990 **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2022 calend	dar year, or tax year beginning	9 07/01/2022	and ending	06/30	<u>)/</u> 2023				
В	Check if	applicable:	C Name of organization MID-SOL	UTH PUBLIC COMMUNI	CATIONS FOUND	ATION	D Empl	oyer identification number			
П	Address	change	Doing business as WKNO TV	FM				62-0525567			
$\overline{\sqcap}$	Name ch		Number and street (or P.O. box i	if mail is not delivered to stre	eet address)	Room/suite	E Telepl	hone number			
$\overline{\Box}$	Initial retu	•	7151 Cherry Farms Road		,			901-458-2521			
Ħ		rn/terminated	City or town, state or province, or	country, and ZIP or foreign p	ostal code						
П	Amended		Cordova, TN 38016	,,			G Gross receipts \$ 5,593,524				
\exists		on pending	F Name and address of principal of	fficer: Scott Davidson		H(a) Is this a	_	or subordinates? Yes No			
Ш	пррпоат	on ponding	7151 Cherry Farms Rd, Cord			1 -	Are all subordinates included? Yes No				
_	Tax-exen	npt status:	✓ 501(c)(3) 501(c) (4947(a)(1) or 527			ee instructions.			
<u>.</u>	Website	•		, (interested)	(۵)(.) 6 62.	H(c) Group					
_	•		Corporation Trust Associa	ation Other	L Year of for			of legal domicile: TN			
_	art I	Summa		ationOther	L Teal Of IOI	111ation. 1953	W State	or legal dornicile.			
ш				nion or most significan	t activition: Mid	Carrette Drublia Ca		tions Foundation is a			
a)	'		scribe the organization's miss								
ŭ			corporation created for the pu					tne community			
rra			e development, ownership, an								
ove.	1		s box if the organization of	•	-		1	1			
Ğ	1		f voting members of the gove				3	15			
တ			f independent voting membe	0 0		lb)		15			
iţie			ber of individuals employed i	=	•		5	43			
Activities & Governance			ber of volunteers (estimate if				6	35			
ĕ			lated business revenue from				7a	30,053			
	b	Net unrelat	ted business taxable income	e from Form 990-T, Pa	rt I, line 11		7b	0			
						Prior Ye	ar	Current Year			
<u>e</u>	8	Contribution	ons and grants (Part VIII, line	:1h)		4	,920,440	4,817,495			
Revenue	9	Program so	ervice revenue (Part VIII, line	e 2g)			55,325	35,107			
ě	10	Investment	t income (Part VIII, column (A	A), lines 3, 4, and 7d)			133,065	144,286			
ш	11	Other reve	enue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c,	and 11e)		516,384	501,075			
	12	Total reven	nue-add lines 8 through 11 (r	must equal Part VIII, co	olumn (A), line 12)	5	,625,214	5,497,963			
	13	Grants and	d similar amounts paid (Part	IX, column (A), lines 1-	-3)		0	0			
	14	Benefits pa	aid to or for members (Part I)	0	0						
Ø	15	Salaries, ot	ther compensation, employee	benefits (Part IX, colun	nn (A), lines 5–10)	2	,048,700	2,118,293			
Expenses	16a	Profession	nal fundraising fees (Part IX, o	column (A), line 11e)			63,824	93,202			
ed.	1		raising expenses (Part IX, co		422,309			·			
ш	1		enses (Part IX, column (A), lir			2	,800,234	3,214,877			
	1		enses. Add lines 13-17 (must	•			,912,758	5,426,372			
	1	-	ess expenses. Subtract line 1				712,456	71,591			
- se	10					Beginning of Cu	· ·	End of Year			
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)			<u> </u>	,894,247	13,084,600			
Ass I Bal	21		ities (Part X, line 26)				54,913	66,544			
E E	22		s or fund balances. Subtract	line 21 from line 20		12	,839,334	13,018,056			
	art II		re Block	1110 21 110111 11110 20		12	,037,334	13,010,030			
Un	der penal	ties of perjury	 I declare that I have examined this Declaration of preparer (other than 					my knowledge and belief, it is			
_											
Sig	gn	Signature of	officer			Da	te				
He	ere	Scott David	dson, Director of Finance								
			t name and title								
_		Print/Type	e preparer's name	Preparer's signature		Date	Check	if PTIN			
Pa							self-em	_			
	epare	L Lives's see	me			Firn	ı's EIN				
Us	e Onl	Firm's add		one no.							
Ma	v the IR		this return with the preparer	shown above? See in	structions	1 1 1 1 1		. Yes No			

