



(REFERENCE COPY - Not for submission)

# Commercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323)

File Number: **0000195127** | Submit Date: **2022-07-15** | FRN: **0032209611**  
Purpose: **Commercial Broadcast Stations Non-Biennial Ownership Report** | Status: **Received** | Status Date:  
**07/15/2022** | Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0032209611		WSM-AM, LLC			

  

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
One Gaylord Drive	Nashville	TN	37214	+1 (615) 316-6000	slynn@rymanhp.com

2. Contact Representative

Name		Organization			
Kathleen Kirby		Wiley Rein LLP			

  

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2050 M Street, NW	Washington	DC	20036	+1 (202) 719-3360	kkirby@wiley.law

3. Application Filing Fee

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Licensee
Nature of Respondent	Limited liability company

  

(b) Provide the following information about this report:	
Purpose	Transfer of control or assignment of license/permit
"As of" date	06/16/2022  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) /Permittees(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s)/Permittee(s) and station(s)/permit(s):

/Permit(s)

Licensee/Permittee Name			FRN	
WSM-AM, LLC			0032209611	

Fac. ID No.	Call Sign	City	State	Service
74066	WSM	NASHVILLE	TN	AM

Section II – Non-Biennial Ownership Information

1. 47 C.F.R.  
Section 73.3613  
and Other  
Documents

Licensee/Permittee Respondents 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. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee/Permittee Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	Certificate of Formation of WSM-AM, LLC
Parties to contract or instrument	State of Delaware
Date of execution	03/2022
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Certificate of Formation

Document Information	
Description of contract or instrument	Certificate of Formation of Ryman Hotel Operations HoldCo, LLC
Parties to contract or instrument	State of Delaware
Date of execution	11/2021
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Certificate of Formation

Document Information	
Description of contract or instrument	Limited Liability Company Agreement of Ryman Hotel Operations HoldCo, LLC
Parties to contract or instrument	RHP Hotels, LLC
Date of execution	11/2021
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Limited Liability Company Agreement

Document Information	
Description of contract or instrument	Certificate of Conversion Converting Gaylord Hotels, LLC to Gaylord Hotels, Inc.
Parties to contract or instrument	State of Delaware

<b>Date of execution</b>	12/2006
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> Certificate of Conversion

Document Information	
<b>Description of contract or instrument</b>	Certificate of Incorporation of Gaylord Hotels, Inc.
<b>Parties to contract or instrument</b>	State of Delaware
<b>Date of execution</b>	12/2006
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> Certificate of Incorporation

Document Information	
<b>Description of contract or instrument</b>	Bylaws
<b>Parties to contract or instrument</b>	Gaylord Hotels, Inc.
<b>Date of execution</b>	12/2006
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> Bylaws

Document Information	
<b>Description of contract or instrument</b>	Certificate of Amendment to the Certificate of Incorporation of Gaylord Hotels, Inc. to change the name to RHP Hotels, Inc.
<b>Parties to contract or instrument</b>	State of Delaware
<b>Date of execution</b>	09/2012
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> Certificate of Amendment to the Certificate of Incorporation

Document Information	
<b>Description of contract or instrument</b>	Certificate of Limited Partnership of RHP Hotel Properties, LP
<b>Parties to contract or instrument</b>	State of Delaware
<b>Date of execution</b>	09/2012
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> Certificate of Limited Partnership

Document Information	
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<b>Description of contract or instrument</b>	First Amended and Restated Agreement of Limited Partnership of RHP Hotel Properties, LP
<b>Parties to contract or instrument</b>	RHP Partner, LLC Ryman Hospitality Properties, Inc.
<b>Date of execution</b>	12/2018
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> Limited Partnership Agreement

Document Information	
<b>Description of contract or instrument</b>	Certificate of Formation of RHP Partner, LLC
<b>Parties to contract or instrument</b>	State of Delaware
<b>Date of execution</b>	09/2012
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> Certificate of Formation

Document Information	
<b>Description of contract or instrument</b>	Certificate of Incorporation of Granite Hotel Properties, Inc.
<b>Parties to contract or instrument</b>	State of Delaware
<b>Date of execution</b>	06/2012
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> Certificate of Incorporation

Document Information	
<b>Description of contract or instrument</b>	Bylaws
<b>Parties to contract or instrument</b>	Granite Hotel Properties, Inc.
<b>Date of execution</b>	06/2012
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> Bylaws

Document Information	
<b>Description of contract or instrument</b>	Certificate of Amendment to the Certificate of Incorporation of Granite Hotel Properties, Inc. changing the name to Ryman Hospitality Properties, Inc.
<b>Parties to contract or instrument</b>	State of Delaware
<b>Date of execution</b>	09/2012
<b>Date of expiration</b>	No expiration date
<b>Agreement type</b> (check all that apply)	Other <b>Agreement Type:</b> Certificate of Amendment to the Certificate of Incorporation

Document Information	
Description of contract or instrument	Certificate of Merger Gaylord Entertainment Company with and into Ryman Hospitality Properties, Inc.
Parties to contract or instrument	State of Delaware
Date of execution	09/2012
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Certificate of Merger

