



(REFERENCE COPY - Not for submission)

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

File Number: **0000175176** | Submit Date: **2021-12-01** | FRN: **0008838104**  
Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **12/01/2021**  
Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0008838120		Goshen College, Inc.			

  

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1700 S. MAIN STREET	Goshen	IN	46526	+1 (574) 535-7000	jasonks@goshen.edu

2. Contact Representative

Name		Organization			
MATTHEW H. MCCORMICK, ESQ.		FLETCHER, HEALD & HILDRETH, PLC			

  

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N. 17TH STREET, 11TH FLOOR	ARLINGTON	VA	22209	+1 (703) 812-0438	MCCORMICK@FHHLAW.COM

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Entity required to file a Form 323-E because it holds an attributable interest in one or more Licensees or Permittees
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	
Goshen College Broadcasting Corporation			0008838104	

Fac. ID No.	Call Sign	City	State	Service
24663	WGCS	GOSHEN	IN	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	0008838120	
Entity Name	Goshen College, Inc.	
Address	PO Box	
	Street 1	1700 S. MAIN STREET
	Street 2	
	City	Goshen
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46526
	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	9990127108		
Name	CONRAD J. CLEMENS		
Address	PO Box		
	Street 1	6565 E. VIA AMABLE	
	Street 2		
	City	TUCSON	
	State ("NA" if non-U.S. address)	AZ	
	Zip/Postal Code	85750	
	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	PROFESSOR OF PEDIATRICS		
By Whom Appointed or Elected	MENNONITE EDUCATION AGENCY		
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	6.7%	
	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	9990127132	
Name	BRUCE STAHLY	
Address	PO Box	
	Street 1	714 BAINBRIDGE PLACE
	Street 2	
	City	GOSHEN
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46528
	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	ASSISTANT SUPERINTENDENT FOR BUSINESS SERVICES, SCHOOL OF MISHAWAKA	
By Whom Appointed or Elected	BOARD OF GOSHEN COLLEGE	
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	6.7%
	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	9990127138	
Name	SUSAN FISHER MILLER	
Address	PO Box	
	Street 1	1630 CLEVELAND ST
	Street 2	
	City	EVANSTON
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60202

	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	SR. ASSOC. DIRECTOR OF FOUNDATION RELATIONS, NORTHWESTERN UNIVERSITY	
By Whom Appointed or Elected	BOARD OF GOSHEN COLLEGE	
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	6.7%
	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	9990129543	
Name	CRISTINA HERNANDEZ	
Address	PO Box	
	Street 1	COL. MODETO CASA 6011
	Street 2	DIAGONAL AL COL. ADMIN DE EMPRESAS
	City	TEGUCIGALPA, FM, HONDURAS 11101
	Province/Region	
	Zip/Postal Code	
	Country (if non-U.S. address)	Honduras
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	FOUNDER COQUETTE'S ARMOIRE AND DIRECTOR OF TRAINING, I AM FOUNDATION	
By Whom Appointed or Elected	BOARD OF GOSHEN COLLEGE	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Hispanic or Latino

	<b>Race</b>	White
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	6.7%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

<b>Ownership Information</b>		
<b>FRN</b>	9990129569	
<b>Name</b>	GERRY HORST	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	442 WINDING LN
	<b>Street 2</b>	
	<b>City</b>	NEW HOLLAND
	<b>State ("NA" if non-U.S. address)</b>	PA
	<b>Zip/Postal Code</b>	17557
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	PRESIDENT, HORST AND SON, INC.	
<b>By Whom Appointed or Elected</b>	BOARD OF GOSHEN COLLEGE	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Male
	<b>Ethnicity</b>	Not Hispanic or Latino
	<b>Race</b>	White
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	6.7%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

<b>Ownership Information</b>	
<b>FRN</b>	9990129582
<b>Name</b>	AARON ZOU

Address	PO Box		
	Street 1	19787 COUNTY ROAD 16	
	Street 2		
	City	BRISTOL	
	State ("NA" if non-U.S. address)	IN	
	Zip/Postal Code	46507	
	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	DIRECTOR OF CHINA SALES AND MARKETING, POWER STATION INTL, INC.		
By Whom Appointed or Elected	BOARD OF GOSHEN COLLEGE		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	Asian	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	6.7%	
	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	9990141772	
Name	Bart Miller	
Address	PO Box	
	Street 1	1156 Gunderson Ave
	Street 2	
	City	Oak Park
	State ("NA" if non-U.S. address)	IL
	Zip/Postal Code	60304
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
<b>Principal Profession or Occupation</b>	Liquidity Risk Specialist for Federal Reserve Bank of Chicago		
<b>By Whom Appointed or Elected</b>	BOARD OF DIRECTORS		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US	
	<b>Gender</b>	Male	
	<b>Ethnicity</b>	Not Hispanic or Latino	
	<b>Race</b>	White	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	6.7%	
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No	