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	$\overline{}$
1	Briefly describe the organization's mission:	<u> </u>
•	Mid-South Public Communications Foundation is a non-profit corporation created for the purpose of enhancing the educational	
	and cultural opportunities of the community through the development, ownership, and operation of non-commercial radio and	
	television stations.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	VО
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers,
	the total expenses, and revenue, if any, for each program service reported.	
	/O	
4a	(Code:) (Expenses \$ 885,613 including grants of \$	
	FM Radio - Produced and acquired programs for radio broadcast for the purpose of providing non-commercial classical music,	
	local news programs, and national news services. We also provide air-time for local community and cultural organizations to	
	discuss and promote their community programs and services.	
4b	(Code:) (Expenses \$ 3,313,812 including grants of \$ 23,000) (Revenue \$ 35,107)	
TU	(Code:) (Expenses \$ 3,313,812 including grants of \$ 23,000) (Revenue \$ 35,107) Television Broadcasting - Produced and acquired programs for non-commercial, educational public television broadcasting,	
	coordinated instructional literacy programs, and provided community information for the purposes of enhancing educational and	
	outhurst apportunities	
	cultural opportunities.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
40	Total program service expenses 4 100 425	

orm 99	0 (2022)		F	Page
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	~	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		/
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		\ \
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	•		~
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		\ \ \
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX </i>	11d		\ \ \
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		/
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		·
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		·
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	_	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		~
13	If "Yes," complete Schedule G, Part III	19		/
20a	Did the organization operate one or more hospital facilities? If "Yes " complete Schedule H	20a		-

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20b

Part	Checklist of Required Schedules (continued)			
Tart	Checkist of required concudes (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	00		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23 24a		
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		,
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b 28c		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		V
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		<i>'</i>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	,	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	reportable gaming (gambling) winnings to prize winners?	10	~	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 43							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	~					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b	~					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~				
b	If "Yes," enter the name of the foreign country							
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		~				
5a b								
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		/				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
	and services provided to the payor?	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	l_						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b 10	Section 501(c)(7) organizations. Enter:	9b						
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)	1						
12a		12a						
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-						
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.	154						
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~				
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b						
IJ	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		_				
	If "Yes," see the instructions and file Form 4720, Schedule N.	13						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~				
-	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17						
	If "Yes," complete Form 6069.							

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a 1 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MS, TN 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Own website ✓ Another's website ✓ Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Scott Davidson, (901)729-8706

Part VI

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	arry relate	u org	anız			ompe	ensa	ited any current	officer, director,	or trustee.
		(C)								
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					e than o i is both		Reportable	Reportable	Estimated amount
	hours per week					or/trus		compensation from the	compensation from related	of other compensation
	(list any	or o	Ins	Officer	₩ e	em Hig	For	organization (W-2/	organizations (W-2/	from the
	hours for	Individual trustee or director	titut	icer	Key employee	Highest co	Former	1099-MISC/	1099-MISC/	organization and
	related organizations	tor la	ona		oldt	ee cor	`	1099-NEC)	1099-NEC)	related organizations
	below	rust	Ē		yee	npe				
	dotted line)	6	Institutional trustee			Highest compensated employee				
			L			ed.				
Charles McLarty	40.00	_								
Board Treasurer	0.00			~	~	~		123,643	0	13,590
Dr Tyrone Burroughs	1.00									
Trustee	0.00	~						0	0	0
Jim Hartigan	1.00									
Trustee	0.00	~						0	0	0
Molly Wexler	1.00									
Trustee	0.00	~						0	0	0
Jim Rout	1.00									
Board Chairman	0.00	~						0	0	0
Carol Ross-Spang	1.00									
Trustee	0.00	~						0	0	0
Vincent Miraglia	1.00									
Trustee	0.00	~						0	0	0
Herman Morris Jr	1.00									
Trustee	0.00	~						0	0	0
Dave Edmonds	1.00									
Trusee	0.00	~						0	0	0
Dr Craig Esrael	1.00									
Board Vice-Chair	0.00	~						0	0	0
Paul Mattews	1.00									
Board Secretary	0.00	~						0	0	0
Kimberly Alexander	1.00									
Trustee	0.00	~						0	0	0
Daryl Quarles	1.00									
Trustee	0.00	~						0	0	0
Markova Reed	1.00	1								
Trustee	0.00	~						0	0	0

Part	VII Section A. Officers, Directors, 7	Γrustees, ∣	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Er	nplo	yees (continued)
		(C)										
	(A) Name and title	(B) Average hours per week	box,	unles	neck ss pe d a d	rson	e than o is both or/trust	n an	(D) Reportable compensation from the	(E) Reportab compensat from relate	ion	(F) Estimated amount of other compensation
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations 1099-MIS 1099-NEO	(W-2/ C/	from the organization and related organizations
Mike /	Arrison	1.00										
Truste	ee	0.00	~						0		0	0
		<u></u>										
1b	Subtotal								123,643		0	13,590
C	Total from continuation sheets to Part	VII, Sectio	n A						123,043			13,370
d	Total (add lines 1b and 1c)								123,643		0	13,590
2	Total number of individuals (including reportable compensation from the organi		limite	ed t	to t	thos	e list	ted	above) who re	eceived mo	ore t	han \$100,000 of
3	Did the organization list any former of	officer. dire	ector.	tru	ıste	e. k	ev e	lam	lovee, or highes	st compens	sated	Yes No
	employee on line 1a? If "Yes," complete							-		-		3 1
4	For any individual listed on line 1a, is the organization and related organizations individual											,
5	Did any person listed on line 1a receive of for services rendered to the organization											
Secti	on B. Independent Contractors	: 11 163, 0	Jornpi	CIC	301	ieut	ile o i	OI 3	such person .		•	5 /
1	Complete this table for your five high	nest compe	ensate	ed	inde	epei	ndent	CC	ontractors that r	eceived m	ore	than \$100,000 of
	compensation from the organization. Rep	ort compen	satio	n foi	r the	ca	lenda	r ye	ar ending with or	within the	orgar	nization's tax year.
	(A) Name and business add	ress							(B) Description of serv	vices		(C) Compensation
None												
2	Total number of independent contractor						ed to	th	nose listed abov	e) who		
	received more than \$100,000 of compens	ation from t	ine or	gan	ızat	ion			0			

