



(REFERENCE COPY - Not for submission)

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

File Number: **0000184711** | Submit Date: **2022-02-10** | FRN: **0007013675**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **02/10/2022**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0007013675	GOOD NEWS RADIO, INC.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2421 N 1450 East Rd	White Heath	IL	61884	+1 (217) 586- 6377	mark@greatnewsradio. org

2. Contact Representative

Name	Organization
Mark Burns	Good News Radio Inc

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2421 N 1450 East Rd	White Heath	IL	61884	+1 (217) 586- 6377	mark@greatnewsradio. org

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
"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
GOOD NEWS RADIO, INC.	0007013675

Fac. ID No.	Call Sign	City	State	Service
9963	WLLM	LINCOLN	IL	AM
13576	WLUJ	SPRINGFIELD	IL	FM
13927	WGNJ	ST. JOSEPH	IL	FM
28303	WLLM-FM	CARLINVILLE	IL	FM
37561	W261CQ	DECATUR	IL	FX
58449	WGNN	FISHER	IL	FM
79202	W228BB	JACKSONVILLE	IL	FX
84770	W280DE	CHAMPAIGN	IL	FX
89433	WRLJ	WHITE HALL	IL	FM
89735	WLWJ	PETERSBURG	IL	FM
92803	W261AF	LINCOLN	IL	FX
93641	WJWR	BLOOMINGTON	IL	FM
138361	W287BP	LINCOLN	IL	FX
138464	W284BT	BLOOMINGTON	IL	FX
138468	W246BD	CLINTON	IL	FX
138566	W287CK	SPRINGFIELD	IL	FX
144789	W228BG	BEARDSTOWN	IL	FX
173722	WHPA	MACOMB	IL	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	0007013675	
Entity Name	GOOD NEWS RADIO, INC.	
Address	PO Box	
	Street 1	2421 N 1450 East Rd
	Street 2	
	City	White Heath
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61884
	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	9990136121	
Name	John Jennings	
Address	PO Box	
	Street 1	382 A CR 2600 N
	Street 2	
	City	Mahomet
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61853
	Country (if non-U.S. address)	United States

Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Retired Salesman	
By Whom Appointed or Elected	Governing 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	10.0%
	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	9990136122	
Name	Mark Burns	
Address	PO Box	
	Street 1	2421 N 1450 East Rd
	Street 2	
	City	White Heath
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61884
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	General Manager	
By Whom Appointed or Elected	Governing 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	10.0%
	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	9990136123	
Name	David Dunn	
Address	PO Box	
	Street 1	1380-L Whispering Pines Dr
	Street 2	
	City	St. Louis
	State ("NA" if non-U.S. address)	MO
	Zip/Postal Code	63146
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Physician	
By Whom Appointed or Elected	Governing 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	10.0%
	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	9990136124	
Name	Paul Stines	
Address	PO Box	
	Street 1	3406 Pebblecreek Place

	Street 2	
	City	Champaign
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61822
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Retired Dentist	
By Whom Appointed or Elected	Governing 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	10.0%
	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	9990136125	
Name	Phil Shappard	
Address	PO Box	
	Street 1	27 W 171 Oakwood St
	Street 2	
	City	Winfield
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60190
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Retired Manager	

By Whom Appointed or Elected	Governing 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	10.0%
	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	9990136126	
Name	Kurt Bobsin	
Address	PO Box	
	Street 1	1704 Catalpa Ct
	Street 2	
	City	St. Joseph
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61873
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Retired Geological Survey	
By Whom Appointed or Elected	Governing 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	10.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations		No

that do not appear on this report?

Ownership Information

FRN	9990136127	
Name	Huey Freeman	
Address	PO Box	
	Street 1	1928 N Old Route 47
	Street 2	
	City	Monticello
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61856
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Author	
By Whom Appointed or Elected	Governing 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	10.0%
	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	9990136128	
Name	Peggy Meier	
Address	PO Box	265
	Street 1	
	Street 2	
	City	Philo
	State ("NA" if non-U.S. address)	IL

	Zip/Postal Code	61864
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Retired Banker	
By Whom Appointed or Elected	Governing 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	10.0%
	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	9990136129	
Name	Nancy Miller	
Address	PO Box	
	Street 1	207 E Tomaras Ave
	Street 2	
	City	Savoy
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61874
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Homemaker	
By Whom Appointed or Elected	Governing Board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female

Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	10.0%
	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	9990136130	
Name	Scott Kline	
Address	PO Box	
	Street 1	2427 Prairie Ridge PL
	Street 2	
	City	Champaign
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	61822
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Retired Doctor	
By Whom Appointed or Elected	Governing 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	10.0%
	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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<p>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	<p>No</p>
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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.

File Name	Uploaded By	Attachment Type	Description
<u>Ownership_Report_Flow_Chart_2021.doc</u>	Applicant	Ownership Chart	Ownership_Report_Flow_Chart 2021

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.	<p>Official Title: President & General Manager Exact Legal Title or Name of Respondent: Mark Burns Name: Mark Burns Phone: 2176490414</p> <p>02/10/2022</p>