

RULE 8 ANNUAL REPORT

for Vermont Access Management Organization (Version 3.0 – 09/26/17)

Reporting Deadlines

As defined in a Waiver ordered by the Public Utility Commission (formerly the Public Service Board) on March 9, 2017 in Docket No. 8890, Vermont Access Management Organizations are expected to complete and submit their annual report within 150 days of the end of their fiscal year. The Waiver, requested by VAN, is intended to allow enough time for an AMO to complete and attach its IRS Form 990 along with this Annual Report Form.

If you need an extension beyond these 150 days, please contact the Department of Public Service and your cable operator(s) prior to the date on which the report is due.

Instructions

Instructions for filling out this form may be found at:

<http://VermontAccess.Net/documents/rule-8-amc-reporting-instructions/>

Attachments

Please attach additional pages for information that will not fit in the space provided.

Filing

It is required that each Access Management Organization sends a paper copy of its Report to:

Clerk of the Commission

Vermont Public Utility Commission
112 State Street
Montpelier, VT 05620-2701

Vermont Public Service Department

Clay Purvis, Director, Telecommunications and Connectivity Division
112 State Street
Montpelier, VT 05620-2601

Vermont Access Network

PO Box 4041
Burlington, VT 05406-4041

Cable Operator(s)

See your PEG Access Agreement for Mailing information.

- *If all Attachments are digital, also e-mail electronic copies to:*
Info@VermontAccess.net & clay.purvis@Vermont.gov
- *Be sure to Attach your Depreciation or Fixed Asset Schedule (Sec. 10a) and Financials (Sec. 15c).*

The FISCAL YEAR REPORTING: _____
(Please enter the date your Fiscal Year ENDED)

1. Organization Name & Address

Legal Name/ Corporate Name

Doing Business as (D/B/A) Name & Call Letters

Mailing Address

Location Address (if different than Mailing Address)

Website Address

2. Contact Information

2a. Individual Completing this Form

Name

Position

Phone Number

Fax Number

Email Address

2b. Executive Director/Manager/CEO

Name

Phone

Fax Number

Email Address

3. Corporate Status - Open Meetings Law – 8.422(J)

- Is the AMO recognized by the IRS as a 501 (c)(3) Non-Profit Corporation? ☐ YES ☐ NO
- Year Incorporated in State of Vermont: _____
- Is the AMO current with its biennial Secretary of State nonprofit corporate registration?
☐ YES ☐ NO
- Does AMO comply with applicable parts of VT's Open Meeting Law? ☐
Warns Board Meetings? ☐ Posts Board Minutes? ☐

4. Service Territories/Communities Served

Service Territory	Name of Cable Operator	Communities (Municipalities) Served	Changes from Previous Fiscal Year
1			
2			
3			

5. Current PEG Capacity & Applications – 8.422(B)

5a. Channel(s), by Cable Operator(s)

Name of Cable Operator 1 _____

Channel Number (and Call Letters or Name)	SD or HD	Type of Access (Public, Educational, Governmental)

Name of Cable Operator 2 _____		
Channel Number (and Call Letters or Name)	SD or HD	Type of Access (Public, Educational, Governmental)

Name of Cable Operator 3 _____		
Channel Number (and Call Letters or Name)	SD or HD	Type of Access (Public, Educational, Governmental)

5b. Additional Application(s) – 8.404(B)

Describe Additional Application(s) the AMO uses that the cable operator has provided to your system capacity or facilities, in a form other than a Channel, in order to support the distribution of PEG Access content to cable subscribers. Examples of Operator-provided applications might include access to the Interactive Program Guide, the Level or Class of broadband service (Commercial/Business/etc), a Static IP, Remote Origination Site equipment, an E-mail domain, cloud storage, etc. Please state whether the Operator is charging you for any of these.

6. Outreach Strategies – 8.422(C)

Note: If an exact number is unknown for any activity in 6a or 6b below, please provide an estimate. (Check N/A if you have not engaged in a particular activity or did not track it this year.)