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	rt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is,	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
ည် ရု	С	Fundraising events			1c	0				
rts,	d	Related organization	ns .		1d	0				
ia gi	е	Government grants			1e	1,732,552				
ij,	f	All other contribution				171.02/002				
i Si		and similar amounts no			1f	3,084,943				
p g	q	Noncash contribution	ons in	cluded in		0,001,710				
اج ج	3	lines 1a-1f			1g	\$ 0				
an	h	Total. Add lines 1a-					4,817,495			
		Totali / taa iii loo Ta			•	Business Code	4,017,473			
ĕ	2a	TV Contract Product	lione			513100	12,000	12,000	0	0
ا کے خ	b	Education Programs				513100	23,107	23,107	0	0
Sei	C					313100	23,107	23,107	U	0
E a	d									
gram Ser Revenue	u o									
Program Service Revenue	f	All other program se	arvice	 revenue			0	0	0	0
ъ	g	Total. Add lines 2a-					35,107	0	0	0
	3	Investment income					33,107			
	-	other similar amoun				139,507	139,507	0	0	
	4	Income from investment of tax-exempt bo					0	0	0	0
	5	Royalties		-	908	908	0	0		
	3	Hoyanies	<u></u>	(i) Real		(ii) Personal	706	700	0	0
	6a	Gross rents	6a	.,,	9,911	```				
	b	Less: rental expenses	6b	39	0	12,000				
	C	Rental income or (loss)		20	9,911	12,000				
	d	Net rental income o				,	411,911	399,911	12,000	0
	7a	Gross amount from	1 (103	(i) Securit	ies	(ii) Other	411,911	399,911	12,000	U
	<i>1</i> a	sales of assets			(ii) Other					
		other than inventory	7a	9	9,796	0				
a)	h	Less: cost or other basis	/ a							
Revenue	~	and sales expenses .	7b	0	5,017	0				
Š	С	Gain or (loss)	7c		4,779	0				
		Not asin or (loss)					4,779	4,779	0	0
Other		Gross income from					4,117	4,117		
ᅙ	oa	events (not including		nuraising						
		of contributions rep		d on line						
		1c). See Part IV, line			8a	8,869				
	b	Less: direct expens	es .		8b	544				
	С	Net income or (loss)			g eve	nts	8,325		0	8,325
	9a	Gross income f			Ĭ					
		activities. See Part I	IV, lin	e 19 .	9a	0				
	b	Less: direct expens	es .		9b	0				
		Net income or (loss)			ctivitie	es	0	0	0	0
	10a	Gross sales of ir	nvent	ory, less						
		returns and allowan	eturns and allowances 10a		0					
	b	Less: cost of goods	sold		10b	0				
	С	Net income or (loss)			vento	ory	0	0	0	0
<u>s</u>						Business Code				
e e	11a	Art Sales				513100	3,126	3,126	0	0
scellaneo Revenue	b	Car donation progra	m			513100	58,752	58,752	0	0
	С	A discontinuo				513100	18,053	0	18,053	0
Miscellaneous Revenue	d	All other revenue					0	0	0	0
2	е	Total. Add lines 11a					79,931			
	12	Total revenue. See	instr	uctions .			5,497,963	642,090	30,053	8,325

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a response or note to any line in this Part IX										
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)						
8b, 9k	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21 .	0	0								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0								
3	Grants and other assistance to foreign organizations, foreign governments, and										
	foreign individuals. See Part IV, lines 15 and 16	0	0								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0								
6	Compensation not included above to disqualified	146,957	36,739	73,479	36,739						
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0						
7	Other salaries and wages	1,619,458	1,158,799	361,659	99,000						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	40,966	26,444	6,160	8,362						
9	Other employee benefits	137,487	81,391	19,866	36,230						
10	Payroll taxes	173,425	129,375	17,582	26,468						
11	Fees for services (nonemployees):										
а	Management	0	0	0	0						
b	Legal	371	0	371	0						
С	Accounting	149,027	0	149,027	0						
d	Lobbying	31,534	31,534	0	0						
е	Professional fundraising services. See Part IV, line 17	93,202			93,202						
f	Investment management fees	0	0	0	0						
g	Other. (If line 11g amount exceeds 10% of line 25, column										
	(A), amount, list line 11g expenses on Schedule O.) .	59,907	59,907	0	0						
12	Advertising and promotion	14,785	14,785	0	0						
13	Office expenses	216,167	96,344	57,100	62,723						
14	Information technology	76,264	49,384	9,917	16,963						
15	Royalties	0	0	0	0						
16	Occupancy	263,702	247,280	3,852	12,570						
17	Travel	20,974	12,292	3,795	4,887						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0	0	0	0						
19	Conferences, conventions, and meetings .	0	0	0	0						
20	Interest	0	0	0	0						
21	Payments to affiliates	0	0	0	0						
22	Depreciation, depletion, and amortization	303,587	248,488	31,007	24,092						
23	Insurance	16,504	8,683	6,748	1,073						
24	Other expenses. Itemize expenses not covered										
	above. (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A), amount, list line 24e expenses on Schedule O.)										
а	Utilities/Satellite Lines	256,030	256,030	0	0						
b	Program Acquisition & Production	1,621,028	1,621,028	0	0						
С	Maintenance & Repairs	184,997	120,922	64,075	0						
d											
е	All other expenses	0	0	0	0						
25	Total functional expenses. Add lines 1 through 24e	5,426,372	4,199,425	804,638	422,309						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)										
	, ,				Form 990 (2022)						

