Approved by OMB (Office of Management and Budget) 3060-0084
July 2019

Federal Communications Commission

(REFERENCE COPY - Not for submission)

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

File Number: **0000103253** | Submit Date: **2020-01-31** | FRN: **0009469826**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **01/31/2020**

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
Department of Communications 920 Rivers Street	Boone	NC	28608	+1 (828) 262-3295	valliehill@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	10/01/2019 **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
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	Department of Communications

	Street 2	920 Rivers 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	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	9990128973	
Name	James M. Barnes	
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	Commercial Real Estate	
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	9990128974	
Name	Marvin Lee Barnes, Jr.	
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-Director, M.M. Fowler, 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	9990128975
Name	Donald C. Beaver

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	Business Executive	
By Whom Appointed or Elected	Governor	
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	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)	Other - Chair 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)	Other - Vice Chair 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	**Voting**	8.3%

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	9990128981	
Name	Charles V. Murray	
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	Chairman, Murray Supply Company	
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	9990128985	
Name	Carole P. Wilson	
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	Business Executive	
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	9990139291	
Name	DeJon Milbourne	
Address	**PO Box**	
	Street 1	Plemmons Student Union, Suite 213
	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

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 - Secretary Member 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)	Member 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)	Member 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

(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

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

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: **Sheri N. Everts** Phone: **8282627621** 01/31/2020