



(REFERENCE COPY - Not for submission)

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

File Number: 0000129404 | Submit Date: 2020-12-04 | FRN: 0008997082
Purpose: Noncommercial Broadcast Stations Non-Biennial Ownership Report | Status: Received | Status Date: 12/04/2020 | Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0008997082	GOOD NEWS MEDIA, INC.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 1408	TRAVERSE CITY	MI	49685	+1 (231) 946-1400	BRIANH@WLJN.COM

2. Contact Representative

Name	Organization
JEFFREY DUKE SOUTHMAYD	SOUTHMAYD & MILLER

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
4 OCEAN RIDGE BOULEVARD SOUTH	PALM COAST	FL	32137	+1 (386) 445-9156	jdsouthmayd@msn.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	Transfer of control or assignment of license/permit
"As of" date	12/03/2020 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) /Permittees(s) and Station(s) /Permit(s)

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

Licensee/Permittee Name	FRN
GOOD NEWS MEDIA, INC.	0008997082

Fac. ID No.	Call Sign	City	State	Service
24603	WLJN	ELMWOOD TOWNSHIP	MI	AM
24607	WLJN-FM	TRAVERSE CITY	MI	FM
73169	WLJW	CADILLAC	MI	AM
82684	WSRJ	HONOR	MI	FM
87539	WLJD	CHARLEVOIX	MI	FM
190434	WLJW-FM	FIFE LAKE	MI	FM
202545	W281CG	TRAVERSE CITY	MI	FX
202577	W264DQ	CADILLAC	MI	FX
746473	WLJW-FM1	FIFE LAKE	MI	FB

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents

Licensee/Permittee Respondents 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/Permittee Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	ARTICLES OF INCORPORATION DOMESTIC NONPROFIT CORPORATION
Parties to contract or instrument	GOOD NEWS MEDIA, INC.
Date of execution	01/1981
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: ARTICLES OF INCORPORATION

Document Information	
Description of contract or instrument	BY LAWS
Parties to contract or instrument	GOOD NEWS MEDIA, INC.
Date of execution	01/1981
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: BY LAWS

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) or Permittee(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) or Permittee(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	0008997082	
Entity Name	GOOD NEWS MEDIA, INC.	
Address	PO Box	1408
	Street 1	
	Street 2	
	City	TRAVERSE CITY
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	49685
	Country (if non-U.S. address)	United States
Listing Type	Respondent	
Positional Interests (check all that apply)	Respondent	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	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	9990117461	
Name	JUNE MARTIN	
Address	PO Box	
	Street 1	5280 CEDAR RUN RD
	Street 2	
	City	TRAVERSE CITY

	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49684	
	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	BUSINESS OWNER		
By Whom Appointed or Elected	BOARD		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	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	9990117463		
Name	ROBY ISAAC		
Address	PO Box		
	Street 1	5109 SILVER COVE	
	Street 2		
	City	TRAVERSE CITY	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49684	
	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	FINANCIAL OFFICER AUTO SALES		
By Whom Appointed or Elected	BOARD		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	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	9990117465		
Name	TOM NUSSDORFER		
Address	PO Box		
	Street 1	12914 PENINSULA DR.	
	Street 2		
	City	TRAVERSE CITY	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	94686	
	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	MEDICAL DOCTOR		
By Whom Appointed or Elected	BOARD		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	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	9990117466		
Name	LANA PAYNE		
Address	PO Box		
	Street 1	1690 GONDER ROAD	
	Street 2		
	City	INTERLOCHEN	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	49643	
	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	ADMINISTRATIVE ASSISTANT		
By Whom Appointed or	BOARD		

Elected		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%
	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	9990136702	
Name	Joy Elenbaas	
Address	PO Box	
	Street 1	10032 E Harbor Hills Dr
	Street 2	
	City	TRAVERSE CITY
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	49684
	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	Administrative Assistant	
By Whom Appointed or Elected	BOARD	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%
	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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Certification

Section	Question	Response
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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: MANAGER Exact Legal Title or Name of Respondent: GOOD NEWS MEDIA, INC. Name: Brian Harcey Phone: 2319461400 12/04/2020