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Par	tX		🔲
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,804,378	1	953,316
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net		[158,846	3	103,337
	4	Accounts receivable, net			73,140	4	106,228
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, substances to the controlled extitueer formily members of any of these	antial	contributor, or 35%		_	
	6	controlled entity or family member of any of thes Loans and other receivables from other disqual			0	5	0
	6	under section 4958(f)(1)), and persons described		,	_		_
	_			0	6	0	
ets	7	Notes and loans receivable, net			0	7	0
Assets	8	Inventories for sale or use			0	8	0
1	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		21,435,287	21,137	9	29,797
	b	Less: accumulated depreciation		13,914,452	7,641,982	10c	7,520,835
	11	·		2,194,764		4,371,087	
	12	Investments—other securities. See Part IV, line 1	-	0		0	
	13	Investments-program-related. See Part IV, line	-	0		0	
	14	Intangible assets	L	0		0	
	15	Other assets. See Part IV, line 11			0		0
	16	Total assets. Add lines 1 through 15 (must equa	12,894,247	16	13,084,600		
	17	Accounts payable and accrued expenses			54,913		66,544
	18	Grants payable		0	18	0	
	19	Deferred revenue	0	19	0		
	20	Tax-exempt bond liabilities	[0	20	0	
	21	Escrow or custodial account liability. Complete F			0	21	0
Liabilities	22	Loans and other payables to any current or trustee, key employee, creator or founder, substa- controlled entity or family member of any of thes	antial	contributor, or 35%			
iak			-	<u> </u>	0		0
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	0		0
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, parties, and other liabilities not included on lines	payab 17-2	oles to related third 4). Complete Part X	0	24	0
		of Schedule D		L		25	
	26	Total liabilities. Add lines 17 through 25			54,913	26	66,544
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, ched and complete lines 27, 28, 32, and 33.	ck he	re 🔽			
ala	27				10,957,839	27	11,063,913
d B	28				1,881,495	28	1,954,143
r Fun		Organizations that do not follow FASB ASC 95 and complete lines 29 through 33.	58, ch	eck here			
0 0	29	Capital stock or trust principal, or current funds		[29	
set	30	Paid-in or capital surplus, or land, building, or eq		F		30	
AS	31	Retained earnings, endowment, accumulated inc	come,	or other funds .		31	
et,	32				12,839,334		13,018,056
Z	33	Total liabilities and net assets/fund balances .	12,894,247	33	13,084,600		

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Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		5,49	7,963				
2	Total expenses (must equal Part IX, column (A), line 25)	5,426,372						
3	Revenue less expenses. Subtract line 2 from line 1		7	1,591				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		12,83	9,334				
5	3							
6	Donated services and use of facilities			0				
7	Investment expenses			0				
8	Prior period adjustments			0				
9	Other changes in net assets or fund balances (explain on Schedule O)			0				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))		13,01	8,056				
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			Yes	No				
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain of the organization changed its method of accounting from a prior year or checked "Other," explain of the organization changed its method of accounting from a prior year or checked "Other," explain of the organization changed its method of accounting from a prior year or checked "Other," explain of the organization changed its method of accounting from a prior year or checked "Other," explain of the organization changed its method of accounting from a prior year or checked "Other," explain of the organization changed its method of accounting from a prior year or checked "Other," explain of the organization changed its method of accounting from a prior year or checked "Other," explain of the organization changed its method of accounting from a prior year or checked "Other," explain of the organization changed its method of accounting from a prior year or checked "Other," explain of the organization changed its method of accounting from a prior year or checked "Other," explain of the organization changed its method of accounting the organization changed its method of the organization changed its method or organization changed its method of the organization changed its method or organization changed its method of the organization changed	<u></u>						
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or						
	reviewed on a separate basis, consolidated basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?	2b	~					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	а						
	separate basis, consolidated basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight							
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	~					
	If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.	on						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	he						
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		~				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b						