6a. Outreach/Marketing: Activities

Activity	Number Done	N/A (✓)
Print Ad Placements		
Online Ad Placements		
Newsletters (print or email)		
Events at your AMO (open house, gallery openings, etc.)		
AMO participation in community events (parades, booths, etc)		
Presentations at community meetings (Chamber, clubs, etc)		
Video contests/competitions held		
Self-promotional PSAs, Bumpers, etc.		
Social Media Postings		

6b. (OPTIONAL) Outreach/Marketing: Social Media/Other

Note: Please describe other activities that were intended to market or promote your AMO, or to inform or attract the public, educational and/or governmental sectors to your AMO. These might include the type and extent of your use of social media platforms, bill stuffers, video competitions entered, Technical assistance to Institutions, NGOs, schools, etc., or other outreach/marketing efforts not outlined in 6a above.

6c. (OPTIONAL) Volunteerism & Users

Note: In this Optional section, if the exact number is unknown, you may estimate.

If you track, by category, non-staff (unpaid) people involved with your AMO, you may provide that data in the Comments section.

If you do not track any of this data, you may either check N/A or leave the entire section blank.

Total, all unpaid, non-staff	Number	N/A (✓)
Volunteers, Board, Community Producers, Student Interns & Other Users		

Comments:

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7. Training & Provision of Facilities – 8.422(C)

Note: We recognize that there are many ways to track or classify training and facilities usage at an AMO, and so we've provided options and narrative opportunities to accommodate these variations. In Sections a, b and c, below, if exact number is unknown, please provide an estimate. Check N/A if you have not engaged in a particular activity or have not tracked it this year.

7a. Orientations

Activity	Number Oriented	N/A (✓)
Orientation to Individuals		
Orientation to Organizations		

7b. Structured Training

Note: "Structured Training" (e.g., classes, seminars, workshops) does not include the on-going, on-demand instruction or guidance you provide to producers while they work on their programs. Describe that type of training, if you wish, in the narrative space provided below. Check N/A if you have not engaged in a particular activity or have not tracked it this year.

Types of <u>Structured</u> Training Provided (Your classifications of types)	Number Trained	N/A (✓)
GRAND TOTAL:		

If necessary, please use the following space to expand or explain how you deliver your unstructured training, including, if you wish, assistance provided to producers as they work on their productions.

UNSTRUCTURED Training:

7c. (OPTIONAL) Community Use of Facilities

Note: In this Optional section, if the exact number is unknown you may estimate. If you do not track any of this data, you may either check N/A or leave the entire section blank.

Type of Facilities Usage	If applicable, provide detail here, or in Notes, below.	# of Checkouts / Usages.	N/A (✓)
Field Gear Checkouts (specify)			
Studio Production Use			
Editing Systems Use			
Other Lendings (specify)			

NOTES:

8. Programming Data - Rule 8.422 (C)

Note: In the following sections, who “Produced” a program is determined by that person or entity that is legally responsible for the content of the program.

8a. Programming Information

*Please provide annual data for the following **FIRST-RUN, NON-REPEAT** program plays.*

Please avoid data for Programs that are simulcast on two or more of your channels.

Type of Programming	# of Programs	# of Hours
Locally-Produced, First-Run Programs <i>(produced by, for or at your AMO)</i>		
AMO-Produced PSAs, Bumpers, etc. <i>(if tracked & not included above)</i>		
“Imported” via VMX or other Vermont sources <i>(e.g., AMOs, local producers)</i>		
“Imported” from other sources <i>(e.g. satellite programming)</i>		
COLUMN TOTAL		

8b. (OPTIONAL) Local Programming Breakdown

Note: In this Optional section, if the exact number is unknown, you may estimate. If you do not track any of this data, you may leave the entire section blank.

Locally-Produced, first-run Programs	# of Programs	# of Hours
Produced by your AMO Staff		
Produced by clients/users/volunteers		

8c. (OPTIONAL) Bulletin Board

If you offer an on-screen Community Bulletin Board, you might track the total number of individuals and/or entities that have submitted one or more messages, or you may count the total annual number of unique “pages” of bulletin board information. Or both.
In this Optional section, if the exact numbers are unknown, estimate. If you do not track any of this data, you may leave the entire section blank.

