



(REFERENCE COPY - Not for submission)

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

File Number: 0000101375 | Submit Date: 2020-01-28 | FRN: 0020060729

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 01/28/2020

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		My Bridge			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 30345	Lincoln	NE	68503	+1 (402) 770-4616	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	Biennial
"As of" date	10/01/2019  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
My Bridge	0020060729

Fac. ID No.	Call Sign	City	State	Service
24712	KROA	GRAND ISLAND	NE	FM
25879	KPNY	ALLIANCE	NE	FM
54707	KRKR	WAVERLY	NE	FM
83068	K202CJ	DESHLER	NE	FX
83648	K260AF	KEARNEY	NE	FX
93284	KQIQ	BEATRICE	NE	FM
140345	K224DJ	LA VISTA	NE	FX
146279	K287AX	CHADRON	NE	FX
146283	K232EC	NORTH PLATTE	NE	FX
146284	K282AX	PAXTON	NE	FX
147662	K238BC	OGALLALA	NE	FX
154135	K257GW	NEBRASKA CITY	NE	FX
154210	K204FC	SIDNEY	NE	FX
155260	K295BC	GENEVA	NE	FX
164307	KHZY	OVERTON	NE	FM
171632	KMBV	VALENTINE	NE	FM
175203	KZLW	GRETNA	NE	FM
177193	KSSH	SHUBERT	NE	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	State of Nebraska
Date of execution	11/2009
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Articles of Incorporation

Document Information	
Description of contract or instrument	Amendment to Articles of Incorporation

Parties to contract or instrument	State of Nebraska
Date of execution	10/2015
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Amendment to Articles of Incorporation- name change

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	0020060729	
Entity Name	My Bridge	
Address	PO Box	30345
	Street 1	
	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	
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	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, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Insurance Agency Partner	
By Whom Appointed or Elected	Board	
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	12.5%
	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	9990127114	
Name	Ray Conant	
Address	PO Box	
	Street 1	5003 Osborne Dr West
	Street 2	

	<div>City</div>	Hastings
	<div>State ("NA" if non-U.S. address)</div>	NE
	<div>Zip/Postal Code</div>	68901-9133
	<div>Country (if non-U.S. address)</div>	United States
<div>Listing Type</div>	Other Interest Holder	
<div>Positional Interests<div>(check all that apply)</div></div>	Member of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	Physician	
<div>By Whom Appointed or Elected</div>	Board	
<div>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</div>	<div>Citizenship</div>	US
	<div>Gender</div>	Male
	<div>Ethnicity</div>	Not Hispanic or Latino
	<div>Race</div>	White
<div>Interest Percentages<div>(enter percentage values from 0.0 to 100.0)</div></div>	<div>Voting</div>	12.5%
	<div>Equity</div>	0.0%
	<div>Total assets (Equity Debt Plus)</div>	
<div>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</div>		No

Ownership Information		
<div>FRN</div>	9990127117	
<div>Name</div>	Charles Moore	
<div>Address</div>	<div>PO Box</div>	
	<div>Street 1</div>	124 So Delaware
	<div>Street 2</div>	
	<div>City</div>	York
	<div>State ("NA" if non-U.S. address)</div>	NE
	<div>Zip/Postal Code</div>	68467-3902
	<div>Country (if non-U.S. address)</div>	United States
<div>Listing Type</div>	Other Interest Holder	
<div>Positional Interests<div>(check all that apply)</div></div>	Member of Governing Board (or other governing entity)	
<div>Principal Profession or Occupation</div>	Pharmacist	

By Whom Appointed or Elected	Board	
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	12.5%
	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	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	
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	12.5%
	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	9990127122	
Name	Doug Schardt	
Address	PO Box	
	Street 1	211 Crestview Dr
	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	
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	12.5%
	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	9990127142	
Name	Caroline Sorenson	
Address	PO Box	
	Street 1	2536 E Correction Line Rd
	Street 2	
	City	North Platte

	<b>State ("NA" if non-U.S. address)</b>	NE
	<b>Zip/Postal Code</b>	69101-9055
	<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>	Physician	
<b>By Whom Appointed or Elected</b>	Board	
<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>	12.5%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	
<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>	9990140763	
<b>Name</b>	Angie Seip	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	3630 S Blaine St
	<b>Street 2</b>	
	<b>City</b>	Grand Island
	<b>State ("NA" if non-U.S. address)</b>	NE
	<b>Zip/Postal Code</b>	68801-8806
	<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>	Homemaker	
<b>By Whom Appointed or Elected</b>	Board	



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	12.5%
	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	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, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Team Lead, MyBridge	
By Whom Appointed or Elected	Founder	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	12.5%
	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

<b>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.</b> If "No," submit as an exhibit an explanation.	Yes
--	-----

<b>(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</b>  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
---	----

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.

Section III - Certification

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</b> Exact Legal Title or Name of Respondent: <b>My Bridge</b> Name: <b>Carolyn Simmons</b> Phone: <b>8886271020</b>  01/28/2020