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Inspection

D-SOUTH PUBLIC COMMUNICATIONS FOUNDATION 62-0525567										
rt I	Reason for Public Cha	rity Status. (All	organizations mus	t comple	ete this p	oart.) See instruction	ons.			
organ	ization is not a private founda	ition because it i	s: (For lines 1 through	12, chec	ck only or	ne box.)				
	A church, convention of churc	hes, or associati	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).				
			·	-	-					
_	•	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the			
_			college or university	owned o	r operate	ed by a government	al unit described in			
V	an organization that normally	receives a subs	tantial part of its sup				n the general public			
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:										
An organization that normally receives (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) . (Complete Part III.)										
	an organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).				
one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check										
the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
	the supported organization	(s) the power to	regularly appoint or e	lect a ma	ijority of t					
Г	Type II. A supporting orga	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having			
	control or management of	the supporting o	rganization vested in	the same						
							ally integrated with,			
	that is not functionally integ	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an				
	functionally integrated, or	Гуре III non-func	tionally integrated sur				e II, Type III			
		-								
	-	about the supp	orted organization(s).							
(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	ur governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
	til Dryan program A A A A A A A A A A A A C C U U A A A C C U U A A C C C U U A A C C C C	Reason for Public Chair organization is not a private foundary A church, convention of church A school described in section A hospital or a cooperative hospital's name, city, and state hospital's na	Reason for Public Charity Status. (All priganization is not a private foundation because it is a church, convention of churches, or association is a school described in section 170(b)(1)(A)(ii). A chospital or a cooperative hospital service orgous in a medical research organization operated in conspital's name, city, and state: An organization operated for the benefit of a section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or govern in a section 170(b)(1)(A)(iv). (Complete Part II.) A reganization that normally receives a subsequence of the section 170(b)(1)(A)(vi). (Complete in section 170(b)(I)(A)(vi). (Complete in section 170(b)(I)(A)	Reason for Public Charity Status. (All organizations mustorganization is not a private foundation because it is: (For lines 1 through A church, convention of churches, or association of churches descri A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (F A hospital or a cooperative hospital service organization described in A medical research organization operated in conjunction with a hosp hospital's name, city, and state: An organization operated for the benefit of a college or university section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in An organization that normally receives a substantial part of its sup described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete I an agricultural research organization described in section 170(b)(1)(a) or university or a non-land-grant college of agriculture (see instruction university: An organization that normally receives (1) more than 331/3% of its surface ipts from activities related to its exempt functions, subject to ce support from gross investment income and unrelated business taxal acquired by the organization after June 30, 1975. See section 509(c) An organization organized and operated exclusively to test for public An organization organized and operated exclusively for the benefit of, one or more publicly supported organizations described in section 500 the box on lines 12a through 12d that describes the type of supporting Type II. A supporting organization operated, supervised, or contrate supported organization. You must complete Part IV, Sections A and C. Type III an supporting organization supervised or controlled in control or management of the supporting organization vested in organization (s). You must complete Part IV, Sections A and C. Type III non-functionally integrated. A supporting organization oper its supported organization(s) (see instructions). You must complete Part IV, Sections Check this	Reason for Public Charity Status. (All organizations must complet organization is not a private foundation because it is: (For lines 1 through 12, check A church, convention of churches, or association of churches described in set A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990) A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital deschospital's name, city, and state: An organization operated for the benefit of a college or university owned of section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(iv) or university or a non-land-grant college of agriculture (see instructions). Enteuriversity: An organization that normally receives (1) more than 331/a% of its support for receipts from activities related to its exempt functions, subject to certain excusport from gross investment income and unrelated business taxable incomacquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part IV.) An organization organized and operated exclusively for the benefit of, to perfor one or more publicly supported organizations described in section 509(a)(1) of the box on lines 12a through 12d that describes the type of supporting organization one or more publicly supported organization operated, supervised, or controlled by the supporting organization, you must complete Part IV, Sections A and C. Type II. A supporting organization supervised or controlled in connection control or management of the supporting organization operated that is not functionally integrated. A supporting organization operated that is not functionally integrated. The organization generally must satisfy requirement (see instr	Reason for Public Charity Status. (All organizations must complete this proganization is not a private foundation because it is: (For lines 1 through 12, check only or A church, convention of churches, or association of churches described in section 17 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1) A medical research organization operated in conjunction with a hospital described in shospital's name, city, and state: An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in or university or a non-land-grant college of agriculture (see instructions). Enter the nan university: An organization that normally receives (1) more than 331/a% of its support from contribe receipts from activities related to its exempt functions, subject to certain exceptions; a support from gross investment income and unrelated business taxable income (less sacquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.) An organization organized and operated exclusively to test for public safety. See section the box on lines 12a through 12d that describes the type of supporting organization and Type II. A supporting organization operated, supervised, or controlled by its support the supporting organization organization organization. You must complete Part IV, Sections A and B. Type III functionally integrated. A supporting organization operated in connection its supported organization (s) (see instructions). You must complete Part IV, Sect	Reason for Public Charity Status. (All organizations must complete this part.) See instruction organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A medical research organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(iv). (Complete Part II.) A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or fron described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a lor university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than support from gross investment income and unrelated business taxable income (less section 509(a)(1). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See sect the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, Type II. A supporting organization su			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)

