



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial
Ownership Report (FCC Form 323)

File Number: 0000226525 | Submit Date: 2023-11-16 | FRN: 0021332739

Purpose: Commercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 11/16/2023

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0021332739		Five Forty Broadcasting Company LLC			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 1044	Sylva	NC	28779	+1 (828) 568-2221	rburnette@wrgc.com

2. Contact Representative

Name		Organization			
Anne Goodwin Crump, 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) 812-0400	crump@fhhlaw.com

3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	No

Fees

Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
Biennial	Form 323	MAR	2	95	\$190.00
				Total	\$190.00

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	Biennial
"As of" date	10/01/2023 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
Five Forty Broadcasting Company LLC	0021332739

Fac. ID No.	Call Sign	City	State	Service
62338	WBHN	BRYSON CITY	NC	AM
73286	WRGC	SYLVA	NC	AM
200600	W289CK	SYLVA	NC	FX
200602	W231DQ	BRYSON CITY	NC	FX

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other 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. 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 Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	Articles of Organization
Parties to contract or instrument	State of North Carolina
Date of execution	11/2011
Date of expiration	No expiration date

Agreement type (check all that apply)	Other Agreement Type: Articles of Organization
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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) 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	0021332739		
Entity Name	Five Forty Broadcasting Company LLC		
Address	PO Box	1044	
	Street 1		
	Street 2		
	City	Sylva	
	State ("NA" if non-U.S. address)	NC	
	Zip/Postal Code	28779	
	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%	Jointly Held? No
	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	0021708706		
Name	ROY W. BURNETTE		
Address	PO Box		
	Street 1	928 Rufus Robinson Road	
	Street 2		
	City	Sylva	
	State ("NA" if non-U.S. address)	NC	
	Zip/Postal Code	28779	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - Managing Member		
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	80.0%	Jointly Held? No
	Equity	80.0%	
	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	0021708755		
Name	JANICE BURNETTE		
Address	PO Box		
	Street 1	928 Rufus Robinson Road	
	Street 2		
	City	Sylva	
	State ("NA" if non-U.S. address)	NC	
	Zip/Postal Code	28779	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, LC/LLC/PLLC Member		

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	5.0%	Jointly Held? No
	Equity	5.0%	
	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	0021708789		
Name	MELVIN BURNETTE		
Address	PO Box		
	Street 1	125 Fountain Springs Road	
	Street 2		
	City	Holly Springs	
	State ("NA" if non-U.S. address)	NC	
	Zip/Postal Code	27540	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member		
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	5.0%	Jointly Held? No
	Equity	5.0%	
	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	0021708805

Name	ANITA B. WARE		
Address	PO Box		
	Street 1	4153 Queens Grant Road	
	Street 2		
	City	Jamestown	
	State ("NA" if non-U.S. address)	NC	
	Zip/Postal Code	27282	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member		
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	5.0%	Jointly Held? No
	Equity	5.0%	
	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	0021708961		
Name	Karen McCracken		
Address	PO Box		
	Street 1	341 Red Barn Hollow	
	Street 2		
	City	Almond	
	State ("NA" if non-U.S. address)	NC	
	Zip/Postal Code	28702	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, LC/LLC/PLLC Member		
Citizenship, Gender,	Citizenship	US	

Ethnicity, and Race Information (Natural Persons Only)	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.0%	Jointly Held? No
	Equity	5.0%	
	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) 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? If " <u>Yes</u> ," provide the following information for each such the relationship.	Yes
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Family Relationships			
FRN	0021708755	Name	JANICE BURNETTE
FRN	0021708805	Name	ANITA B WARE
Relationship	Parent/Child		

Family Relationships			
FRN	0021708706	Name	ROY W BURNETTE
FRN	0021708789	Name	MELVIN BURNETTE
Relationship	Parent/Child		

Family Relationships			
FRN	0021708789	Name	MELVIN BURNETTE
FRN	0021708961	Name	Karen McCracken
Relationship	Siblings		

Family Relationships			
FRN	0021708805	Name	ANITA B WARE
FRN	0021708961	Name	Karen McCracken
Relationship	Siblings		

Family Relationships			
FRN	0021708706	Name	ROY W BURNETTE
FRN	0021708961	Name	Karen McCracken

Relationship	Parent/Child
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Family Relationships			
FRN	0021708706	Name	ROY W BURNETTE
FRN	0021708755	Name	JANICE BURNETTE
Relationship	Spouses		

Family Relationships			
FRN	0021708755	Name	JANICE BURNETTE
FRN	0021708961	Name	Karen McCracken
Relationship	Parent/Child		

Family Relationships			
FRN	0021708755	Name	JANICE BURNETTE
FRN	0021708789	Name	MELVIN BURNETTE
Relationship	Parent/Child		

Family Relationships			
FRN	0021708789	Name	MELVIN BURNETTE
FRN	0021708805	Name	ANITA B WARE
Relationship	Siblings		

Family Relationships			
FRN	0021708706	Name	ROY W BURNETTE
FRN	0021708805	Name	ANITA B WARE
Relationship	Parent/Child		

<p>(d) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	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: Managing Memer Exact Legal Title or Name of Respondent: Five Forty Broadcasting Company, LLC Name: Roy W. Burnette Phone: 8285682221 11/16/2023