Ownership Information		
<b>FRN</b>	9990141774	
<b>Name</b>	Dan Nussbaum	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	427 Lake Shore Road East
	<b>Street 2</b>	
	<b>City</b>	Oakville
	<b>Province/Region</b>	Ontario
	<b>Zip/Postal Code</b>	L6J1K1
	<b>Country (if non-U.S. address)</b>	Canada
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	President Arconas Corporation	
<b>By Whom Appointed or Elected</b>	BOARD OF DIRECTORS	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Male
	<b>Ethnicity</b>	Not Hispanic or Latino
	<b>Race</b>	White
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	6.7%
	<b>Equity</b>	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	9990148216	
Name	Malinda Berry	
Address	PO Box	
	Street 1	3003 Benham Avenue Elkhart, IN 46517
	Street 2	
	City	Elkhart
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46517
	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	Assoc. Prof. Theology and Ethics AMBS	
By Whom Appointed or Elected	MENNONITE EDUCATION AGENCY	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	6.7%
	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	9990148217	
Name	Kevin Deary	
Address	PO Box	
	Street 1	2928 N Orlando Ave
	Street 2	

	<div>City</div> <div>Tucson</div>	
	<div>State ("NA" if non-U.S. address)</div> <div>AZ</div>	
	<div>Zip/Postal Code</div> <div>85712</div>	
	<div>Country (if non-U.S. address)</div> <div>United States</div>	
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Professor of Pediatrics and Associate Dean, For Graduate Medical Education University of Arizona	
By Whom Appointed or Elected	MENNONITE EDUCATION AGENCY	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	<div>Citizenship</div> <div>US</div>	
	<div>Gender</div> <div>Male</div>	
	<div>Ethnicity</div> <div>Not Hispanic or Latino</div>	
	<div>Race</div> <div>White</div>	
Interest Percentages (enter percentage values from 0.0 to 100.0)	<div>Voting</div> <div>6.7%</div>	
	<div>Equity</div> <div>0.0%</div>	
	<div>Total assets (Equity Debt Plus)</div> <div>0.0%</div>	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990148218	
Name	David Gautsche	
Address	<div>PO Box</div>	
	<div>Street 1</div>	625 W Main Street
	<div>Street 2</div>	P.O. Box 489
	<div>City</div>	New Holland
	<div>State ("NA" if non-U.S. address)</div>	PA
	<div>Zip/Postal Code</div>	17557-0489
	<div>Country (if non-U.S. address)</div>	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	President, CEO Goodville Mutual Insurance Group	

By Whom Appointed or Elected	MENNONITE EDUCATION AGENCY	
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	6.7%
	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	9990148219	
Name	Kelly Hartzler	
Address	PO Box	
	Street 1	201 S. Main St., Suite 400 South Bend, IN 46601
	Street 2	
	City	South Bend
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46601
	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	Attorney, Barnes and Thornburg LLP	
By Whom Appointed or Elected	MENNONITE EDUCATION AGENCY	
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	6.7%
	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	9990148221	
Name	Felipe Merino	
Address	PO Box	
	Street 1	102 N. Main Street
	Street 2	
	City	Goshen
	State ("NA" if non-U.S. address)	IN
	Zip/Postal Code	46526
	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	Managing Attorney, Merino Law Firm, P.C.	
By Whom Appointed or Elected	MENNONITE EDUCATION AGENCY	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	6.7%
	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	9990148223	
Name	Tonya Miller	
Address	PO Box	
	Street 1	5223 SW Jacobsen Rd
	Street 2	
	City	Seattle, WA

	<b>State ("NA" if non-U.S. address)</b>	WA
	<b>Zip/Postal Code</b>	98116-4351
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Pediatric Anesthesiologist, Boston Childrens Hospital	
<b>By Whom Appointed or Elected</b>	MENNONITE EDUCATION AGENCY	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Female
	<b>Ethnicity</b>	Not Hispanic or Latino
	<b>Race</b>	White
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	6.7%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

Ownership Information		
<b>FRN</b>	9990148227	
<b>Name</b>	Joy Sutter	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	142 Mainland Square Dr
	<b>Street 2</b>	
	<b>City</b>	Harleysville
	<b>State ("NA" if non-U.S. address)</b>	PA
	<b>Zip/Postal Code</b>	19438-2500
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Associate Administrator, Cancer Service Line University of Pennsylvania Health System	
<b>By Whom Appointed or Elected</b>	MENNONITE EDUCATION AGENCY	

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	6.7%
	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
---	-----

(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
---	----

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: <b>Secretary, Treasurer</b> Exact Legal Title or Name of Respondent: <b>Goshen College, Inc.</b> Name: <b>Deanna Risser</b> Phone: <b>5745357000</b>  12/01/2021