990 **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Α	For the 2	2023 calend	dar year, or tax year beginning	07/01/2023 and	l ending	06/30/2	2024				
В	Check if a	pplicable:	C Name of organization MID-SOU	TH PUBLIC COMMUNICATIONS	FOUNDAT	ΓΙΟΝ	D Emplo	yer identification number			
	Address c	hange	Doing business as WKNO TV F	M				62-0525567			
	Name cha	nge	Number and street (or P.O. box if	mail is not delivered to street address)	R	Room/suite	E Teleph	one number			
	Initial retur	'n	7151 Cherry Farms Road					901-458-2521			
	Final return	/terminated	City or town, state or province, co	ountry, and ZIP or foreign postal code							
	Amended	return	Cordova, TN 38016				G Gross	receipts \$ 6,909,815			
	Applicatio	n pending	F Name and address of principal offi	cer: Scott Davidson		H(a) Is this a gro	oup return fo	r subordinates? Yes V No			
			7151 Cherry Farms Rd, Cordo	va, TN 38016		H(b) Are all su	ubordinate	es included? 🗌 Yes 🔲 No			
ī	Tax-exem	ot status:	✓ 501(c)(3)) (insert no.)	r 527	If "No," attach	n a list. Se	e instructions.			
J	Website:	wkno.org]			H(c) Group ex	xemption	number			
K	Form of or	ganization: 🗸	Corporation Trust Associa	tion Other LY	ear of forma	ation: 1953	M State	of legal domicile: TN			
Р	art I	Summa	ry								
	1 E	Briefly des	cribe the organization's miss	on or most significant activities	s: Mid-So	uth Public Con	nmunica	tions Foundation is a			
e	l .			pose of enhancing the education							
Jan	1	through the	e development, ownership, and	d operation of non-commercial ra	adio and to	elevision statio	ns.				
Activities & Governance	2	Check this	box if the organization di	scontinued its operations or di	isposed o	f more than 25	% of its	s net assets.			
9	3 1	Number of	voting members of the gove	rning body (Part VI, line 1a) .			3	15			
ૐ	4 1	Number of	independent voting member	s of the governing body (Part \	VI, line 1b))	4	15			
ies	5 7	otal numb	per of individuals employed in	n calendar year 2023 (Part V, lir	ne 2a)		5	46			
Ę	6 7	otal numb	per of volunteers (estimate if i	necessary)			6	35			
Ac	7a 7	otal unrel	ated business revenue from I	Part VIII, column (C), line 12			7a	12,000			
	d	let unrelat	ted business taxable income	from Form 990-T, Part I, line 1	1		7b	11,410			
						Prior Year	r	Current Year			
Φ	8 (Contributio	ons and grants (Part VIII, line	4,9	20,440	6,098,784					
ğ	9 F	rogram se	ervice revenue (Part VIII, line		55,325	44,750					
Revenue		•	t income (Part VIII, column (A		33,065	228,408					
æ			nue (Part VIII, column (A), line		16,384	489,528					
	l .			nust equal Part VIII, column (A),			25,214	6,861,470			
	+			K, column (A), lines 1-3)		·	0	0			
			aid to or for members (Part IX		0	0					
s				penefits (Part IX, column (A), line		2,1	18,293	2,252,053			
Expenses			-	olumn (A), line 11e)			93,202	92,010			
bei			aising expenses (Part IX, colu		857,360			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Щ	l .		enses (Part IX, column (A), line			3.2	14,877	3,147,756			
	l .			equal Part IX, column (A), line 2	25) .	-	26,372	5,491,819			
	l .	-	-	8 from line 12			98,842	1,369,651			
Net Assets or Fund Balances			·			Beginning of Curr		End of Year			
sets	20 7	otal asset	ts (Part X, line 16)			13,0	84,600	14,736,136			
Ass	21 7	otal liabili	ties (Part X, line 26)				66,544	96,184			
돌	22	let assets	or fund balances. Subtract li	ne 21 from line 20	[13,0	18,056	14,639,952			
	art II	Signatu	re Block				•				
				eturn, including accompanying schedu officer) is based on all information of w				ny knowledge and belief, it is			
Sig	nr I	Signature	of officer			 Dat	Α				
He	-	•				Dat					
116	1 C		vidson, Director of Finance int name and title								
			preparer's name	Preparer's signature	n	ate		☐ if PTIN			
Pa	id	Fillio Type	Higherer a name	i reparer s signature	ا	raie	Check self-emp	- 」"			
	eparer	F						,			
Us	e Only	Firm's nan				Firm's					
		Firm's add		hown above? See instructions		Phone	e no.	□ Ves □ No			