Community Bulletin Board Data	Total Number
Number of individuals or entities who have submitted one or more “pages” over the course of the year	
Number of unique “pages” submitted & shown	

8d. Remote Origination Sites

Site Location (Entity Name, Town)	Frequency of Use (# of uses per month or per year)	Type of Use (e.g., P, E or G)	Cable Operator Providing Site	RF Modulator? Optical Xmtr? Video over IP? (please specify)

8e. Additional Information

Provide additional information about your programming (if you feel it's necessary) in narrative form:

9. Complaint Tracking – Rule 8.422(D)

Summarize details of any complaints, how your AMO responded to them, and their current status. Include both any complaints made to your AMO and your AMO's complaints to other entities, such as cable operators (Service Quality complaints should be address in the next Section, 10).

10. Service Quality Issues – Rule 8.422(L)

Please describe major service quality issues that required or require attention of the cable operator or the Vermont Public Service Department. Include your use of the “Procedures for Addressing PEG Access Facilities’ Issues, Problems and Complaints” and the outcome or on-going status at the close of the Fiscal Year.

11. Facilities Summary/Description of Facilities – Rule 8.422(E)

11a. Depreciation Schedule

Attach your Depreciation Schedule from your IRS Form 990 (long form) or your Fixed Asset Schedule.

11b. Changes in Equipment Inventory/ General Statement of Improvements

Describe generally major changes in equipment inventory during this reporting year. (A general statement of improvements in equipment and facilities.)

12. Organizational Leadership: Rosters of Key Staff & Board – Rule 8.422(F)

12a. Key Staff as of the end of the Fiscal Year

[illegible]

12b. Board Members as of the end of Fiscal Year

[illegible]

13. Changes in Organizational Structure – Rule 8.422(G)

Detail here any significant changes in organizational structure during the Fiscal Year; for example, bylaws, style of governance, corporate form, dissolution, etc.

14. Planning Considerations – Rule 8.422(K)

In this section, please provide your planning considerations and expectations for how community needs will be identified and met for current and future fiscal years. Include new programs or services you plan to offer over the next 3 years; how those relate to your community's needs and interests; and the process you used to identify those needs and interests. Attach additional pages if necessary.

Note that regulators and the cable operator may regard this section as your PEG Access Plan.

15. Financial Documents – Rule 8.422 (H), (I) and (M)

15a. AMO Revenue Report

"The Report shall distinguish between funds provided by the Cable Operator as PEG funding and funds obtained from other sources."

Describe other revenue sources the AMO relies upon to support its services. (Other Sources might include memberships, production fees, interest income; and fundraising activities such as grants, annual campaigns and capital campaigns.)

CABLE OPERATOR FUNDING					
Cable Operator 1:			Cable Operator 2:		
Operating	Capital	Spike	Operating	Capital	Spike
OTHER SOURCES OF REVENUE (Identify)					
			Non-PEG Related	TOTAL	

15b. AMO Expense Report

"The Report shall clearly distinguish between expenditures that support production and distribution of PEG content to cable television subscribers, and expenditures for other purposes not related to the production and distribution of PEG content to cable television subscribers, if any." List expenses as they apply to each of the AMO's PEG and Non-PEG services.

AMO Services	Operating Expenses	Capital Expenses	Total Expenses
PEG Access Services			
Non PEG-related Services			
Total PEG & Non-PEG Expenses			

15c. Statement of Cable Operator Funds

A statement of total Operating and Capital funding received from the operator(s), and whether any funds were carried forward from the prior year.

Please click the check box (✓) if the following documents are attached to this Report, and confirm that taken together these can be used to determine any funds that were carried forward from the prior year.

- Income/Expense Statement (a.k.a., Profit & Loss Statement) for this Fiscal Year ☐
- Balance Sheet on the final day of the Fiscal Year (listing assets & liabilities) ☐
- Current year Operating and Capital Budgets ☐
- Annual Tax Return (990 or 990-EZ) ☐
- Audit or Financial Review prepared during the Fiscal Year (If one done, optional) ☐

NOTES:

Statement of Certification

I, (print / type name):
Angelike Contis

hereby certify that (name of AMO):
Mount Mansfield Community Television, Inc.

