

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

File Number: 0000230480Submit Date: 2023-12-01FRN: 0012555363Purpose: Noncommercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 12/01/2023Filing Status: ActiveStatusStatusStatus

Section I - General Information

St. Gabriel Communications, Ltd.

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
St. Boniface 701 West 5th Street	Sioux City	IA	51103	+1 (712) 224- 5342	annreed@fhcradio. com

2. Contact Representative

Stuart W. Nolan, Jr. LegalWorks Apostolate, PLLC	Name	Organization
	Stuart W. Nolan, Jr.	LegalWorks Apostolate, PLLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
4 Family Life Ln	Front Royal	VA	22630	+1 (540) 622- 8070	legalworks.counsel@gmail. com

3. Application Filing Fee

Not Applicable

FRN

0012555363

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	10/01/2023
	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			
St. Gabriel Communications, Ltd.				0012555363	
Fac. ID No.	Call Sign	City	State	Service	
90282	KFHC	PONCA	NE	FM	
177197	KOIA	STORM LAKE	IA	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 Iowa	
Date of execution	03/2001	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: governing document	

Document Information		
Description of contract or instrument	Bylaws	
Parties to contract or instrument	St. Gabriel Communications, Ltd	
Date of execution	03/2001	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: governing document	

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	0012555363			
Entity Name	St. Gabriel Communications,	Ltd.		
Address	PO Box			
	Street 1	St. Boniface 701 West 5th Stre	eet	
	Street 2			
	City	Sioux City		
	State ("NA" if non-U.S. address)	ΙΑ		
	Zip/Postal Code	51103		
	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%		

Ownership Information

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FRN	9990133272		
Name	John Fitzsimmons		
Address	PO Box		
	Street 1	48380 HIGHWAY 150	
	Street 2		
	City	Jefferson	
	State ("NA" if non-U.S. address)	SD	
	Zip/Postal Code	57038	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Board of DirectorsMember of Governing Board (or other governing entity)		

Insurance Adjustor			
Members of the Board			
Citizenship	US		
Gender	Male		
Ethnicity	Not Hispanic or Latino		
Race	White		
Voting	8.3%		
Equity	0.0%		
Total assets (Equity Debt Plus)	0.0%		
	Members of the Board Citizenship Gender Ethnicity Race Voting Equity Total assets (Equity Debt	Members of the Board Citizenship US Gender Male Ethnicity Not Hispanic or Latino Race White Voting 8.3% Equity 0.0%	

Ownership Information			
FRN	9990133289		
Name	Paul Wolpert		
Address	PO Box		
	Street 1	2309 ST. ANTHONY PLACE	
	Street 2		
	City	Sioux City	
	State ("NA" if non-U.S. address)	ΙΑ	
	Zip/Postal Code	51108	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Secretary/TreasurerMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired Doctor		
By Whom Appointed or Elected	Members of the Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	8.3%	
(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

FRN	9990133292		
Name	Molly Sokolowski		
Address	PO Box		
	Street 1	3031 NEBRASKA ST	
	Street 2		
	City	Sioux City	
	State ("NA" if non-U.S. address)	ΙΑ	
	Zip/Postal Code	51104	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - SecretaryMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired Teacher		
By Whom Appointed or Elected	Members of the Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	8.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

Ownership Information		
FRN	9990133296	
Name	Joanne Fox	
Address	PO Box	
	Street 1	32281 HICKORY AVE
	Street 2	

	City	Sioux City	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	51108	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - PresidentMen	ber of Governing Board (or other	governing entity)
Principal Profession or Occupation	Newspaper Editor		
By Whom Appointed or Elected	Members of the Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	8.3%	
(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	9990133539	
Name	Ann Reed	
Address	PO Box	
	Street 1	701 W. 5th St
	Street 2	
	City	Sioux City
	State ("NA" if non-U.S. address)	IA
	Zip/Postal Code	51103
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Program Director / Executive Secretary	
Principal Profession or Occupation	Broadcast Management	

By Whom Appointed or Elected	Members of the Board	
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	0.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have a	an attributable interest in one o	r more broadcast stations No