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Part	Statement of Program Service Accomplishm Check if Schedule O contains a response or no	
1	Briefly describe the organization's mission:	
-		ofit corporation created for the purpose of enhancing the educational
		evelopment, ownership, and operation of non-commercial radio and
	television stations.	
2	Did the organization undertake any significant program prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	· · · · · · · · · · · · · · · · · · ·
3	Did the organization cease conducting, or make sig	
	services?	· · · · · · · · · · · · · · · · · · ·
4	· · · · · · · · · · · · · · · · · · ·	hments for each of its three largest program services, as measured by
•		are required to report the amount of grants and allocations to others,
4a	(Code:) (Expenses \$ 960,017 includi	ng grants of \$ 0) (Revenue \$ 0)
		adcast for the purpose of providing non-commercial classical music,
		provide air-time for local community and cultural organizations to
	discuss and promote their community programs and servi	ces.
4b	(Code:) (Expenses \$ 3,233,074 includi	ng grants of \$ 17,171) (Revenue \$ 39,750)
TU		ns for non-commercial, educational public television broadcasting,
		community information for the purposes of enhancing educational and
	cultural enpertunities	
4c	(Code:) (Expenses \$includi	ng grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 0 including grants of \$	0) (Revenue \$ 0)
4e	Total program service expenses 4,193,	

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Part	IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			NO
•	complete Schedule A	1	~	
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	<i>'</i>	_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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 debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	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, VII, 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? If "Yes," complete Schedule D, Part VIII	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	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	4.45		ر ا
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	14b		<i>'</i>
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? If "Yes," complete Schedule F, Parts III and IV.	15		<i>'</i>
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	16	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<i>'</i>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

19

20a

20b

Part I	V Checklist of Required Schedules (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? If "Yes," complete Schedule J	23		,
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			
		24a		~
	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	24b		-
C	to defease any tax-exempt bonds?	24c		ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	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			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		~
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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			ĺ
	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			
20	Was the organization a party to a business transaction with one of the following parties? (See the Schedule	27		~
28	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		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
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? If "Yes," complete Schedule R, Part 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		~
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	25h		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	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	· · · · · · · · · · · · · · · · · · ·	•		
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 169215			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
C	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	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 46			
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			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
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? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b 11	Section 501(c)(12) organizations. Enter:	-		
a	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
C	Enter the amount of reserves on hand	44-		
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? If "No," provide an explanation on Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
	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 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	r any relate	d org	aniz			ompe	nsa	ted any current	officer, director,	or trustee.
					C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and title	Average hours per week	box, unless person is both an officer and a director/trustee)					n an	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
Charles McLarty	40.00									
Board Treasurer	0.00			~	~			123,643	0	13,590
Kimberly Alexander	1.00									
Trustee	0.00	~						0	0	0
Dr Tyrone Burroughs	1.00									
Trustee	0.00	~						0	0	0
Nicole Cody	1.00									
Trustee	0.00	~						0	0	0
Dave Edmonds	1.00									
Trusee	0.00	~						0	0	0
Anne Emmerth	1.00									
Trustee	0.00	~						0	0	0
Dr Craig Esrael	1.00									
Board Chair	0.00	~						0	0	0
Jim Hartigan	1.00									
Trustee	0.00	~						0	0	0
Paul Mattews	1.00									
Trustee	0.00	~						0	0	0
Vincent Miraglia	1.00									
Board Vice-Chair	0.00	~						0	0	0
Herman Morris Jr	1.00									
Board Secretary	0.00	~						0	0	0
Daryl Quarles	1.00									
Trustee	0.00	~						0	0	0
Markova Reed	1.00									
Trustee	0.00	~						0	0	0
Jim Rout	1.00									
Trustee	0.00	~						0	0	0

