



(REFERENCE COPY - Not for submission)

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

File Number: **0000166464** | Submit Date: **2021-11-05** | FRN: **0006754626**  
Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/05/2021**  
Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0006754626		Board of Trustees of Community College District No. 508, Cou			

  

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
180 N. Wabash Avenue Suite 200	Chicago	IL	60601	+1 (312) 553-2558	kcosic@ccc.edu

2. Contact Representative

Name		Organization			
Todd D. Gray		Gray Miller Persh LLP			

  

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2233 Wisconsin Avenue NW Suite 226	Washington	DC	20007	+1 (202) 776-2571	tgray@graymillerpersh.com

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	10/01/2021  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.

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 Trustees of Community College District No. 508, Cou				0006754626

Fac. ID No.	Call Sign	City	State	Service
6115	WKKC	CHICAGO	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		
FRN	0006754626	
Entity Name	Board of Trustees of Community College District No. 508, Cou	
Address	PO Box	
	Street 1	180 N. Wabash Avenue
	Street 2	Suite 200
	City	Chicago
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60601
	Country (if non-U.S. address)	United States
Listing Type	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>	9990128393		
<b>Name</b>	Juan Salgado		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	3559 S. Western Blvd	
	<b>Street 2</b>		
	<b>City</b>	Chicago	
	<b>State ("NA" if non-U.S. address)</b>	IL	
	<b>Zip/Postal Code</b>	60609	
	<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, Member of Governing Board (or other governing entity)		
<b>Principal Profession or Occupation</b>	Chancellor, Chicago City Colleges		
<b>By Whom Appointed or Elected</b>	Board of Trustees		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US	
	<b>Gender</b>	Male	
	<b>Ethnicity</b>	Hispanic or Latino	
	<b>Race</b>	White	
<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

FRN	9990128398		
Name	Deborah H. Telman		
Address	PO Box		
	Street 1	451 East Grand Avenue	
	Street 2	#4801	
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60611	
	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	Mayor of Chicago		
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)	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	9990130687		
Name	Karen Kent		
Address	PO Box		
	Street 1	UNITEHERE Local 1	
	Street 2	218 S. Wabash, 7th Floor	
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60614	
	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	President - Unite Here Local 1		
By Whom Appointed or Elected	Mayor of Chicago		
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)	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	9990140197	
Name	Darrell A. Williams	
Address	PO Box	
	Street 1	904 E. 48th Street
	Street 2	
	City	Chicago
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60615
	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	Investment Banker	
By Whom Appointed or Elected	Mayor of Chicago	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	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	9990140198		
Name	Peggy A. Davis		
Address	PO Box		
	Street 1	225 North Michigan Avenue	
	Street 2	Suite 2200	
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60601	
	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	Community Foundation Executive		
By Whom Appointed or Elected	Mayor of Chicago		
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	9990140199	
Name	Elizabeth F. Swanson	
Address	PO Box	

	Street 1	200 W. Madison Street	
	Street 2	Third Floor	
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code	60640	
	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	Philanthropy		
By Whom Appointed or Elected	Mayor of Chicago		
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	9990140200	
Name	Walter Massey	
Address	PO Box	
	Street 1	4950 S. Chicago Beach Drive
	Street 2	Apt. 4B
	City	Chicago
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60615
	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	Retired		
By Whom Appointed or Elected	Mayor of Chicago		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	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	9990144179	
Name	Laritza Lopez	
Address	PO Box	
	Street 1	2724 N. Sacramento Ave.
	Street 2	
	City	Chicago
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60647
	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	Marketing Communications	
By Whom Appointed or Elected	Mayor of Chicago	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Hispanic or Latino
	Race	Black or African American, 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	9990144180	
Name	Imran Mohammad Fazal-Hoque	
Address	PO Box	
	Street 1	2314 W. Granville Ave.
	Street 2	Apt. 1
	City	Chicago
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60659
	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	Student	
By Whom Appointed or Elected	Campus Wide Election	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	MM
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	Asian
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

(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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<p><b>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</b></p> <p>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.</p>	No
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### 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.**

Licensee is not under the control of another 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>General Counsel</b> Exact Legal Title or Name of Respondent: <b>Board of Trustees of Community College District 508, County of Cook and State of Illinois</b> Name: <b>Karla Mitchell Gowen</b> Phone: <b>3125532920</b>  11/05/2021