

FRN

0007449184

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

File Number: 0000184873 Submit Date: 2022-02-15 FRN: 0007449184

Purpose: Noncommercial Broadcast Stations Non-Biennial Ownership ReportStatus: ReceivedStatus Date:02/15/2022Filing Status: Active

Section I - General Information

GOOD SHEPHERD RADIO, INC.

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
825 Washington Street	Columbus	IN	47201	+1 (812) 375- 9947	kmaddox@thebridgefm. org

2. Contact Representative

Name	Organization
Cary S. Tepper	Tepper Law Firm, LLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
4900 Auburn Avenue Suite 100	Bethesda	MD	20814	+1 (301) 718-1818	tepperlaw@aol.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	02/15/2022
	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 SHEPHERD RADIO, INC.	0007449184	

Fac. ID No.	Call Sign	City	State	Service
81833	WAUZ	GREENSBURG	IN	FM
86545	WKJD	COLUMBUS	IN	FM
90693	WYGS	HOPE	IN	FM
91416	WKRY	VERSAILLES	IN	FM
172366	WHMO	MADISON	IN	FM

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		
Parties to contract or instrument	State of Indiana		
Date of execution	10/1987		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Organizational Document		

Document Information		
Description of contract or instrument	Articles of Amendment	
Parties to contract or instrument	State of Indiana	
Date of execution	08/1988	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Organizational 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) 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.

FRN	0007449184			
Entity Name	GOOD SHEPHERD RADIO, INC.			
Address	PO Box			
	Street 1	825 Washington Street		
	Street 2			
	City	Columbus		
	State ("NA" if non-U.S. address)	IN		
	Zip/Postal Code	47201		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent	Respondent		
Interest Percentages	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%		

Ownership Information

Ownership Information

FRN	0019394428		
Name	Keith Reising		
Address	PO Box		
	Street 1	2732 Wildwood Place	
	Street 2		
	City	Columbus	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	47201	
	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	Broadcast Manager		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages	Voting	33.3%	
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?			

Ownership Information FRN 9990149311 Name Keith Hall Address **PO Box** Street 1 2116 Caldwell Place Street 2 City Columbus State ("NA" if non-U.S. IN address) 47201 **Zip/Postal Code** Country (if non-U.S. **United States** address) Listing Type Other Interest Holder **Positional Interests** Officer, Member of Governing Board (or other governing entity) (check all that apply) President and Executive Director Principal Profession or Occupation By Whom Appointed or **Board of Directors** Elected Voting 33.3% **Interest Percentages** (enter percentage values **Total assets (Equity Debt** 00.0% from 0.0 to 100.0) 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	9990149312		
Name	James Hutson		
Address	PO Box		
	Street 1	9666 Randal Street	
	Street 2		

	City	Columbus	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	47203	
	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	Vice President and Operations Manager		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages	Voting	33.3%	
(enter percentage values from 0.0 to 100.0)	Total assets (Equity Debt Plus)	00.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No
(b) Respondent certifies th	nat any interests, including equi	ty. financial. or voting	Yes

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, 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 "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: President Exact Legal Title or Name of Respondent: Good Shepherd Radio, Inc. Name: Keith Hall Phone: 8123759947 02/15/2022