Part	VII Section A. Officers, Directors, 7	rustees,	Key I	Emp	oloy	/ee	s, an	d F	lighest Compe	nsated Emplo	yees (continued)
	(A) Name and title	(B) Average hours	box, ι	unles	neck ss pe	ition more	e than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	from the	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation
Molly	Wexler	1.00									
Truste	ee	0.00	<i>'</i>						0	0	0
1b	Subtotal								123,643	0	13,590
c	Total from continuation sheets to Part	VII, Section	n A								
d	Total (add lines 1b and 1c)	but not	 limite	d t	o t	hos	e lis	ted	123,643	eceived more t	13,590 han \$100,000 of
	reportable compensation from the organi								1		, , , , , , , , , , , , , , , , , , ,
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> s							-	loyee, or highes	•	
4	For any individual listed on line 1a, is the organization and related organizations	sum of re greater th	portal an \$1	ole (50,	com 000	ipei	nsatio f "Ye	on a s,"	and other competed complete Sched	nsation from the	÷
5	individual	r accrue co	ompei	nsat	tion	froi	m any	/ un	related organiza		
Secti	on B. Independent Contractors	: 11 163, 0	Jonnph	CIC	301	leut	ile o i	OI 3	such person .		5 /
1	Complete this table for your five high compensation from the organization. Report										
	(A) Name and business add	ress							(B) Description of serv	vices	(C) Compensation
None											
2	Total number of independent contractor received more than \$100,000 of compens						ed to	th	nose listed abov 0	e) who	

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						
င်္ခ ဧ	С	Fundraising events			1c	0						
rs,	d	Related organization	ns .		1d	0						
ig ë	е	Government grants	(cont	ributions)	1e	2,430,910						
ns,	f	All other contribution	ns, gi	fts, grants,								
tio er (and similar amounts no	ot incl	uded above	1f	3,667,874						
혈된	g	Noncash contribution	ons in	cluded in								
벌		lines 1a-1f			1g	\$ 0						
a Co	h	Total. Add lines 1a-	-1f .				6,098,784					
						Business Code	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
e S	2a	TV Contract Product	tion			516120	5,000	5,000	0	0		
ه ≧	b	Educational program				516120	39,750	39,750	0	0		
gram Ser Revenue	C						21/122	0.1/1.00		-		
E Š	d											
g &	e											
Program Service Revenue	f	All other program se				0	0	0	0			
_	g	Total. Add lines 2a-					44,750		_	-		
	3	Investment income	(incl	uding divi	dends	, interest, and						
		other similar amoun	nts) .				194,627	194,627	0	0		
	4	Income from investr	ment o	of tax-exem	not ba	nd proceeds	0	0	0	0		
	5	Income from investment of tax-exempt bone Royalties				12,578	12,578	0	0			
		,		(i) Rea		(ii) Personal	,	.2/0.70				
	6a	Gross rents	6a	40	1,072	12,000						
	b	Less: rental expenses	6b		0	0						
	C	Rental income or (loss)		40	1,072	12,000						
	d	Net rental income o			.,0,2	,	413,072	401,072	12,000	0		
	7a	Gross amount from	(.55	(i) Securit		(ii) Other	110,072	101/072	12,000	3		
	, ,	sales of assets		()								
		other than inventory	7a	7	5,231	0						
a	b	Less: cost or other basis										
Revenue		and sales expenses .	7b	4	1,450	0						
Š	c	Gain or (loss)	7c		3,781	0						
		Net gain or (loss)				-	33,781	33,781	0	0		
Other		Gross income fro					33,701	33,701				
ਰ	Oa	events (not including		nuraising								
		of contributions re		d on line								
		1c). See Part IV, line			8a	19,365						
	h	Less: direct expens			8b	6,895						
		Net income or (loss)				· ·	12,470		0	12,470		
	9a	Gross income			9 010		12,470			12,470		
		activities. See Part			9a	0						
	h	Less: direct expens			9b	0						
		Net income or (loss)					0	0	0	0		
		Gross sales of in	•				0	0	0	0		
		returns and allowan			10a	٥						
	h	Less: cost of goods			10a	0						
	C	Net income or (loss)					0	0	0	0		
_	U	TAGE ILLOUTING OF (1022)	, 11011	i Jaics VI II	VEHIL	Business Code	U	U	U	U		
Snc (110	Art Caloc					10.025	10.025	0	^		
nec	11a	Art Sales				516100	10,035	10,035	0	0		
la la	b	Car Donations				516100	41,373	41,373	0	0		
scellaneo Revenue	۲ C	All other revenue								_		
Miscellaneous Revenue	d	All other revenue			-		<u>0</u>	0	0	0		
	e	Total. Add lines 11a					51,408	700.047	40.000	40.470		
	12	Total revenue. See	HIST	นบเบบเร			6,861,470	738,216	12,000	12,470		

