

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

File Number:0000225535Submit Date:2023-11-09FRN:0024447385Purpose:Noncommercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:11/09/2023Filing 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
P.O. Box 680	Milford	DE	19963	+1 (302) 422- 6909	jeff@wearethebridge. org

Organization

Gammon & Grange, P.C.

2. Contact Representative

Name

A. Wray Fitch, III.

Not Applicable

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email	
1945 Old Gallows Road,	Tysons	VA	22182	+1 (703) 761-5013	awf@gg-law.com	
Suite 650						

3. Application Filing Fee

4. Control of

Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/perm	ts Licensee	
Is the Respondent's governing board (or other governing entity) directly or		No

(b) Provide the following information about this report:		
Purpose	Biennial	
"As of" date	10/01/2023	
	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.	

Licensee/Permit	ttee Name	FRN	FRN		
The Bridge of Hope, Inc.			0024447385		
Fac. ID No.	Call Sign	City		State	Service
40031	WNJH	CAPE MAY COURT HOUSE		NJ	FM
48934	WNJB-FM	BRIDGETON		NJ	FM
60884	WNKZ-FM	POCOMOKE CITY		MD	FM
90270	WKNZ	HARRINGTON		DE	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.

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	cument 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) 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	0024447385			
Entity Name	The Bridge of Hope, Inc.	The Bridge of Hope, Inc.		
Address	PO Box			
	Street 1	P.O. 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			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	nation or Tribal entity		
Interest Percentages	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		

that do not appear on this report?

Ownership Information	wnership Information		
FRN	9990134602	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		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.2%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	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		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	14.2%	

from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a	an attributable interest in one or	more broadcast stations	No

that do not appear on this report?

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	Zip/Postal Code 19933	
	Country (if non-U.S. United States 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	Board of Directors	
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.2%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	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		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural Gender Male		Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.2%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations 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. DE address)	
	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	СРА		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.2%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have	e an attributable interest in one or more broadcast stations No		

Ownership Information

that do not appear on this report?

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	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	Board of Directors	
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.2%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	

	Total assets (Equity Debt Plus)		
Does interest holder have an that do not appear on this re	attributable interest in one or port?	more broadcast stations	No

FRN	9990144656	9990144656		
Name	William Sammons			
Address	PO Box			
	Street 1	12984 Coastal Hwy		
	Street 2			
	City	Milton		
	State ("NA" if non-U.S. address)	DE		
	Zip/Postal Code	19968		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			
Principal Profession or Occupation	President, General Manager			
By Whom Appointed or Elected	Board of Directors			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)			

Ownership Information		
FRN	9990152630	
Name	Heather Knoll	
Address	PO Box	
	Street 1	159 Tyler Road
	Street 2	

	City	Woodbine	
	State ("NA" if non-U.S. address)	NJ	
	Zip/Postal Code	08270	
	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	Church Outreach Director		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.2%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No

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.

3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select "N/A" in response to this question.

Licensee has no parent entity, and no enitity has an ownership interest in Licensee.

Section III - Certification

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: The Bridge of Hope, Inc. Name: WILLIAM SAMMONS Phone: 3024226909 11/09/2023