Ownership Information			
FRN	9990155586		
Name	Don Stevens		
Address	PO Box		
	Street 1	2900 Glen Ellen Rd	
	Street 2		
	City	Sioux City	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	51106	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Vice PresidentMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	Retired Postmaster		
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	Voting	8.3%	
(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	9990155587		
Name	Dave Matthey		
Address	PO Box		
	Street 1	5728 Old Lakeport	
	Street 2		
	City	Sioux City	
	State ("NA" if non-U.S. address)	ΙΑ	
	Zip/Postal Code	51106	
	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	Pilot		
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	8.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have ar that do not appear on this re	attributable interest in one or port?	more broadcast stations	No

Ownership Information

FRN	9990155588	
Name	Kim Wilson	
Address	PO Box	
	Street 1	309 Cook st
	Street 2	
	City	Sioux City
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	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	51103	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Fundraiser		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	8.3%	
(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 In	nformation
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FRN	9990155590	
Name	Ted Karpuk	
Address	PO Box	1166
	Street 1	
	Street 2	
	City	Sioux City
	State ("NA" if non-U.S. address)	ΙΑ
	Zip/Postal Code	51102
	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	Lawyer	
By Whom Appointed or Elected	Board of Directors	

Citizenship, Gender, Ethnicity, and Race	Citizenship	US
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	8.3%
	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 o report?	or more broadcast stations No

Ownership Information

FRN	9990155592		
Name	Betty Pratt		
Address	PO Box		
	Street 1	500 46th St., Apt 3	
	Street 2		
	City	Sioux City	
	State ("NA" if non-U.S. address)	ΙΑ	
	Zip/Postal Code	51104	
	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	Homemaker Retiree		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race White		
Interest Percentages	Voting	8.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

Ownership Information				
FRN	9990155594			
Name	Michael Brauer			
Address	PO Box			
	Street 1	835 Parkridge Place		
	Street 2			
	City	Moville		
	State ("NA" if non-U.S. address)	IA		
	Zip/Postal Code	51039		
	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	Marketer			
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	Voting	8.3%		
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	n attributable interest in one o eport?	r more broadcast stations	No	

Ownership Information			
FRN	9990155595		
Name	Sid Shoemaker		
Address	PO Box		
	Street 1	6100 Pine View Dr.	
	Street 2 City Sioux City		
	State ("NA" if non-U.S. address)	ΙΑ	
	Zip/Postal Code	51106	

Country (if non-U.S. address)	United States		
Other Interest Holder			
Member of Governing Board	Member of Governing Board (or other governing entity)		
Retiree Salesman	Retiree Salesman		
Board of Directors			
Citizenship	US		
Gender	Male		
Ethnicity	Not Hispanic or Latino		
Race	White		
Voting	8.3%		
Equity	0.0%		
Total assets (Equity Debt Plus)	0.0%		
	address) Other Interest Holder Member of Governing Board (Retiree Salesman Board of Directors Citizenship Gender Ethnicity Race Voting Equity Total assets (Equity Debt		

NO

FRN	9990155597	
Name	Julie Keane	
Address	PO Box	
	Street 1	375 Patridge Circle
	Street 2	
	City	Dakota Dunes
	State ("NA" if non-U.S. SD address) SD	
	Zip/Postal Code 57049	
	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	Human Resources	
By Whom Appointed or Elected	Board of Directors	
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 from 0.0 to 100.0)	Voting	8.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have	an attributable interest in one o	r more broadcast stations No

Ownership Information

that do not appear on this report?

FRN	9990155719		
Name	Lisa Niebuhr		
Address	PO Box		
	Street 1	700 4th St	
	Street 2		
	City	Sioux City	
	State ("NA" if non-U.S. address)	IA	
	Zip/Postal Code	51101	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Listener Coordinator		
Principal Profession or Occupation	Broadcasting		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
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 ı	an attributable interest in one o	r more broadcast stations	No

(b) Respondent certifies that any interests, including equinaterests, not reported in this filing are non-attributable.

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)?	No
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.

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

License has no parent entity.

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: Executive Secretary Exact Legal Title or Name of Respondent: St. Gabriel Communications, Ltd. Name: Ann Reed Phone: 7122245342 12/01/2023

Certification