Form 990 (2023) Page **10**

Part IX Statement of Functional Expenses

Section 50	1(c)(3)	and 50	1(c)(4)	organ	izations ı	nust comple	te all col	umns. i	All oth	er or	ganizat	ions must	comple	ete colu	ımn (A	l).	
,				_													

	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, 9b	, 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	77.400	20.500
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	154,367	38,592	77,183	38,592
7	Other salaries and wages	1,759,203	1,261,432	106,792	390,979
8	Pension plan accruals and contributions (include	1,757,203	1,201,432	100,772	370,717
	section 401(k) and 403(b) employer contributions)	40 577	2F 1//	4 224	0.005
0		40,577	25,166	6,326	9,085
9	Other employee benefits	159,220	102,224	22,384	34,612
10	Payroll taxes	138,686	91,193	18,541	28,952
11	Fees for services (nonemployees):	_	_		
a	Management	0	0	0	0
b	Legal	10,757	0	10,757	0
C	Accounting	13,853	0	13,853	0
d	Lobbying	36,911	36,911	0	0
e	Professional fundraising services. See Part IV, line 17	92,010			92,010
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
g	(A), amount, list line 11g expenses on Schedule O.)				
	- 1	117,042	117,042	0	0
12	Advertising and promotion	26,618	26,618	0	0
13	Office expenses	224,626	105,959	61,319	57,348
14	Information technology	87,402	65,634	9,491	12,277
15	Royalties	0	0	0	0
16	Occupancy	263,510	245,794	4,842	12,874
17	Travel	22,133	12,692	4,691	4,750
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 .	309,127	250,954	24,873	33,300
23	Insurance	15,669	8,463	6,199	1,007
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	Transmitter Utilities/Satellite Lines	247,068	247,068	0	0
b	Program Acquisition and Production	1,401,663	1,401,663	0	0
С	Maintenance & Repairs	219,867	155,686	64,181	0
d	Premiums/Bank Fees	151,510	0	9,936	141,574
е	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	5,491,819	4,193,091	441,368	857,360
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 (2023)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		📙
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	953,316	1	273,046
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	103,337	3	69,191
	4	Accounts receivable, net	106,228	4	99,629
	5	Loans and other receivables from 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	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
ts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Ä	9	Prepaid expenses and deferred charges	29,797	9	25,686
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 19,862,77			
	b	Less: accumulated depreciation			7,511,611
	11	Investments—publicly traded securities	4,371,087		6,756,973
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	13,084,600		14,736,136
	17	Accounts payable and accrued expenses	66,544		82,447
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	13,737
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			
				25	
	26	Total liabilities. Add lines 17 through 25	66,544	26	96,184
Ses		Organizations that follow FASB ASC 958, check here vand complete lines 27, 28, 32, and 33.			
au	07		11.0/2.012	07	40 544 507
Bal	27		11,063,913		12,541,587
둳	28	Net assets with donor restrictions	1,954,143	28	2,098,365
Ξ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ts	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	30 31	Retained earnings, endowment, accumulated income, or other funds.		31	
Ä	32	Total net assets or fund balances	12 010 054		14 420 052
Ne.	33	Total liabilities and net assets/fund balances	13,018,056 13,084,600	_	14,639,952
_	3	Total habilities and not assets/fully balances	13,004,000	_ 55	14,736,136

