



(REFERENCE COPY - Not for submission)

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

File Number: 0000104571 | Submit Date: 2020-01-31 | FRN: 0017046921

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 01/31/2020

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0017046921		Saint Joseph Missions			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
DBA We Are One Body Radio Network 1100 Ligonier Street, Suite 305	Latrobe	PA	15650	+1 (800) 804-9262	fcc@waob.org

2. Contact Representative

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 Lane	Front Royal	VA	22630	+1 (540) 622-8070	Nolan@LegalWorks.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
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"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.
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5. Licensee(s)
and Station(s)

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

Licensee/Permittee Name	FRN
Saint Joseph Missions	0017046921

Fac. ID No.	Call Sign	City	State	Service
4028	WPGR	MONROEVILLE	PA	AM
52747	WAOB-FM	BEAVER FALLS	PA	FM
60155	WAOB	MILLVALE	PA	AM
201621	W254DI	MONROEVILLE	PA	FX
203248	W275DB	PITTSBURGH	PA	FX

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	Commonwealth of Pennsylvania
Date of execution	10/2007
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	Saint Joseph Missions
Date of execution	10/2007
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	0017046921	
Entity Name	Saint Joseph Missions	
Address	PO Box	
	Street 1	DBA We Are One Body Radio Network
	Street 2	1100 Ligonier Street, Suite 305
	City	Latrobe
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	15650
	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 (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 an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990132891	
Name	Matthew J. Gorsich	
Address	PO Box	

	Street 1	151 Penns Grove Lane	
	Street 2		
	City	Latrobe	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	15650	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - President/TreasurerMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	General Manager of Religious Nonprofit		
By Whom Appointed or Elected	Members of the Board		
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	25.0%	
	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	9990132892	
Name	Thomas Marinchak	
Address	PO Box	
	Street 1	108 MAYBERRY LANE
	Street 2	
	City	Latrobe
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	15650
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Vice President, SecretaryMember of Governing Board (or other governing entity)	

Principal Profession or Occupation	Manager of Religious Nonprofit		
By Whom Appointed or Elected	Memers of the Board		
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	25.0%	
	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	9990132893	
Name	Rev. Boniface Hicks	
Address	PO Box	
	Street 1	St. Vincent Seminary
	Street 2	300 Frasier Purchase Rd
	City	Latrobe
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	15650
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - General Manager of WAOB Radio and Programming ManagerMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Catholic Priest, Member of Religious Order, Programming Manager	
By Whom Appointed or Elected	Members of the Board	
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	25.0%
	Equity	0.0%
	Total assets (Equity Debt	0.0%

	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	9990132895	
Name	Most Rev Edward Malesic	
Address	PO Box	
	Street 1	Diocese of Greensburg
	Street 2	723 E. PITTSBURGH STREET
	City	Greensburg
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	15601
	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	Bishop, Catholic Priest, Diocese of Greensburg	
By Whom Appointed or Elected	Members of the Board	
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	25.0%
	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

(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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(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
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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 has 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: President Exact Legal Title or Name of Respondent: Saint Joseph Missions dba WAOB Radio Name: Matthew J Gorsich Phone: 8008049262 01/31/2020