



(REFERENCE COPY - Not for submission)

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

File Number: 0000175802 | Submit Date: 2021-12-01 | FRN: 0009469826

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			
0009469826		WASU-FM			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
920 Rivers Street	Boone	NC	28608	+1 (828) 262-3295	masonek@appstate.edu

2. Contact Representative

Name		Organization			
Stephen Hartzell		Brooks, Pierce et al.			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
150 Fayetteville Street Suite 1700	Raleigh	NC	27601	+1 (919) 839-0300	shartzell@brookspierce.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	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
WASU-FM	0009469826

Fac. ID No.	Call Sign	City	State	Service
2467	WASU-FM	BOONE	NC	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	State Charter
Parties to contract or instrument	State of North Carolina
Date of execution	01/1972
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: State Charter

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	0009469826	
Entity Name	WASU-FM	
Address	PO Box	
	Street 1	920 Rivers Street
	Street 2	

	<div>City</div> <div>Boone</div>	
	<div>State ("NA" if non-U.S. address)</div> <div>NC</div>	
	<div>Zip/Postal Code</div> <div>28608</div>	
	<div>Country (if non-U.S. address)</div> <div>United States</div>	
<div>Listing Type</div>	<div>Respondent</div>	
<div>Positional Interests</div> <div>(check all that apply)</div>	<div>Respondent</div>	
<div>Tribal Nation or Tribal Entity</div>	<div>Interest holder is not a Tribal nation or Tribal entity</div>	
<div>Interest Percentages</div> <div>(enter percentage values from 0.0 to 100.0)</div>	<div>Voting</div> <div>0.0%</div>	
	<div>Equity</div> <div>0.0%</div>	
	<div>Total assets (Equity Debt Plus)</div> <div>0.0%</div>	
<div>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</div>		<div>No</div>

Ownership Information		
<div>FRN</div>	<div>9990128973</div>	
<div>Name</div>	<div>James M. Barnes</div>	
<div>Address</div>	<div>PO Box</div>	
	<div>Street 1</div>	<div>Office of the Chancellor</div>
	<div>Street 2</div>	<div>438 Academy Street, Suite 400</div>
	<div>City</div>	<div>Boone</div>
	<div>State ("NA" if non-U.S. address)</div>	<div>NC</div>
	<div>Zip/Postal Code</div>	<div>28608</div>
	<div>Country (if non-U.S. address)</div>	<div>United States</div>
<div>Listing Type</div>	<div>Other Interest Holder</div>	
<div>Positional Interests</div> <div>(check all that apply)</div>	<div>Member of Governing Board (or other governing entity)</div>	
<div>Principal Profession or Occupation</div>	<div>Commercial Real Estate</div>	
<div>By Whom Appointed or Elected</div>	<div>Board of Governors</div>	
<div>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</div>	<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)	Voting	8.3%
	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	9990128976	
Name	John M. Blackburn	
Address	PO Box	
	Street 1	Office of the Chancellor
	Street 2	438 Academy Street, Suite 400
	City	Boone
	State ("NA" if non-U.S. address)	NC
	Zip/Postal Code	28608
	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-General Manager, Linville Resorts, Inc.	
By Whom Appointed or Elected	Board of Governors	
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	8.3%
	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	9990128980	
Name	Scott Lampe	
Address	PO Box	