Form 990 (2023) Page **12**

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)		6,86	1,470				
2	Total expenses (must equal Part IX, column (A), line 25)		5,49	1,819				
3	Revenue less expenses. Subtract line 2 from line 1		1,36	9,651				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		13,01	8,056				
5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
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))		14,63	9,952				
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 on							
	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 a							
	separate basis, consolidated basis, or both.							
	☐ Separate 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 of							
	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 on Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	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** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

MID-	SOUTH	H PUBLIC COMMUNICATIONS	FOUNDATION				62-05	25567
Par	τl	Reason for Public Char	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instruction	ons.
The c	•	zation is not a private founda		,		-	•	
1		church, convention of church					0(b)(1)(A)(i).	
2		school described in section		,		•	I\/A\/:::\	
3 4		hospital or a cooperative hos medical research organization		•			, , , , ,	(iii) Enter the
4		ospital's name, city, and state	•	onjunction with a nosp	Jilai uesc	iibeu iii s	section 170(b)(1)(A)	(iii). Litter the
5	☐ Ar	n organization operated for ection 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 7	✓ Ar	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	$\square A$	community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	or un	n agricultural research organ university or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	su	n organization that normally no ceipts from activities related upport from gross investment cuired by the organization a	t income and uni	related business taxal	ole incom	ie (less s	ection 511 tax) from	fees, and gross 33 ¹ /3% of its businesses
11		n organization organized and	•	•	-			
12	on	n organization organized and ne or more publicly supported e box on lines 12a through 12	d organizations d	escribed in section 50	0 9(a)(1) o	r section	509(a)(2). See secti	i on 509(a)(3) . Check
а		Type I. A supporting organithe supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	ijority of t		
b		Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same			
С		Type III functionally integ its supported organization(ally integrated with,
d		Type III non-functionally it that is not functionally integrequirement (see instructionally integret in the contraction of the	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an	
е		Check this box if the organ functionally integrated, or 7						e II, Type III
f		er the number of supported o	-					
g		vide the following information					T	
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
							1	

Schedule A (Form 990) 2023 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) **(b)** 2020 (a) 2019 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 5,198,689 6,025,905 4,940,414 4,817,495 6,098,784 27,081,287 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 0 0 0 **Total.** Add lines 1 through 3 4 5,198,689 6,025,905 4,940,414 4,817,495 6,098,784 27,081,287 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) **Public support.** Subtract line 5 from line 4 27,081,287 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 5,198,689 6,025,905 4,940,414 4,817,495 6,098,784 27,081,287 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 402,631 568,084 1,860,063 434,187 455,061 100 9 Net income from unrelated business activities, whether or not the business is regularly carried on 16,609 16,610 11,051 6,051 11,410 61,731 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 193,968 130,669 107.758 79,931 69,078 581,404 **Total support.** Add lines 7 through 10 11 29,584,485 12 0 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 91.54 % 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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Schedule A (Form 990) 2023 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.)

	if the organization falls to quality	under the te	sts listed bei	ow, please co	ompiete Part	II. <i>)</i>	
	on A. Public Support			1	1		_
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 7a	Total. Add lines 1 through 5 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 8	Add lines 7a and 7b						
Secti	on B. Total Support				•		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(1)		(4)		(1)	()
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less 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, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•	s first, second		•		. , . ,
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2023 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch	nedule A, Part	III, line 15 .	<u></u> .	<u></u> .	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2023 (ine 10c, colun	nn (f), divided b	oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2022					18	%
19a	33 ¹ / ₃ % support tests—2023. If the organ						
b	17 is not more than 33 ¹ / ₃ %, check this box 33 ¹ / ₃ % support tests—2022. If the organiz line 18 is not more than 33 ¹ / ₃ %, check this b	ation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	33 ¹ /3%, and
20	Private foundation If the organization di	d not check a	hay on line 14	10a or 10h	shock this hav	and see instru	ctions \Box

Schedule A (Form 990) 2023 Page 4

Part IV **Supporting Organizations**

(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

Secti	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		
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.			
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.	3b 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		
5а	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? If "Yes," provide detail in Part VI.	6		
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)? <i>If "Yes," answer line 10b below.</i>	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.)

Schedule A (Form 990) 2023 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) 2023 Page **6**

				. ago -
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	\Box Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Sect	tion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	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	tion 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	tion 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	ally i	integrated Type III suppor	ting organization
	(see instructions).			