is (or has a parent organization that is) a non-profit organization in good standing with the State of Vermont (i.e., has filed a Vermont Nonprofit Biennial report in a timely manner) and maintains the following documents on our premises that are available to the public upon request:

- Bylaws or other governing documents
- Rules and operating procedures
- Complaint and dispute resolution procedures
- Contract(s) with Cable Operator(s)
- Evidence of conducting meetings consistent with Open Meeting Law

Angelike Contis Digitally signed by Angelike Contis
Date: 2021.05.24 14:45:00 -04'00'

SIGNATURE OF PERSON COMPLETING FORM

5/24/21

DATE



SIGNATURE OF WITNESS

Linda Parent

NAME OF WITNESS (print/type)

Mount Mansfield Community Television Inc

Balance Sheet

December 31, 2020

	This Year	Last Year	Variance
ASSETS			
Current Assets			
Checking Acct/TDBank	\$ 29,678.22	32,562.05	(2,883.83)
Petty Cash	64.65	64.65	0.00
MMA-Operating	78,747.97	72,220.89	6,527.08
MMA-Capital	40,581.19	36,121.22	4,459.97
CD - TD Bank	51,981.26	51,317.34	663.92
Total Current Assets	201,053.29	192,286.15	8,767.14
Property and Equipment			
Studio & Production Equipm	154,286.29	154,286.29	0.00
Accum.Depr-Studio Equipm	(144,095.90)	(137,302.90)	(6,793.00)
Office Equipment	16,940.69	16,940.69	0.00
Accum. Deprec-Office Equip	(16,940.69)	(16,940.69)	0.00
Leasehold Improvements	19,294.81	19,294.81	0.00
Amort-Leasehold Improve	(19,294.81)	(19,294.81)	0.00
Total Property and Equipmen	10,190.39	16,983.39	(6,793.00)
Other Assets			
Total Other Assets	0.00	0.00	0.00
Total Assets	\$ 211,243.68	209,269.54	1,974.14

LIABILITIES AND FUND BALANCE

Current Liabilities			
Capitol One Payable-Oper	\$ 299.02	0.00	299.02
Prepaid Rev- Restr Branding	2,646.00	3,500.00	(854.00)
Prepaid Rev- ROS	14,637.00	20,000.00	(5,363.00)
VT Unemp Taxes Payable	48.40	44.96	3.44
Total Current Liabilities	17,630.42	23,544.96	(5,914.54)
Long-Term Liabilities			
Total Long-Term Liabilities	0.00	0.00	0.00
Total Liabilities	17,630.42	23,544.96	(5,914.54)
Fund Balance			
Fund Balance-Operating	184,170.53	177,542.53	6,628.00
Fund Balance-Capital	1,554.05	1,554.05	0.00
Net Income	7,888.68	6,628.00	1,260.68
Total Fund Balance	193,613.26	185,724.58	7,888.68
Total Liabilities & Fund Bala	\$ 211,243.68	209,269.54	1,974.14

Mount Mansfield Community Television Inc
Income Statement-All Operations
For the Year to Date Ending December 31, 2020

