed or Elected	Board of Education	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990137561	
Name	John Devereux	
Address	PO Box	
	Street 1	1270 Strawberry Court
	Street 2	

	City	Bartlett	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60103	
	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	Actuary		
By Whom Appointed or Elected	Elected by the Public		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990137562	
Name	Eva Porter	
Address	PO Box	
	Street 1	6960 Center Avenue
	Street 2	
	City	Hanover Park
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60133
	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	Elected by the Public	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990137563	
Name	Kathleen Thommes	
Address	PO Box	
	Street 1	804 Columbine Drive
	Street 2	
	City	Elgin
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60124
	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	Educator	
By Whom Appointed or Elected	Elected by the Public	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	

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
(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

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.

Board of Education School District U-46 is a local, public governmental entity and institution of education, and is governed by its Board Members. There is no parent entity.

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 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: <b>Multimedia Specialist</b> Exact Legal Title or Name of Respondent: <b>Michael Ademe</b> Name: <b>Michael Ademe</b> Phone: <b>8478885000</b>  12/05/2019