(a) 2018

(b) 2019

(c) 2020

(d) 2021

(e) 2022

(f) Total

Secti	on A. Public Support	quality ariao	1 110 10010 110	tou bolow, pi	case comple	to r art iii.)	_
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,549,365	5,198,689	6,025,905	4,940,414	4,817,495	25,531,868
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0_
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	4,549,365	5,198,689	6,025,905	4,940,414	4,817,495	25,531,868
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4						25,531,868
Secti	on B. Total Support		-				
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	4,549,365	5,198,689	6,025,905	4,940,414	4,817,495	25,531,868
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	400,759	402,631	568,084	434,187	455,061	2,260,722
9	Net income from unrelated business activities, whether or not the business is regularly carried on	15,580	16,609	16,610	11,051	6,051	65,901
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	239,959	193,968	130,669	107,758	79,931	752,285
11	Total support. Add lines 7 through 10						28,610,776
12	Gross receipts from related activities, etc.	. (see instructio	ns)			12	0
13	First 5 years. If the Form 990 is for the	organization's	first, second	, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he						🗆
Secti	on C. Computation of Public Suppor	t Percentage	•				
14	Public support percentage for 2022 (line 6					14	89.24 %
15	Public support percentage from 2021 Sch					15	88.79 %
16a	331/3% support test—2022. If the organi						
	box and stop here . The organization qua						_
b	331/3% support test—2021. If the organize						
	this box and stop here . The organization	qualifies as a p	bublicly suppor	rted organizati	on		v
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts- facts-and-circu	and-circumstaumstances tes	ances test, che t. The organiz	eck this box a ation qualifies	nd stop here . as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa	cts-and-circur cumstances te	nstances test, st. The organi	check this bozation qualifies	x and stop her s as a publicly	e. Explain supported
18	Private foundation. If the organization of instructions	did not check	a box on line	13, 16a, 16b,	17a, or 17b,	check this bo	x and see

Schedule A (Form 990) 2022 Page **3**

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			•			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	'						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	on B. Total Support	() 0040	#1.0040	() 0000	/ I) 0004	() 0000	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)			thind facult	or fifth tower	00.00.00.00.00.00.00.00.00.00.00.00.00.	n F01/c\/0\
14	organization, check this box and stop he	_			-	ear as a secuo	
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2022 (line			13. column (f))		15	%
16	Public support percentage from 2021 Scl		•			16	%
	on D. Computation of Investment In				<u> </u>	1 1	,,
17	Investment income percentage for 2022 (by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 202			-			%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2021. If the organize	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	ization qualifies	s as a publicly s	upported organ	nization .
20	Private foundation. If the organization di	id not check a	box on line 14	19a or 19h	check this hox	and see instru	ctions

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Se

Jecu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Type III Non Eunstianally Integrated 500(a)(2) Supporting Ora	10-	izotiono	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income	IIZai	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(-1
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	integrated Type III support	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Schedule A, Part II, Line 10 - Art Sales, car donations, and advertising

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** MID-SOUTH PUBLIC COMMUNICATIONS FOUNDATION 62-0525567 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for 1 definition of "political campaign activities." Volunteer hours for political campaign activities. See instructions Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . Yes No Yes No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 2 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4)(5) (6)

Schedule C (Form 990) 2022 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). Check [] if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). **B** Check ☐ if the filing organization checked box A and "limited control" provisions apply. **Limits on Lobbying Expenditures** (b) Affiliated (a) Filing organization's totals group totals (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grassroots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying). Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a. If zero or less, enter -0-Subtract line 1f from line 1c. If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 U No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount

beginning in)

2a Lobbying nontaxable amount

b Lobbying ceiling amount
(150% of line 2a, column (e))

c Total lobbying expenditures

d Grassroots nontaxable amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 Page **3**

