



(REFERENCE COPY - Not for submission)

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

File Number: 0000133478 | Submit Date: 2021-01-28 | FRN: 0020060729
Purpose: Noncommercial Broadcast Stations Non-Biennial Ownership Report | Status: Received | Status Date:
01/28/2021 | Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0020060729	My Bridge

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 30345	Lincoln	NE	68503	+1 (888) 627-1020	email@mybridgeradio.net

2. Contact Representative

Name	Organization
Carolyn Simmons	MyBridge

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 30345	Lincoln	NE	68503	+1 (888) 627-1020	email@mybridgeradio.net

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	01/28/2021 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) /Permittees(s)

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

and Station(s)
/Permit(s)

Licensee/Permittee Name	FRN
My Bridge	0020060729

Fac. ID No.	Call Sign	City	State	Service
9937	KMMJ	GRAND ISLAND	NE	AM
142244	K282BR	GRAND ISLAND	NE	FX

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	MyBridge and State of Nebraska
Date of execution	11/2009
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Original Articles of Incorporation as My Bridge Radio

Document Information	
Description of contract or instrument	Amendment to Articles of Incorporation
Parties to contract or instrument	MyBridge and State of Nebraska
Date of execution	04/2019
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Amendment to Articles of Incorporation to change name to MyBridge

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	0020060729	
Entity Name	My Bridge	
Address	PO Box	
	Street 1	PO Box 30345
	Street 2	
	City	Lincoln
	State ("NA" if non-U.S. address)	NE
	Zip/Postal Code	68503
	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?		Yes

Ownership Information		
FRN	9990127097	
Name	Dave Chally	
Address	PO Box	
	Street 1	5205 2nd Ave
	Street 2	
	City	Kearney
	State ("NA" if non-U.S. address)	NE
	Zip/Postal Code	68847-1215
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Insurance Agency Partner	

By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	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?			Yes

Ownership Information			
FRN	9990127114		
Name	Ray Conant		
Address	PO Box		
	Street 1	5003 Osborne Dr West	
	Street 2		
	City	Hastings	
	State ("NA" if non-U.S. address)	NE	
	Zip/Postal Code	68901-9133	
	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	Physician		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	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?			Yes

Ownership Information			
FRN	9990127117		
Name	Charles Moore		
Address	PO Box		
	Street 1	124 So Delaware	
	Street 2		
	City	York	
	State ("NA" if non-U.S. address)	NE	

	Zip/Postal Code	68467-3902	
	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	Pharmacist		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	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?		Yes	

Ownership Information			
FRN	9990127120		
Name	Bob Neville		
Address	PO Box		
	Street 1	422 Box Butte Ave	
	Street 2		
	City	Alliance	
	State ("NA" if non-U.S. address)	NE	
	Zip/Postal Code	69301-3411	
	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	Insurance		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	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?		Yes	

Ownership Information	
FRN	9990127122

Name	Doug Schardt		
Address	PO Box		
	Street 1	5136 Rd N	
	Street 2		
	City	Deshler	
	State ("NA" if non-U.S. address)	NE	
	Zip/Postal Code	68340-9607	
	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	Farmer		
By Whom Appointed or Elected	Board		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	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?		Yes	

Ownership Information			
FRN	9990127142		
Name	Caroline Sorenson		
Address	PO Box		
	Street 1	2536 E Correction Line Rd	
	Street 2		
	City	North Platte	
	State ("NA" if non-U.S. address)	NE	
	Zip/Postal Code	69101-9055	
	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	Physician		
By Whom Appointed or Elected	Board		

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	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?			Yes

Ownership Information			
FRN	9990127137		
Name	Stanley Parker		
Address	PO Box		
	Street 1	PO Box 30345	
	Street 2		
	City	Lincoln	
	State ("NA" if non-U.S. address)	NE	
	Zip/Postal Code	68503-0345	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	Team Lead, MyBridge		
By Whom Appointed or Elected	founder		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%	
	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?			Yes

Ownership Information			
FRN	9990140763		
Name	Angie Seip		
Address	PO Box		
	Street 1	3630 S Blaine St	
	Street 2		
	City	Grand Island	
	State ("NA" if non-U.S. address)	NE	
	Zip/Postal Code	68801-8806	

	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	Homemaker	
By Whom Appointed or Elected	Board	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%
	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?		Yes

(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
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: Secretary Exact Legal Title or Name of Respondent: MyBridge Name: Carolyn Simmons Phone: 8886271020 01/28/2021