



(REFERENCE COPY - Not for submission)

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

File Number: 0000222837 | Submit Date: 2023-10-12 | FRN: 0001739002

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 10/12/2023

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0001739002		Mississippi Authority for Educational Television			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
3825 Ridgewood Road	Jackson	MS	39211	+1 (601) 432-6565	royal.aills@mpbonline.org

2. Contact Representative

Name		Organization			
Barry S. Persh		Gray Miller Persh LLP			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2233 Wisconsin Avenue NW Suite 226	Washington	DC	20007	+1 (202) 776-2458	bpersh@graymillerpersh.com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:

Relationship to stations/permits	Licensee
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?	No

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2023 When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

5. Licensee(s)
and Station(s)

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

Licensee/Permittee Name	FRN
Mississippi Authority for Educational Television	0001739002

Fac. ID No.	Call Sign	City	State	Service
43168	WMPN-TV	JACKSON	MS	DTV
43169	WMAW-TV	MERIDIAN	MS	DTV
43170	WMAE-TV	BOONEVILLE	MS	DTV
43176	WMAO-TV	GREENWOOD	MS	DTV
43177	WMAO-FM	GREENWOOD	MS	FM
43184	WMAU-TV	BUDE	MS	DTV
43185	WMAU-FM	BUDE	MS	FM
43188	WMAW-FM	MERIDIAN	MS	FM
43190	WMAE-FM	BOONEVILLE	MS	FM
43192	WMAB-TV	MISSISSIPPI STATE	MS	DTV
43193	WMAV-TV	OXFORD	MS	DTV
43197	WMAH-TV	BILOXI	MS	DTV
43198	WMAH-FM	BILOXI	MS	FM
43212	WMAB-FM	MISSISSIPPI STATE	MS	FM
43213	WMAV-FM	OXFORD	MS	FM
46682	WMPN-FM	JACKSON	MS	FM

Section II – Biennial Ownership Information

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

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	Membership Certification
Parties to contract or instrument	Public Broadcasting Service
Date of execution	07/2023
Date of expiration	06/2024
Agreement type (check all that apply)	Network Affiliation Agreement

2. Ownership
Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A “direct” interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission’s Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information		
FRN	0001739002	
Entity Name	Mississippi Authority for Educational Television	
Address	PO Box	
	Street 1	3825 Ridgewood Road
	Street 2	
	City	Jackson
	State ("NA" if non-U.S. address)	MS
	Zip/Postal Code	39211
	Country (if non-U.S. address)	United States
Listing Type	Respondent	
Positional Interests (check all that apply)	Respondent	
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990139932	
Name	Shawn Christopher Mackey, Sr.	
Address	PO Box	

	Street 1	3825 Ridgewood Road	
	Street 2	Suite 630	
	City	Jackson	
	State ("NA" if non-U.S. address)	MS	
	Zip/Postal Code	39211	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - Board ChairMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	Director of Accountability, MCCB		
By Whom Appointed or Elected	Executive Director		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990139936	
Name	Whitney H. Lipscomb	
Address	PO Box	
	Street 1	605 Arbor Ct.
	Street 2	
	City	Ridgeland
	State ("NA" if non-U.S. address)	MS
	Zip/Postal Code	39157
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	Deputy Attorney General		
By Whom Appointed or Elected	Governor		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990139938	
Name	Richard Sawyer	
Address	PO Box	
	Street 1	3618 Reeves Lane
	Street 2	
	City	Ocean Springs
	State ("NA" if non-U.S. address)	MS
	Zip/Postal Code	39564
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Educator	
By Whom Appointed or Elected	Governor	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%
	Equity	0.0%
	Total assets (Equity Debt	

	Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990145004	
Name	Russell Latino, III.	
Address	PO Box	
	Street 1	1000 Northpark Drive
	Street 2	
	City	Ridgeland
	State ("NA" if non-U.S. address)	MS
	Zip/Postal Code	39157
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Board Vice ChairMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Owner, Magnolia Tribune News Publication	
By Whom Appointed or Elected	Governor	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990151572	
Name	Ormella Cummings	
Address	PO Box	
	Street 1	830 South Gloster
	Street 2	
	City	Tupelo

	State ("NA" if non-U.S. address)	MS
	Zip/Postal Code	38801
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Chief Strategy, Health Equity and Inclusion Officer, North MS Health Services	
By Whom Appointed or Elected	Commissioner of Higher Education	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990151573	
Name	Judy K. Nelson	
Address	PO Box	
	Street 1	359 North West Street
	Street 2	
	City	Jackson
	State ("NA" if non-U.S. address)	MS
	Zip/Postal Code	39201
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Director of Federal Programs, MDE	
By Whom Appointed or Elected	Superintendent of Education	

Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	Asian
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	16.7%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990151574	
Name	Royal D. Aills	
Address	PO Box	
	Street 1	259 Buckhead Drive
	Street 2	
	City	Madison
	State ("NA" if non-U.S. address)	MS
	Zip/Postal Code	39110
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - Executive DirectorMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Executive Director, MPB	
By Whom Appointed or Elected	Board of Directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

--	--

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.	Yes
--	-----

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)? If " <u>Yes</u> ," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	No
---	----

3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee’s vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select “N/A” in response to this question.

Licensee is not under the control of another entity.

Section III - Certification

Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSE --OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: Executive Director Exact Legal Title or Name of Respondent: Mississippi Authority for Educational Television Name: Royal Aills Phone: 6014326565 10/12/2023