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	า 5768		
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
	ription of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		~			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		~			
C	Media advertisements?		~			
d	Mailings to members, legislators, or the public?		~			
e	Publications, or published or broadcast statements?		~			
f	Grants to other organizations for lobbying purposes?		~			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	~				0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		~			
i	Other activities?	~			3	31,534
j	Total. Add lines 1c through 1i					31,534
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		~			·
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), (or se	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3		
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."				ine 3	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a	<u> </u>		
b	Carryover from last year		2b			
С	Total		2c			
3	$\label{eq:continuous} \textit{Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues \ .}$		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditures next year?	/ing				
-			4			
5 Par	Taxable amount of lobbying and political expenditures. See instructions	•	5	<u></u>		
Provide 2 (See Schedung)	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groe instructions); and Part II-B, line 1. Also, complete this part for any additional information. dule C, Part II-B, Line 1 - Payments made to the Tennessee Public Television Association and American Public tits efforts to retain appropriations from the State of Tennessee and Federal Government to inform them amming and educational activities.	ıblic T	elevis	sion Sta	itions	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name 0	i the organization		Employer Identification number
	OUTH PUBLIC COMMUNICATIONS FOUNDATION		62-0525567
Par			
	Complete if the organization answered "\	Yes" on Form 990, Part IV, li	ne 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	dvicare in writing that the acc	ests held in donor advised
3	funds are the organization's property, subject to the		
•	Did the organization inform all grantees, donors, an	•	
6	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
			· · · · · · · · · · · · · · · · · · ·
Par			
	Complete if the organization answered "	Yes" on Form 990, Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the o	rganization (check all that apply	y).
	Preservation of land for public use (for example, recrea	ation or education)	ation of a historically important land area
	Protection of natural habitat	·	ation of a certified historic structure
	☐ Preservation of open space	_ 11030140	and the second strate of details
2	Complete lines 2a through 2d if the organization hele	d a qualified conservation cont	ribution in the form of a conservation
_	easement on the last day of the tax year.	a a quamica consorvation conta	
			Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (c) a		
	historic structure listed in the National Register .		· · · · 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished,	or terminated by the organization during the
	tax year		
4	Number of states where property subject to conserv	ation easement is located	
5	Does the organization have a written policy rega		a. inspection, handling of
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec-	ting handling of violations and er	oforcing conservation easements during the year
U	otan and volunteer nours devoted to monitoring, inspec	ung, nanding of violations, and er	northing conservation easements during the year
7	Amount of expanses incurred in manitoring inconscitus	, bandling of violations and onfo	avoing concernation accompants during the year
7	Amount of expenses incurred in monitoring, inspecting	g, nandling of violations, and enio	ording conservation easements during the year
•			1
8	Does each conservation easement reported on line 2		
_	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · ∐ Yes ∐ No
9	In Part XIII, describe how the organization report		
	balance sheet, and include, if applicable, the text of		ion's financial statements that describes the
	organization's accounting for conservation easemer	nts.	
Part	III Organizations Maintaining Collections	of Art, Historical Treasure	s, or Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, li	ne 8.
1a	If the organization elected, as permitted under FASI		
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote to	•	·
h	•		
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held		
		·	, or research in furtherance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art,	historical treasures, or other s	similar assets for financial gain, provide the
	following amounts required to be reported under FA		• • •
а	Revenue included on Form 990, Part VIII, line 1 .	=	
b	Assets included in Form 990, Part X		
	ACCOUNT INTO THE COURT OF A COURT		Ψ

	e D (Form 990) 2022						Page 2
Part							
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and other re	ecords, che	ck any of th	e following that	at make si	gnificant use of its
а	Public exhibition		d Loar	n or exchang	e program		
b	☐ Scholarly research		e Othe	_	,- p 3		
	☐ Preservation for future generations		.				
4	Provide a description of the organization XIII.	on's collections and e	xplain how	they further	the organizati	on's exem	npt purpose in Par
5	During the year, did the organization sassets to be sold to raise funds rather to						ur Yes No
Part	IV Escrow and Custodial Arrai	ngements.					
	Complete if the organization a 990, Part X, line 21.						
1a	Is the organization an agent, trustee,	custodian or other in	ermediary	for contribut	tions or other	assets no	ot
	included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	rt XIII and complete th	e following	table:			
	, ,	•	J			Ar	nount
С	Beginning balance				1c		
d	Additions during the year				1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
	Did the organization include an amount					unt linhility/	2
2a	•					•	
	If "Yes," explain the arrangement in Pa Endowment Funds.	t Alli. Check here ii ti	е ехріапаці	on has been	provided on F	an Am .	· · · ⊔
rar		anawarad "Vaa" an	Farm 000	Dort IV lin	o 10		
	Complete if the organization						()5
		(a) Current year (b)) Prior year	(c) Two yea	rs back (d) Thre	ee years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the	e current vear end ba	ance (line 1	a. column (a	a)) held as:		!
а	Board designated or quasi-endowment			3, (-	,,		
b	Permanent endowment						
c	Term endowment %	,,					
·	The percentages on lines 2a, 2b, and 2	c should equal 100%					
3a	Are there endowment funds not in the		ianization tl	nat are held	and administe	ered for the	Δ
Ou	organization by:	possession of the org	jainzation ti	iat are ricia	and daminist	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
	= -						
	(i) Unrelated organizations						3a(i)
	(, 9						3a(ii)
b	If "Yes" on line 3a(ii), are the related org		•				3b
4	Describe in Part XIII the intended uses		ndowment	tunds.			
Part	Land, Buildings, and Equipmediate if the organization is		Form 990,	Part IV, line	e 11a. See Fo	orm 990,	Part X, line 10.
	Description of property	(a) Cost or other ba (investment)	1 ' '	or other basis (other)	(c) Accumul depreciation		(d) Book value
1a	Land	1,620,	684	0			1,620,684
b	Buildings	8,229,		0	3.0	014,921	5,214,366
С	Leasehold improvements		0	0		0	0

11,585,316

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

0

d Equipment

e Other .