	Capital	Operations	Total	Budget	Budget Balance
Revenues					
Revenue-Comcast-Opera	\$ 0.00	\$ 135,011.14	\$ 135,011.14	\$ 128,000.00	(7,011.14)
Revenue-Comcast-Capit	13,501.40	0.00	13,501.40	12,800.00	(701.40)
Revenue-Comcast Restr	0.00	854.00	854.00	0.00	(854.00)
Revenue-Comcast ROS	5,363.00	0.00	5,363.00	0.00	(5,363.00)
Donations	0.00	120.00	120.00	600.00	480.00
Camp Fees	0.00	0.00	0.00	2,300.00	2,300.00
Production Income	0.00	0.00	0.00	3,000.00	3,000.00
Video/Dubbing Income	0.00	275.00	275.00	300.00	25.00
Municipal Income	0.00	5,251.65	5,251.65	9,750.00	4,498.35
Refunds/ Returns	0.00	173.30	173.30	100.00	(73.30)
Interest Income	0.00	1,013.06	1,013.06	1,400.00	386.94
Other Income	0.00	18,660.00	18,660.00	0.00	(18,660.00)
Total Revenues	18,864.40	161,358.15	180,222.55	158,250.00	(21,972.55)
Expenses					
Compensation	0.00	103,912.55	103,912.55	100,000.00	(3,912.55)
Employer FICA Expense	0.00	7,949.59	7,949.59	8,000.00	50.41
Unemployment Taxes	0.00	435.69	435.69	500.00	64.31
Health Insurance	0.00	7,751.39	7,751.39	7,740.00	(11.39)
Legal Fees	0.00	0.00	0.00	300.00	300.00
Contractors Fees	0.00	500.00	500.00	0.00	(500.00)
Accounting Fees	0.00	3,773.75	3,773.75	3,800.00	26.25
Bank Fees	0.00	15.00	15.00	0.00	(15.00)
Office Rent	0.00	13,560.00	13,560.00	13,440.00	(120.00)
Maintenance & Repair	0.00	0.00	0.00	100.00	100.00
Maintenance & Repair	0.00	0.00	0.00	500.00	500.00
Tech Support/Repair	2,100.00	0.00	2,100.00	1,000.00	(1,100.00)
Technical Supplies	0.00	0.00	0.00	200.00	200.00
Office Supplies	0.00	127.71	127.71	200.00	72.29
Tech Supplies-Other	89.98	0.00	89.98	0.00	(89.98)
Copying Expense	0.00	0.00	0.00	100.00	100.00
Dues & Subscriptions	0.00	1,537.67	1,537.67	2,500.00	962.33
Postage & Shipping	0.00	171.26	171.26	230.00	58.74
Telephone Expense	0.00	529.33	529.33	500.00	(29.33)
Utilities	0.00	2,696.42	2,696.42	2,800.00	103.58
Internet	0.00	1,410.85	1,410.85	1,320.00	(90.85)
Business Insurance	0.00	1,480.00	1,480.00	1,400.00	(80.00)
Workers Comp Insuranc	0.00	1,056.00	1,056.00	900.00	(156.00)
Website Construction	282.10	0.00	282.10	500.00	217.90
Interactive Program Gui	0.00	2,100.00	2,100.00	2,250.00	150.00
IP Address (comcast)	0.00	19.95	19.95	0.00	(19.95)
Advertising Expense	0.00	1,484.75	1,484.75	4,000.00	2,515.25
Meals & Entertainment	0.00	110.32	110.32	600.00	489.68
Mileage Reimbursement	0.00	335.00	335.00	1,500.00	1,165.00
Cable Reimbursement	0.00	768.00	768.00	770.00	2.00
Depreciation Expense	6,793.00	0.00	6,793.00	0.00	(6,793.00)
Contributions	0.00	605.80	605.80	250.00	(355.80)
Studio Equipment	140.48	0.00	140.48	1,100.00	959.52
Field Equipment	7,645.87	0.00	7,645.87	4,000.00	(3,645.87)
Office Equipment	0.00	0.00	0.00	1,000.00	1,000.00
Facility/Studio Upgrades	0.00	0.00	0.00	4,000.00	4,000.00
Computer Software	835.66	0.00	835.66	500.00	(335.66)
Computer Hardware	2,115.75	0.00	2,115.75	0.00	(2,115.75)
Total Expenses	20,002.84	152,331.03	172,333.87	166,000.00	(6,333.87)

For Management Purposes Only

Mount Mansfield Community Television Inc
Income Statement-All Operations
 For the Year to Date Ending December 31, 2020

	Capital	Operations	Total	Budget	Budget Balance
Net Income	\$ <u>(1,138.44)</u>	\$ <u>9,027.12</u>	\$ <u>7,888.68</u>	\$ <u>(7,750.00)</u>	<u>(15,638.68)</u>

Mount Mansfield Community Television Inc
Income Statement-Capital Expenditures
For the Twelve Months Ending December 31, 2020