Schedule A (Form 990) 2023 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 2023 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-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 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 - Income from art sales and car donations.

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

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.

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 Enter the amount of any excise tax incurred by organization managers under section 4955 . 2 3 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 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing 5 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) 2023 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under Part II-A 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) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount

Calendar year (or riscal year 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) 2023

Schedule C (Form 990) 2023 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	(á	a)		(b)	
	iption 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	6,911
j	Total. Add lines 1c through 1i				3	6,911
2a	Did the activities in line 1 cause the organization to not be 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		(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	-	-			
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part					
	"Yes."					
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			
b	Carryover from last year		2b	<u> </u>		
С	Total		2c	<u> </u>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	<u> </u>		
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	/ing				
_	and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions	•	5			
2 (see	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grownstructions); and Part II-B, line 1. Also, complete this part for any additional information. dule C, Part II-B, Line 1 - Payments were made to the Tennessee Public Television Association and the Amons to support its efforts to retain appropriations from the State of Tennessee and Federal Government and	ericar	n Publ	lic Telev	vision	
	programming and educational activities.	1011			. publi	
media	i programming and educational activities.					

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
20**23**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Name o	f the organization		Employer identification number
MID-S	OUTH PUBLIC COMMUNICATIONS FOUNDATION		62-0525567
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ds or Accounts
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 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	<u> </u>	
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, an		
	only for charitable purposes and not for the benefit conferring impermissible private benefit?		
			· · · · · · L Yes L No
Par		/ " = 000 B : N/ !! =	
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (for example, recreation)	•	f a historically important land area
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization hel	d a qualified concentration contribution	o in the form of a concernation
2	easement on the last day of the tax year.	d a quaimed conservation contribution	
_	-		Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easements		
c d	Number of conservation easements on a certified hi Number of conservation easements included on line		
u	on a historic structure listed in the National Register		
3	Number of conservation easements modified, trans		Zu
Ū	tax year	renea, released, extinguished, or terr	minuted by the organization during the
4	Number of states where property subject to conserv	vation easement is located	
5	Does the organization have a written policy regard		pection, handling of
	violations, and enforcement of the conservation eas	ements it holds?	· · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports co		
	sheet, and include, if applicable, the text of the foot organization's accounting for conservation easemer		itements that describes the
Part			Other Similar Assets
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to		
L	•		
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item	•	search in furtherance of public service,
			¢
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		Ф
2	If the organization received or held works of art,	historical treasures or other similar	assets for financial gain, provide the
_	following amounts required to be reported under FA		assets for infancial gain, provide the
_	-	_	¢
a b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		φ \$

chedul	le D (Form 990) 2023					Page 2
Part	,	Collections of	Art. His	torical Treasures	s. or Other Similar	
3	Using the organization's acquisition, a collection items (check all that apply).					
а	Public exhibition		Ч	☐ Loan or exchan	ne program	
b	☐ Scholarly research		e			
	☐ Preservation for future generations		J			
4	Provide a description of the organizati	ion's collections	and expla	ain how they further	the organization's ex	kempt purpose in Part
	XIII.		•	,	Ü	
5	During the year, did the organization assets to be sold to raise funds rather					
Part	IV Escrow and Custodial Arra	ngements				
	Complete if the organization 990, Part X, line 21.					
1a	Is the organization an agent, trustee, included on Form 990, Part X?					not . Yes No
b	If "Yes," explain the arrangement in Pa	rt XIII and comp	lete the fo	llowing table.		
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amoun					<u> </u>
Pari	If "Yes," explain the arrangement in Pa	irt XIII. Check ne	re ir the ex	xpianation has beer	provided in Part XIII	
rai	Complete if the organization	answered "Ye	s" on For	m 990 Part IV lin	ne 10	
	Complete if the organization	(a) Current year		or year (c) Two yea		pack (e) Four years back
1a	Beginning of year balance	(., ,	(1)	(2, 2, 3)	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1, 11 , 11)
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 (line 1g, column (a)) held as:	
а	Board designated or quasi-endowmen		.%			
b	Permanent endowment	_%				
С	Term endowment %		1000/			
3a	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the			zation that are hold	and administered for	, the
Ja	organization by:	possession or i	ile organi.	zation that are neid	and administered to	Yes No
						. 3a(i)
	· · · · · · · · · · · · · · · · · · ·					. 3a(ii)
b	If "Yes" on line 3a(ii), are the related or					. 3b
4	Describe in Part XIII the intended uses	•	•			. [55]
Part			2 340			
	Complete if the organization		s" on For	m 990, Part IV, lin	e 11a. See Form 99	00, Part X, line 10.
	Description of property	(a) Cost or o		(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investr	ment)	(other)	depreciation	
1a	Land		0	1,620,684		1,620,684
b	Buildings		0	8,261,125		
C	Leasehold improvements		0	0	0	0

