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

File Number: **0000043524** | Submit Date: **2018-02-26** | FRN: **0006151682**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **02/26/2018**

Filing Status: **Active**

## Section I - General Information

### 1. Respondent

FRN	Entity Name
0006151682	Delmarva Educational Association

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
3780 Will Scarlet Road	Winston-Salem	NC	27104	+1 (336) 765-7438	bigstufarm@me.com

### 2. Contact Representative

Name	Organization
Davina Sashkin, Esq.	Fletcher, Heald & Hildreth, PLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N. 17th Street Suite 1100	Arlington	VA	22209	+1 (703) 812-0458	sashkin@fhhlaw.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	10/01/2017  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
Delmarva Educational Association	0006151682

Fac. ID No.	Call Sign	City	State	Service
27440	WNTW	CHESTER	VA	AM
47425	WTRJ-FM	ORANGE PARK	FL	FM
48390	WCRJ	JACKSONVILLE	FL	FM
49963	WAYL	ST. AUGUSTINE	FL	FM
83543	WATY	FOLKSTON	GA	FM
90265	WWIP	CHERITON	VA	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	Commonwealth of Virginia
Date of execution	10/1996
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	Bylaws
Parties to contract or instrument	Delmarva Educational Association
Date of execution	10/1996
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> 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		
<b>FRN</b>	0006151682	
<b>Entity Name</b>	Delmarva Educational Association	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	3780 Will Scarlet Road
	<b>Street 2</b>	
	<b>City</b>	Winston-Salem
	<b>State ("NA" if non-U.S. address)</b>	NC
	<b>Zip/Postal Code</b>	27104
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Respondent	
<b>Positional Interests</b> (check all that apply)	Respondent	
<b>Tribal Nation or Tribal Entity</b>	Interest holder is not a Tribal nation or Tribal entity	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		Yes

Ownership Information		
<b>FRN</b>	0019834852	
<b>Name</b>	Nancy A. Epperson	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	31407 PONTE VEDRA BLVD.
	<b>Street 2</b>	
	<b>City</b>	PONTE VEDRA BEACH
	<b>State ("NA" if non-U.S. address)</b>	FL
	<b>Zip/Postal Code</b>	32082

	<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)	Officer, Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Educator	
<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>	11.1%
	<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>		Yes

#### Ownership Information

<b>FRN</b>	0019834860	
<b>Name</b>	STUART W. EPPERSON, JR.	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	484 STONEGATE DRIVE
	<b>Street 2</b>	
	<b>City</b>	WINSTON-SALEM
	<b>State ("NA" if non-U.S. address)</b>	NC
	<b>Zip/Postal Code</b>	27104
	<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>	Broadcaster	
<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>	Male
	<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>	11.1%
	<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>		Yes

#### Ownership Information

<b>FRN</b>	0019835073	
<b>Name</b>	KRISTINE E. PRINGLE	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	2453 Alaqua Drive
	<b>Street 2</b>	
	<b>City</b>	Longwood
	<b>State ("NA" if non-U.S. address)</b>	FL
	<b>Zip/Postal Code</b>	32779
	<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>	Educator	
<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>	11.1%
	<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>		Yes

#### Ownership Information

<b>FRN</b>	9990069487	
<b>Name</b>	Beatrice Ward	
<b>Address</b>	<b>PO Box</b>	

	<b>Street 1</b>	7815 SHALLOWFORD ROAD
	<b>Street 2</b>	
	<b>City</b>	CHATTANOOGA
	<b>State ("NA" if non-U.S. address)</b>	TN
	<b>Zip/Postal Code</b>	37421
	<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>	Missionary-Educator	
<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>	11.1%
	<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>		Yes

#### Ownership Information

<b>FRN</b>	9990069495	
<b>Name</b>	Pamela Davis	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	473 W. 31ST STREET
	<b>Street 2</b>	
	<b>City</b>	SEA ISLAND
	<b>State ("NA" if non-U.S. address)</b>	GA
	<b>Zip/Postal Code</b>	31561
	<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>	Interior Director	
<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>	11.1%
	<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>		Yes

Ownership Information		
<b>FRN</b>	9990069503	
<b>Name</b>	Mark Gunn	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	3628 RIDGE CROFT DRIVE
	<b>Street 2</b>	
	<b>City</b>	LYNCHBURG
	<b>State ("NA" if non-U.S. address)</b>	VA
	<b>Zip/Postal Code</b>	24503
	<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>	Social Worker, Counselor	
<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>	Male
	<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>	11.1%
	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	

	Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		Yes

Ownership Information		
FRN	9990069511	
Name	Karen June Deneui	
Address	PO Box	
	Street 1	130 HAINTEED ROCK LANE
	Street 2	
	City	ARARAT
	State ("NA" if non-U.S. address)	VA
	Zip/Postal Code	24053
	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	Housewife	
By Whom Appointed or Elected	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	11.1%
	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?		Yes

Ownership Information		
FRN	9990069529	
Name	John Fonville	
Address	PO Box	
	Street 1	1407 PONTE VEDRA BLVD.
	Street 2	
	City	PONTE VEDRA BEACH



	<b>State ("NA" if non-U.S. address)</b>	FL
	<b>Zip/Postal Code</b>	32082
	<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>	Counselor	
<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>	Male
	<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>	11.1%
	<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>		Yes

#### Ownership Information

<b>FRN</b>	9990069537	
<b>Name</b>	Roger Stark	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	4232 GARIBALDI AVENUE
	<b>Street 2</b>	
	<b>City</b>	JACKSONVILLE
	<b>State ("NA" if non-U.S. address)</b>	FL
	<b>Zip/Postal Code</b>	32210
	<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>	Pastor	
<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>	Male
	<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>	11.1%
	<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>		Yes

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

Delmarva Educational Association consists of a board of nine directors. There are no parent or subsidiary entities.

### Section III - Certification

#### Certification

Section	Question	Response
<b>Authorized Party to Sign</b>	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).	
<b>Certification</b>	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>President</b> Exact Legal Title or Name of Respondent: <b>President</b> Name: <b>Nancy A. Epperson</b> Phone: <b>3367657438</b>  02/24/2018

