



(REFERENCE COPY - Not for submission)

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

File Number: 0000210607 | Submit Date: 2023-02-10 | FRN: 0024447385

Purpose: Noncommercial Broadcast Stations Non-Biennial Ownership Report | Status: Received | Status Date: 02/10/2023 | Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0024447385		The Bridge of Hope, Inc.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO BOX 680	Milford	DE	19963	+1 (302) 422-6909	jeff@wearethebridge.org

2. Contact Representative

Name		Organization			
A. Wray Fitch, III.		Gammon & Grange, P.C.			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1945 Old Gallows Road, Suite 650	Tysons	VA	22182	+1 (703) 761-5013	awf@gg-law.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	02/01/2023 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	
The Bridge of Hope, Inc.			0024447385	

Fac. ID No.	Call Sign	City	State	Service
48934	WNJB-FM	BRIDGETON	NJ	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	The Bridge of Hope, Inc.; State of Delaware
Date of execution	01/2014
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	Bylaws
Parties to contract or instrument	The Bridge of Hope, Inc.
Date of execution	01/2014
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Bylaws

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	0024447385	
Entity Name	The Bridge of Hope, Inc.	
Address	PO Box	
	Street 1	PO BOX 680
	Street 2	
	City	Milford
	State ("NA" if non-U.S. address)	DE
	Zip/Postal Code	19963
	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	9990134602	
Name	Dan Schlabach	
Address	PO Box	
	Street 1	14765 Owens Road
	Street 2	
	City	Greenwood
	State ("NA" if non-U.S. address)	DE
	Zip/Postal Code	19950
	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	President, Atlantic Aluminum Products, Inc.	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages (enter percentage values	Voting	16.7%

from 0.0 to 100.0)	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990134603	
Name	Zach Hayes	
Address	PO Box	
	Street 1	33069 East Light Drive
	Street 2	
	City	Lewes
	State ("NA" if non-U.S. address)	DE
	Zip/Postal Code	19958
	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	Operates a Chick-fil-A	
By Whom Appointed or Elected	Board of Directors	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No	

Ownership Information		
FRN	9990134604	
Name	Polly Mervine	
Address	PO Box	367
	Street 1	
	Street 2	
	City	Bridgeville
	State ("NA" if non-U.S. address)	DE
	Zip/Postal Code	19933
	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	Retired		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information			
FRN	9990134605		
Name	Jim Dorton		
Address	PO Box		
	Street 1	493 Fawn Path Drive	
	Street 2		
	City	Camden	
	State ("NA" if non-U.S. address)	DE	
	Zip/Postal Code	19934	
	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	Pastor		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990134606	
Name	Jay Stevens	
Address	PO Box	
	Street 1	9605 Thirteen Curves Road

	Street 2		
	City	Milford	
	State ("NA" if non-U.S. address)	DE	
	Zip/Postal Code	19963	
	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	CPA		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information			
FRN	9990134636		
Name	Joseph Kollock		
Address	PO Box		
	Street 1	16668 Blue Marlin Court	
	Street 2		
	City	Lewes	
	State ("NA" if non-U.S. address)	DE	
	Zip/Postal Code	19958	
	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	President and CEO of FLL Real Estate Ventures, LLC		
By Whom Appointed or Elected	Board of Directors		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	Total assets (Equity Debt Plus)		

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No
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(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 " <u>Yes</u> ," 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: President Exact Legal Title or Name of Respondent: The Bridge of Hope, Inc. Name: WILLIAM SAMMONS Phone: 3024226909 02/10/2023