

FRN

0006754626

Not Applicable

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

Entity Name

File Number: 0000230418Submit Date: 2023-12-01FRN: 0006754626Purpose: Noncommercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 12/01/2023Filing Status: ActiveStatusStatus

Section I - General Information

1. Respondent

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- 2920	alittleton1@ccc. edu

2. Contact Representative

Name	Organization
Barry Persh	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- 2458	bpersh@graymillerpersh. com

3. Application Filing Fee

4. Control of	(a) Provide the following information about the Respondent:				
Respondent	Relationship to stations/permits	Licensee			
	Is the Respondent's governing boa indirectly under the control of ano	eard (or other governing entity) directly or No other entity?			
	(b) Provide the following information	formation about this report:			
	Purpose		Biennial		
	"As of" date		10/01/2023		
			and resubmitting a price	ownership report or validating or biennial ownership report, this the year in which this report is	

5. Licensee(s) and Station(s)

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

Licensee/Permittee Name					
Board of Trustees of Community College District No. 508, Cou					
Fac. ID No. Call Sign City State					
			Service		
	-	all Sign City	all Sign City State		

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.				
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).				
		t ownership structures, list only t see(s) for which the report is bei	hose interests in the Respondent that also represent an ng 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.				
		an FCC Registration Number for detailed information and guidanc	each interest holder reported in response to this question. e concerning this requirement.		
	Ownership Information				
	FRN	0006754626			
	Entity Name	Board of Trustees of Commun	ity 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. IL address)					
	60601				
	Country (if non-U.S. address)United States				
	Listing Type	Respondent			

Respondent		
Interest holder is not a Tribal nation or Tribal entity		
Voting	0.0%	
Equity	0.0%	
Total assets (Equity Debt Plus)	0.0%	
	Interest holder is not a Tribal r Voting Equity Total assets (Equity Debt	Interest holder is not a Tribal nation or Tribal entity Voting 0.0% Equity 0.0% Total assets (Equity Debt 0.0%

that do not appear on this report?

Ownership Information

Ownership Information				
FRN	9990128393			
Name	Juan Salgado			
Address	PO Box			
	Street 1	3559 S. Western Blvd		
	Street 2			
	City	Chicago		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	60609		
	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	Chancellor, Chicago City Colleges			
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	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	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,	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	20.0%	
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	in attributable interest in one o report?	r more broadcast stations No	

O	
Ownergni	p Information

FRN	9990140198			
Name	Peggy A. Davis			
Address	PO Box			
	Street 1	1042 S. Oakley Blvd. Unit 3		
	Street 2			
	City	Chicago		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	60612		
	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,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Black or African American		
Interest Percentages	Voting	20.0%		
(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	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,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	Equity	0.0%	
	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	9990140200		
Name	Walter Massey		
Address	РО Вох		
	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,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
Interest Percentages	Voting	20.0%	
(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 or more broadcast stations that do not appear on this report?

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,	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Hispanic or Latino	
	Race	Black or African American, White	
Interest Percentages	Voting	20.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		

Ownership Information

that do not appear on this report?

FRN	9990155478		
Name	Yehuda Goldbloom		
Address	PO Box		
	Street 1	6500 North Albany Avenue	
	Street 2		
	City	Chicago	
	State ("NA" if non-U.S. address)	IL	
	Zip/Postal Code 60645		
	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)		

Student		
Campus Wide Election		
Citizenship	US	
Gender	Male	
Ethnicity	Not Hispanic or Latino	
Race	White	
Voting	0.0%	
Equity	0.0%	
Total assets (Equity Debt Plus)		
	r more broadcast stations	No
is filing are non-attributable.	ty, financial, or voting	Yes
	Citizenship Gender Ethnicity Race Voting Equity Total assets (Equity Debt Plus) an attributable interest in one o	Citizenship US Gender Male Ethnicity Not Hispanic or Latino Race White Voting 0.0% Equity 0.0% Total assets (Equity Debt Plus) Image: Comparison of the station of the stations stations and the stations are port?

(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.

There is no parent entity for the licensee.

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: Chancellor Exact Legal Title or Name of Respondent: Board of Trustees of Community College District No. 508, County of Cook and State of Illinois Name: Juan Salgado Phone: 3125532510 12/01/2023
---------------	--	--