0

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

0

7,511,611

0

Part VII	Investments—Other Securities	N/ E 44b O E		David V. Brand O
	Complete if the organization answered "Yes" on Form 990, Part (a) Description of security or category (including name of security)	(b) Book value	(c) M	ethod of valuation:
(1) Financial	· · · · · · · · · · · · · · · · · · ·			,
` '	neld equity interests			
. ,	······································			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11c. See Fo	orm 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) M	ethod of valuation: id-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See F	orm 990,	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6) (7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11f.	See Form	m 990, Part X,
1.	line 25. (a) Description of liability			(b) Book value
(1) Federal in				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
	mn (b) must equal Form 990, Part X, line 25, col. (B))		·	at rangets the
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the orgar s liability for uncertain tax positions under FASB ASC 740. Check here if the text			

Schedule D (Form 990) 2023 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements. 7,130,348 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: Net unrealized gains (losses) on investments 2a 252,245 Donated services and use of facilities 9,738 h Recoveries of prior year grants 0 Other (Describe in Part XIII.) 6,895 Add lines 2a through 2d 268,878 2e 3 3 Subtract line **2e** from line **1** 6,861,470 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 6,861,470 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 5.508.452 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 9.738 Prior year adjustments 2b 0 Other losses 2c 0 Other (Describe in Part XIII.) 6,895 Add lines 2a through 2d . . . 2e 16,633 3 3 Subtract line 2e from line 1 5,491,819 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 Other (Describe in Part XIII.) 4b 0 Add lines **4a** and **4b** 4c 0 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 5,491,819 **Supplemental Information** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D, Part XI, Line 2d - Special event expenses included in expenses on the audited financial statements but netted in revenue on the 990. Schedule D, Part XII, Line 2d - Special event expenses included in expenses on the audited financial statements, but netted in revenue on

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, 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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

MID-SOUTH PUBLIC COMMUNICATIONS FOUNDATION

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

or if the	2023
	Open to Public Inspection
Employer identif	fication number

62-0525567

Par	Fundraising Activities. Form 990-EZ filers are no				vered "Yes" on I	-orm 990, Part IV, I	ne 17.
1	Indicate whether the organization	<u> </u>			owing activities. C	heck all that apply.	
а	✓ Mail solicitations		e 🗹	Solicitati	on of non-govern	ment grants	
b	Internet and email solicitation	าร	f [Solicitati	on of governmen	t grants	
С	Phone solicitations		g		undraising events		
d	In-person solicitations		•	•	J		
2a		en or oral agree	ement with	any individ	lual (including offi	cers, directors, truste	es.
	or key employees listed in Form						✓ Yes □ No
b		individuals or e	ntities (fund		=	=	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r 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
			Yes	No			
1	See Schedule G, Part IV, Statement						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Γotal					347,914	92,010	255,904
3	List all states in which the organ 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, ⊺	rn -						

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.