10,899,531

0

685,785

7,520,835

Part VII	Investments – Other Securities.	V 5 11- C E		Dowl V. line 10
	Complete if the organization answered "Yes" on Form 990, Part I (a) Description of security or category	(b) Book value		, Part X, line 12. lethod of valuation:
	(including name of security)	(b) Book value		nd-of-year market value
(1) Financial				
	eld equity interests			
(3) Other				
(B)				
(D)				
(E) (F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	!		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11c. See F	orm 990,	, Part X, line 13.
	(a) Description of investment	(b) Book value		lethod of valuation:
			Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	man /h) must acusel Form 000 Port V and /P) line 12)			
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
raitix	Complete if the organization answered "Yes" on Form 990, Part I	V line 11d See F	orm 990	Part X line 15
	(a) Description	v, iiiio 11a. 0001	01111 000	(b) Book value
(1)	(-)			(0) = 0000 10000
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilities.	V 15	0 5	000 D+V
	Complete if the organization answered "Yes" on Form 990, Part I	v, line i le or i it.	See For	m 990, Part X,
1.	line 25. (a) Description of liability			(h) Dook value
(1) Federal in				(b) Book value
	icome taxes			
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<u>.</u>	
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ			
organization'	s liability for uncertain tax positions under FASB ASC 740. Check here if the text	of the footnote has b	een provid	ded in Part XIII .

Schedule D (Form 990) 2022 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 5,616,369 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: Net unrealized gains (losses) on investments 2a Donated services and use of facilities 10,731 2c 0 2d -544 2e 118,406 3 3 Subtract line **2e** from line **1** 5,497,963 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b 0 Add lines **4a** and **4b** 4c 0 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 5,497,963 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 5,437,647 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 10,731 2b 0 2c 0 2d 544 Add lines 2a through 2d 11 275

•	7.64 miles 24 time agr. 25 time agr. 25 time agr. 26 time agr. 26 time agr. 26 time agr. 27 time					_ ⊢		11,213
3	Subtract line 2e from line 1						3	5,426,372
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				0		
b	Other (Describe in Part XIII.)	4b				0		
С	Add lines 4a and 4b						4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)				Ī	5	5,426,372
Part	XIII Supplemental Information.							
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; P	art IV,	lines 1	b and	2b;	Part	V, line 4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part							
	lide D. Deat VI. Line Od. Consideration							
Scher	Iule D. Part XII. Line 2d - Special event expenses							
	lule D, Part XII, Line 2d - Special event expenses							
							90	hedule D (Form 990) 2022
							30	100016 D (1 01111 330) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part V, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MID-S	SOUTH PUBLIC COMMUNICATIONS						525567
Par	Fundraising Activities. Form 990-EZ filers are no	Complete if that required to	e organiza complete	ation ansv this part.	vered "Yes" on F	Form 990, Part IV, I	ine 17.
1	Indicate whether the organization	n raised funds t	hrough any	of the follo	owing activities. C	heck all that apply.	
а	Mail solicitations		e 🖟	Solicitati	on of non-govern	ment grants	
b	Internet and email solicitation	ıs	f □		on of government	_	
С	Phone solicitations		q v		fundraising events	_	
d	✓ In-person solicitations		9 _		ariaraion ig ovorito	•	
_	·						
2a	Did the organization have a writt						
b	or key employees listed in Form If "Yes," list the 10 highest paid compensated at least \$5,000 by	individuals or e	entities (fund		•	=	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1 S	ee Schedule G, Part IV, Statement		Yes	No			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					362,192	93,202	268,990
3 MS T	List all states in which the orgar registration or licensing.	nization is regis	tered or lic	ensed to s	olicit contribution	s or has been notifie	d it is exempt from
MS, T							

Schedule G (Form 990) 2022

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 1 Less: Contributions . . 2 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs . . . 7 Food and beverages . . 8 Entertainment Other direct expenses 10 Net income summary. Subtract line 10 from line 3, column (d) 11 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue . Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs . . . 5 Other direct expenses Volunteer labor . . No 6 Direct expense summary. Add lines 2 through 5 in column (d) 7 Net gaming income summary. Subtract line 7 from line 1, column (d) 8 Enter the state(s) in which the organization conducts gaming activities: 9 а If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . If "Yes," explain:

Schedu	ıle G (Form 990) 2022		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility		%
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year		
Part			

Schedule G, Part IV, Statement 1

MID-SOUTH PUBLIC COMMUNICATIONS FOUNDATION

Form: **Schedule G (2022)** EIN: **62-0525567**

Page: 1

Part I, Line 2b

Fundraiser Activity Information

Name and Address	Activity	C1	Gross	C2	C3
			Receipts		
Allegiance Fundraising LLC	Allegiance provides mailing services for direct	No	362,192	93,202	268,990
36 Cordage Park Circle	mail for new acquisitions and additional gifts.				
Suite 225					
Plymouth, MA 02360					
Total:			362,192	93.202	268.990

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer Identification number
MID-SOUTH PUBLIC COMMUNICATIONS FOUNDATION	62-0525567
Form 990, Part VI, Section B, Line 11b - The 990 is prepared in-house and a copy is given to the company'	s independent auditors and
Board finance committee for review.	
Board Thrance Committee for Teview.	
Form 990, Part VI, Section B, Line 12c - At least on an annual basis the Board members report any conflicts of interest with the organization	
to the Board Chair. Any material conflicts are reported in the 990 and the notes of the audited financial statements.	
Form 990, Part VI, Section B, Line 15 - Each year the Board of Directors review the performance of the Pre	sident & CEO and approve their
annual pay.	
annaan pay.	
Form 990, Part VI, Section C, Line 19 - Almost all of the documents required to disclose are placed on the	company website at wkno.org.
Any document that is not on the website will be mailed upon request.	
	·