Document Information	
Description of contract or instrument	Amended and Restated Certificate of Incorporation of Ryman Hospitality Properties, Inc.
Parties to contract or instrument	State of Delaware
Date of execution	09/2012
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Amended and Restated Certificate of Incorporation

Document Information	
Description of contract or instrument	Certificate of Formation
Parties to contract or instrument	RHP Hotels, LLC
Date of execution	12/2012
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Certificate of Formation

Document Information	
Description of contract or instrument	Certificate of Merger of RHP Hotels, Inc. with and into RHP Hotels, LLC
Parties to contract or instrument	State of Delaware
Date of execution	12/2012
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Certificate of Merger

Document Information	
Description of contract or instrument	Limited Liability Company Agreement
Parties to contract or instrument	RHP Hotels, LLC
Date of execution	12/2012
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Limited Liability Company Agreement

Document Information	
Description of contract or instrument	Limited Liability Company Agreement of WSM-AM, LLC
Parties to contract or instrument	Ryman Hotel Operations HoldCo, LLC
Date of execution	03/2022
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Limited Liability Company Agreement

Document Information	
Description of contract or instrument	Local Programming and Marketing Agreement
Parties to contract or instrument	WSM-AM, LLC and Grand Ole Opry, LLC
Date of execution	04/2022
Date of expiration	04/2038
Agreement type (check all that apply)	Attributable LMA

## 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, directors, stockholders, non-insulated partners, non-insulated members, 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) or Permittee(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) or Permittee(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	0032209611	
Entity Name	WSM-AM, LLC	
Address	PO Box	
	Street 1	One Gaylord Drive
	Street 2	
	City	Nashville
	State ("NA" if non-U.S. address)	TN
	Zip/Postal Code	37214

	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	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	0032595241		
Entity Name	Ryman Hotel Operations Holdco LLC		
Address	PO Box		
	Street 1	One Gaylord Drive	
	Street 2		
	City	Nashville	
	State ("NA" if non-U.S. address)	TN	
	Zip/Postal Code	37214	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	Jointly Held? No
	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	0019296367	
Name	Colin V. Reed	
Address	PO Box	
	Street 1	One Gaylord Drive
	Street 2	
	City	Nashville
	State ("NA" if non-U.S. address)	TN

	<b>Zip/Postal Code</b>	37214	
	<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		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<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

<b>Ownership Information</b>			
<b>FRN</b>	0019287531		
<b>Name</b>	Mark Fioravanti		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	One Gaylord Drive	
	<b>Street 2</b>		
	<b>City</b>	Nashville	
	<b>State ("NA" if non-U.S. address)</b>	TN	
	<b>Zip/Postal Code</b>	37214	
	<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		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<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

<b>Ownership Information</b>			
<b>FRN</b>	0019296847		
<b>Name</b>	Scott J. Lynn		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	One Gaylord Drive	
	<b>Street 2</b>		
	<b>City</b>	Nashville	



	<b>State ("NA" if non-U.S. address)</b>	TN	
	<b>Zip/Postal Code</b>	37214	
	<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		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<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

<b>Ownership Information</b>			
<b>FRN</b>	0023142359		
<b>Name</b>	Patrick S. Chaffin		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	One Gaylord Drive	
	<b>Street 2</b>		
	<b>City</b>	Nashville	
	<b>State ("NA" if non-U.S. address)</b>	TN	
	<b>Zip/Postal Code</b>	37214	
	<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		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<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

<b>Ownership Information</b>		
<b>FRN</b>	0019296870	
<b>Name</b>	Jennifer Hutcheson	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	One Gaylord Drive
	<b>Street 2</b>	

	<b>City</b>	Nashville	
	<b>State ("NA" if non-U.S. address)</b>	TN	
	<b>Zip/Postal Code</b>	37214	
	<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		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<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

<b>Ownership Information</b>			
<b>FRN</b>	0025045105		
<b>Name</b>	Sidney E. Cherry		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	One Gaylord Drive	
	<b>Street 2</b>		
	<b>City</b>	Nashville	
	<b>State ("NA" if non-U.S. address)</b>	TN	
	<b>Zip/Postal Code</b>	37214	
	<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		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<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

<b>Ownership Information</b>		
<b>FRN</b>	0019296946	
<b>Name</b>	Todd M. Siefert	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	One Gaylord Drive

	Street 2		
	City	Nashville	
	State ("NA" if non-U.S. address)	TN	
	Zip/Postal Code	37214	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	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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<p><b>(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, as defined in 47 C.F.R. Section 73.3555?</b></p> <p>If "<u>Yes</u>," provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below. Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option.</p> <p>NOTE: Spreadsheets must be submitted in a special XML Spreadsheet format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please <a href="#">Click Here</a>.</p> <p>If using the subform, 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 newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA" into the percentage of total assets (Equity Debt Plus) field for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard.</p> <p>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.</p>	No
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<b>(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings?</b>	No
If " <u>Yes</u> ," provide the following information for each such the relationship.	

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

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>Vice President and Secretary</b> Exact Legal Title or Name of Respondent: <b>WSM-AM, LLC</b> Name: <b>Scott J Lynn</b> Phone: <b>6153166000</b>  07/15/2022