

(REFERENCE COPY - Not for submission)

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

File Number: 0000171816 | Submit Date: 2021-11-26 | FRN: 0014109300

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/26/2021

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name	
0014109300	Connecticut College Community Radio, Inc.	

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
Connecticut College 270 Mohegan Ave	New London	СТ	06320	+1 (860) 439- 2832	wcni@conncoll. edu

2. Contact Representative

1	Name	Organization
	John W. Tyler	WCNI Radio Club

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
5 Loudon Ave	Pawcatuck	СТ	06379	+1 (860) 460-1721	johnee911@yahoo.com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

Relationship to stations/permits	Entity required to file a Form 323-E because it holds an attributable interest in one of more Licensees or Permittees	
Is the Respondent's governing bo	pard (or other governing entity) directly or	No

(b) Provide the following information about this report:	
Purpose	Validation and resubmission of a previously filed biennial report (certifying no changes from the previously filed biennial report) 0000152384

"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
Connecticut College Community Radio, Inc.	0014109300

Fac. ID No.	Call Sign	City	State	Service
13621	WCNI	NEW LONDON	СТ	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	0014109300	0014109300		
Entity Name	Connecticut College	Connecticut College Community Radio, Inc.		
Address	РО Вох			
	Street 1	Connecticut College		
	Street 2	270 Mohegan Ave		
	City	New London		
		'		

	State ("NA" if non-U.S. address)	СТ	
	Zip/Postal Code	06320	
	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%	
Does interest holder have that do not appear on this	an attributable interest in one or report?	or more broadcast stations No	

Ownership Information				
FRN	2130012657			
Name	Victor Arcelus			
Address	РО Вох			
	Street 1	8 North Ridge Rd		
	Street 2			
	City	New London Ct		
	State ("NA" if non-U.S. address)	СТ		
	Zip/Postal Code	06320		
	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	College Administrator			
By Whom Appointed or Elected	Self-Perpetuaing Board	Self-Perpetuaing Board		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	0.0%		
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?		No	

Ownership Information			
FRN	2130012665		
Name	Lee Hisle		
Address	PO Box		
	Street 1	21 Skiff Lane	
	Street 2		
	City	Mystic	
	State ("NA" if non-U.S. address)	СТ	
	Zip/Postal Code	06355	
	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	VP for IS, CT College		
By Whom Appointed or Elected	Self-Perpetuaing Board		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Male	
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)		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			

Ownership Information			
FRN	2130012673	2130012673	
Name	Amanda Mayfield	Amanda Mayfield	
Address	РО Вох	PO Box	
	Street 1	Street 1 30 Stillwold Dr	
		· · · · · · · · · · · · · · · · · · ·	

	Street 2		
	City	Wethersfield	
	State ("NA" if non-U.S. address)	СТ	
	Zip/Postal Code	06109	
	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	Treasurer, Director		
By Whom Appointed or Elected	Self-Perpetuaing Board		
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)		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No

Ownership Information		
FRN	2130012681	
Name	Ross Morin	
Address	PO Box	
	Street 1	12 Water St
	Street 2 #406	
	City	Mystic
	State ("NA" if non-U.S. CT address)	
	Zip/Postal Code 06355	
	Country (if non-U.S. United States address)	
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	College Faculty Member	
By Whom Appointed or Elected	Self-Perpetuaing Board	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Male
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)	
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	2130019421	
Name	Katherine Bergeron	
Address	PO Box	
	Street 1	772 Williams St
	Street 2	
	City	New London
	State ("NA" if non-U.S. CT address)	
	Zip/Postal Code	06320
	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	College President	
By Whom Appointed or Elected	Self-Perpetuaing Board	
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)			
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No		
• •	hat any interests, including equi this filing are non-attributable. : an explanation.	ty, financial, or voting	Yes	

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
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.	

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: Community General Manager Exact Legal Title or Name of Respondent: Community General Manager Name: John Tyler Phone: 8604601721