

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

File Number: 0000103225Submit Date: 2020-01-31FRN: 0016808651Purpose: Noncommercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 01/31/2020Filing Status: ActiveStatusStatusStatus

Section I - General Information

Mt. St. Francis Hermitage Inc.

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
PO Box 236 120 Edson Road	Maine	NY	13802	+1 (607) 754- 0001	whvm91. 9fm@gmail.com

2. Contact Representative

Name	Organization	
Dennis J. Kelly	Law Office of Dennis J. Kelly	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
Post Office Box 41177	Washington	DC	20018- 0577	+1 (202) 293- 2300	dkellyfcclaw1@comcast. net

3. Application Filing Fee

Not Applicable

FRN

0016808651

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.

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

Licensee/Permittee Name FRN				
Mt. St. Francis Hermitage Inc. 0016808651				
Fac. ID No.	Call Sign	City	State	Service
172325	WHVM	OWEGO	NY	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	Articles of Incorporation		
Parties to contract or instrument	State of New York		
Date of execution	03/1998		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Corporate		

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	0016808651			
Entity Name	Mt. St. Francis Hermitage Inc.			
Address	PO Box			
	Street 1	PO Box 236		
	Street 2	120 Edson Road		

	City	Maine	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	13802	
	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%	

that do not appear on this report?

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Ownership Information				
FRN	9990129382			
Name	Rev. Jason Chapin	Rev. Jason Chapin		
Address	PO Box			
	Street 1	199 Colonel Brown Road		
	Street 2			
	City	Griswold		
	State ("NA" if non-U.S. address)	СТ		
	Zip/Postal Code	06351		
	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	Roman Catholic Priest			
By Whom Appointed or Elected	Board of Directors			
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 from 0.0 to 100.0)	Voting	33.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Doos interest helder have	r mara brandanat stations	Yee	

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

Yes

Ownership Information				
FRN	9990129362			
Name	Courtney Clark			
Address	PO Box			
	Street 1	182 Dimmock Hill Drive		
	Street 2			
	City	Binghamton		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	13905		
	Country (if non-U.S.United Statesaddress)			
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Aircraft Mechanic			
By Whom Appointed or Elected	Board of Directors	Board of Directors		
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	33.3%		
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 that do not appear on this report?				

Ownership Information

FRN	9990129369		
Name	David Wroe		
Address	PO Box		

	Street 1	130 Main Street	
	Street 2		
	City	Osterville	
	State ("NA" if non-U.S. address)	МА	
	Zip/Postal Code	02655	
	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	Software Consultant		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	33.3%	
	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 or report?	r more broadcast stations	Yes
(b) Respondent certifies th interests, not reported in the If "No," submit as an exhibit	Yes		
(c) Is Respondent seeking	an attribution exemption for any the Licensee(s)?	y officer or director with	No
duties wholly unrelated to		omit an Exhibit fully describing	

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

3. Organizational Chart (Licensees

Only)

Licensee is a non-profit corporation with no parent or subsidiary entities. It is controlled by its Board of Directors.

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: President Exact Legal Title or Name of Respondent: Mt. St. Francis Hermitage, Inc. Name: Rev Jason Chapin Phone: 6077540001 01/31/2020