	Current Quarter	Year to Date	Total Year Budget	Difference
Revenues				
Revenue-Comcast-Capital	\$ 13,501.40	13,501.40	\$ 12,800.00	701.40
Revenue-Comcast ROS	5,363.00	5,363.00	0.00	5,363.00
Total Revenues	<u>18,864.40</u>	<u>18,864.40</u>	<u>12,800.00</u>	<u>6,064.40</u>
Expenses				
Maintenance & Repair	0.00	0.00	500.00	(500.00)
Tech Support/Repair	2,100.00	2,100.00	1,000.00	1,100.00
Technical Supplies	0.00	0.00	200.00	(200.00)
Tech Supplies-Other	89.98	89.98	0.00	89.98
Website Construction	282.10	282.10	500.00	(217.90)
Depreciation Expense	6,793.00	6,793.00	0.00	6,793.00
Studio Equipment	140.48	140.48	1,100.00	(959.52)
Field Equipment	7,645.87	7,645.87	4,000.00	3,645.87
Office Equipment	0.00	0.00	1,000.00	(1,000.00)
Facility/Studio Upgrades	0.00	0.00	4,000.00	(4,000.00)
Computer Software	835.66	835.66	500.00	335.66
Computer Hardware	2,115.75	2,115.75	0.00	2,115.75
Total Expenses	<u>20,002.84</u>	<u>20,002.84</u>	<u>12,800.00</u>	<u>7,202.84</u>
Net Income	<u>\$ (1,138.44)</u>	<u>(1,138.44)</u>	<u>\$ 0.00</u>	<u>(1,138.44)</u>

Mount Mansfield Community Television Inc
Income Statement-Operations
For the Twelve Months Ending December 31, 2020

	Current Quarter	Year to Date	Total Year Budget	Difference
Revenues				
Revenue-Comcast-Operating	\$ 135,011.14	135,011.14	\$ 128,000.00	7,011.14
Revenue-Comcast Restr Bran	854.00	854.00	0.00	854.00
Donations	120.00	120.00	600.00	(480.00)
Camp Fees	0.00	0.00	2,300.00	(2,300.00)
Production Income	0.00	0.00	3,000.00	(3,000.00)
Video/Dubbing Income	275.00	275.00	300.00	(25.00)
Municipal Income	5,251.65	5,251.65	9,750.00	(4,498.35)
Refunds/ Returns	173.30	173.30	100.00	73.30
Interest Income	1,013.06	1,013.06	1,400.00	(386.94)
Other Income	18,660.00	18,660.00	0.00	18,660.00
Total Revenues	161,358.15	161,358.15	145,450.00	15,908.15
Expenses				
Compensation	103,912.55	103,912.55	100,000.00	3,912.55
Employer FICA Expense	7,949.59	7,949.59	8,000.00	(50.41)
Unemployment Taxes	435.69	435.69	500.00	(64.31)
Health Insurance	7,751.39	7,751.39	7,740.00	11.39
Legal Fees	0.00	0.00	300.00	(300.00)
Contractors Fees	500.00	500.00	0.00	500.00
Accounting Fees	3,773.75	3,773.75	3,800.00	(26.25)
Bank Fees	15.00	15.00	0.00	15.00
Office Rent	13,560.00	13,560.00	13,440.00	120.00
Maintenance & Repair	0.00	0.00	100.00	(100.00)
Office Supplies	127.71	127.71	200.00	(72.29)
Copying Expense	0.00	0.00	100.00	(100.00)
Dues & Subscriptions	1,537.67	1,537.67	2,500.00	(962.33)
Postage & Shipping	171.26	171.26	230.00	(58.74)
Telephone Expense	529.33	529.33	500.00	29.33
Utilities	2,696.42	2,696.42	2,800.00	(103.58)
Internet	1,410.85	1,410.85	1,320.00	90.85
Business Insurance	1,480.00	1,480.00	1,400.00	80.00
Workers Comp Insurance	1,056.00	1,056.00	900.00	156.00
Interactive Program Guide	2,100.00	2,100.00	2,250.00	(150.00)
IP Address (comcast)	19.95	19.95	0.00	19.95
Advertising Expense	1,484.75	1,484.75	4,000.00	(2,515.25)
Meals & Entertainment	110.32	110.32	600.00	(489.68)
Mileage Reimbursement	335.00	335.00	1,500.00	(1,165.00)
Cable Reimbursement	768.00	768.00	770.00	(2.00)
Contributions	605.80	605.80	250.00	355.80
Total Expenses	152,331.03	152,331.03	153,200.00	(868.97)
Net Income	\$ 9,027.12	9,027.12	\$ (7,750.00)	16,777.12