	Street 1	Office of the Chancellor	
	Street 2	438 Academy Street, Suite 400	
	City	Boone	
	State ("NA" if non-U.S. address)	NC	
	Zip/Postal Code	28608	
	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	CFO and VP, Hendrick Motorsports, Inc.		
By Whom Appointed or Elected	Board of Governors		
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	8.3%	
	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	9990128982	
Name	E. Bonnie Schaefer	
Address	PO Box	
	Street 1	Office of the Chancellor
	Street 2	438 Academy Street, Suite 400
	City	Boone
	State ("NA" if non-U.S. address)	NC
	Zip/Postal Code	28608
	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	Owner, Westglow Resort and Spa		
By Whom Appointed or Elected	Board of Governors		
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	8.3%	
	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	9990139292	
Name	James Reaves	
Address	PO Box	
	Street 1	Office of the Chancellor
	Street 2	438 Academy Street, Suite 400
	City	Boone
	State ("NA" if non-U.S. address)	NC
	Zip/Postal Code	28608
	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	Wealth and Insurance Strategist, Banking	
By Whom Appointed or Elected	Board of Governors	
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	8.3%
	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	9990139295	
Name	Mark E. Ricks	
Address	PO Box	
	Street 1	Office of the Chancellor
	Street 2	438 Academy Street, Suite 400
	City	Boone
	State ("NA" if non-U.S. address)	NC
	Zip/Postal Code	28608
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Vice ChairMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Business Owner	
By Whom Appointed or Elected	Board of Governors	
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	8.3%
	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	9990139299	
Name	Kimberly Shepherd	
Address	PO Box	
	Street 1	Office of the Chancellor
	Street 2	438 Academy Street, Suite 400

	City	Boone
	State ("NA" if non-U.S. address)	NC
	Zip/Postal Code	28608
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - ChairMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	CEO, SkyLine-Skybest	
By Whom Appointed or Elected	Board of Governors	
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	8.3%
	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	9990139301	
Name	Robert Thomas Sofield	
Address	PO Box	
	Street 1	Office of the Chancellor
	Street 2	438 Academy Street, Suite 400
	City	Boone
	State ("NA" if non-U.S. address)	NC
	Zip/Postal Code	28608
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - SecretaryMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Executive, Manufacturing	

By Whom Appointed or Elected	Board of Governors	
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	8.3%
	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	9990146171	
Name	Joseph Chesson	
Address	PO Box	
	Street 1	Office of the Chancellor
	Street 2	438 Academy Street, Suite 400
	City	Boone
	State ("NA" if non-U.S. address)	NC
	Zip/Postal Code	28608
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Board of Trustees of Appalachian State University	
Principal Profession or Occupation	Owner and President of Chesson Property Management	
By Whom Appointed or Elected	Board of Governors	
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	8.3%
	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
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Ownership Information		
FRN	9990146172	
Name	Martha Fairley Bell Cook	
Address	PO Box	
	Street 1	Office of the Chancellor
	Street 2	438 Academy Street, Suite 400
	City	Boone
	State ("NA" if non-U.S. address)	NC
	Zip/Postal Code	28608
	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	Co-owner, Marjan, Ltd.	
By Whom Appointed or Elected	Board of Governors	
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	8.3%
	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	9990146174	
Name	James Harris	
Address	PO Box	
	Street 1	Office of the Chancellor
	Street 2	438 Academy Street, Suite 400
	City	Boone

	State ("NA" if non-U.S. address)	NC
	Zip/Postal Code	28608
	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	CFO and Treasurer, SPX Corporation	
By Whom Appointed or Elected	NC House of Representatives	
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	8.3%
	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	9990146175	
Name	Steven Wyatt	
Address	PO Box	
	Street 1	Office of the Chancellor
	Street 2	438 Academy Street, Suite 400
	City	Boone
	State ("NA" if non-U.S. address)	NC
	Zip/Postal Code	28608
	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	Manager, Henderson County	
By Whom Appointed or Elected	NC Senate	

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	8.3%
	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	9990146176	
Name	Bailey Gardin	
Address	PO Box	
	Street 1	Plemmons Student Union
	Street 2	263 Locust Street
	City	Boone
	State ("NA" if non-U.S. address)	NC
	Zip/Postal Code	28608
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Ex Officio Member of Board	
Principal Profession or Occupation	President of Appalachian's SGA	
By Whom Appointed or Elected	Automatic by Virtue of Presidency of SGA	
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	0.0%
	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

(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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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: Chancellor Exact Legal Title or Name of Respondent: Appalachian State University Name: Dr Sheri Everts Phone: 8282623295 12/01/2021