		grood receipte greater the	+0,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Online Auction	Rick Steves event	0	(add col. (a) through col. (c))
45			(event type)	(event type)	(total number)	
Revenue						
e e	1	Gross receipts	7,194	12,171		19,365
ď	_					
	2	Less: Contributions	0	0		0
	3	Gross income (line 1				
		minus line 2)	7,194	12,171		19,365
		Cook prizes				
	4	Cash prizes	0	0		0
	5	Noncash prizes	0	0		0
	"	Noncasii prizes	0	0		0
ses	6	Rent/facility costs	0	0		0
ens						
Ϋ́	7	Food and beverages	647	0		647
t E		J				
Direct Expenses	8	Entertainment	0	0		0
	9	Other direct expenses .	1,768	4,480		6,248
	10	Direct expense summary. Ac	dd lines 4 through 9 in c	olumn (d)		6,895
-	11	Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c	column (d)		12,470
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-E	e organization answe	ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
		\$15,000 OH FOHH 990-E.	∠, iii le oa. ⊤			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Ver				0 1 0		· · · · · · · · · · · · · · · · · · ·
æ	1	Gross revenue				
	•	G100010V01100 :				
S	2	Cash prizes				
nse		,				
Direct Expenses	3	Noncash prizes				
Û		·				
ec	4	Rent/facility costs				
\Box						
	5	Other direct expenses .				
			☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	│	□ No	☐ No	
	_					
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	7	Direct expense summary. Ac				
	8	Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)	,	
9	8	Net gaming income summar	y. Subtract line 7 from I	ine 1, column (d)		
	8 Er a Is	Net gaming income summar nter the state(s) in which the or the organization licensed to c	y. Subtract line 7 from I ganization conducts ga onduct gaming activitie	ine 1, column (d) ming activities: s in each of these states	s?	🗌 Yes 🗌 No
	8 Er a Is	Net gaming income summar nter the state(s) in which the or the organization licensed to c "No," explain:	y. Subtract line 7 from I rganization conducts ga onduct gaming activitie	ine 1, column (d) ming activities: s in each of these states	s?	Yes No
	8 Er a Is	Net gaming income summarenter the state(s) in which the orest the organization licensed to c "No," explain:	y. Subtract line 7 from I rganization conducts ga onduct gaming activitie	ine 1, column (d) Iming activities: s in each of these states	5?	Yes No
	8 Er a Is b If	Net gaming income summarenter the state(s) in which the orente the organization licensed to c "No," explain:	y. Subtract line 7 from I	ine 1, column (d) ming activities: s in each of these states	s?	
10	8 Er a Is b If	Net gaming income summarenter the state(s) in which the order the organization licensed to compose the organization:	y. Subtract line 7 from I rganization conducts ga onduct gaming activitie	ine 1, column (d) ming activities: s in each of these states d, suspended, or termina	s?	
10	8 Er a Is b If	Net gaming income summarenter the state(s) in which the order the organization licensed to compose the organization:	y. Subtract line 7 from I rganization conducts ga onduct gaming activitie	ine 1, column (d) ming activities: s in each of these states d, suspended, or termina	s?	

Schedu	le G (Form 990) 2023		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	Indicate the percentage of gaming activity conducted in: The organization's facility		%
a b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		70
	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio See instructions.		

Schedule G, Part IV, Statement 1

MID-SOUTH PUBLIC COMMUNICATIONS FOUNDATION

Form: **Schedule G (2023)** EIN: **62-0525567**

Page: 1

Part I, Line 2b Fundraiser Activity Information

Name and Address	Activity	C1	Gross	C2	C3
	,,	•	Receipts	02	
Allegiance	Allegiance provides mailing services for direct	No	347,914	92,010	255,904
36 Cordage Park Circle	mail for new acquisitions and additional gifts.				
Suite 225					
Plymouth, MA 02360					
Total:			347,914	92,010	255,904

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

MID-SOUTH PUBLIC COMMUNICATIONS FOUNDATION 62-0525567 Form 990, Part VI, Section B, Line 11b - The IRS 990 is prepared in-house and once completed, a copy is given to the company's independent auditors and Board finance committee for review. Form 990, Part VI, Section B, Line 12c - At least on an annual basis Board members report any conflicts of interest with the organization and to the Board Chair. Any material conflicts are reported in the IRS 990 and 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 President & CEO and approve their annual pay. The organization contracted with a human resources company to perform a compensation study to determine ranges of pay for all staff including key employees. The organization also uses pay ranges from our national association that conducts a wage survey each year. Form 990, Part VI, Section C, Line 19 - Almost all documents required for disclosure are placed on the company website at wkno.org. Any document that is not on the website will be mailed upon request.