Operating Budget 2021

Account	Operating Revenues	2021	2020 Budget	2020 Actual
4010	Revenue-Comcast-Operating (approx. 2020)	134,000	128,000	135,011
4015	Revenue-Comcast-Rebranding (New Channels)	2,000	0	854
4020	Transfer from Operating to Capital	-3,190	0	0
4040	Donations/Underwriting	300	600	120
4045	Video Camp	1,500	2,300	0
4050	Productions Income	500	3,000	0
4060	Video/Dubbing Income	300	300	275
4080	Municipal Revenue	6,700	9,750	5,252
4100	Refunds/Returns	0	100	173
4900	Interest Income (down from 2 to 1.05%, exp. 3/2/21)	700	1,400	1,013
4910	Other Income (COVID Cares 2 funds in 2020)	<u>3,000</u>	<u>0</u>	<u>18,660</u>
	Total	145,810	145,450	161,358
	<i>Amount from Fund Balance</i>	<i>11,990</i>	<i>8,050</i>	<i>N/A</i>
	Revenue Total	157,800	153,500	

Account	Operating Expenses	2021	2020 Budget	2020 Actual
5010	Compensation (3%-5% increase)	104,750	100,000	103,913
5015	Employer FICA Expense	8,000	8,000	7,950
5016	VT Unemployment Tax (1.3% first 17300)	500	500	436
5020	Health Insurance (659.14/mo)	7,900	7,740	7,751
5050	Legal Fees	400	300	0
5052	Contractors Fees	0	0	500
5060	Accounting Fees	3,800	3,800	3,774
5065	Bank Fees	0	0	15
5070	Office Rent (Jan-Feb: 1140, New: 1285.2)	15,200	13,440	13,560
5075	Maintenance & Repair (Moving-related)	2,100	100	0
5090	Office Supplies	300	200	128
5095	Copying Expense	100	100	0
6000	Dues & Subscriptions (WSBA, VAN)	1,600	2,500	1,538
6010	Postage & Shipping	200	230	171
6020	Telephone Expense	550	500	529
6025	Utilities	0	2,800	2,696
6027	Internet (High Speed Fiber & IP Address)	1,500	1,320	1,411
6030	Business Insurance	1,500	1,400	1,480
6040	Workers Comp Insurance	1,100	900	1,056
6050	Website Streaming (Localeyez streaming Ch. 1086)	1,550	0	0
6051	Interactive Program Guide (Gracenote)	2,400	2,550	2,100
6055	IP address fixed (included in #6027 going forward)	0	0	20
6060	Advertising Expense (including new channels & location)	2,000	4,000	1,485
6070	Conferences/Workshops	0	0	0
6075	Education/Training	0	0	
6080	Meals & Entertainment	400	600	110
6090	Mileage Reimbursement	500	1,500	335
6095	Travel/Per Diem	0	0	0
6190	Interest Expense	0	0	
6100	Cable Reimbursement (\$40/mo.)	950	770	768
6210	Contributions (Internet Archive, Democracy Now)	<u>500</u>	<u>250</u>	<u>606</u>
		157,800	153,500	152,331

MIMCTV
Capital Budget 2021

Account	Capital Income	2021	2020 Budget	2020 Actual
4010C	Revenue-Comcast-Capital	13,400	12,800	13,501
4020C	Xfer from Operating to Capital (check account level)	3,190	0	0
4016C	Revenue-Comcast ROS	14,000	0	5,363
Total (Before Draw)		30,590		
Amount from Capital Fund Balance		15,110	-	-
Total		45,700	12,800	18,864
	Capital Expenses	2021	2020 Budget	2020 Actual
5075C	Maintenance & Repair	0	500	0
5078C	Tech Support/Repair (Bill Cairns is back!)	2,100	1,000	2,100
5085C	Tech Supplies (DVDs, etc)	200	200	0
5092C	Tech Supplies - Other	100	0	90
6050C	Website Construction (Godaddy)	300	500	282
7010C	Studio Equipment	6,000	1,100	140
7015C	Field Equipment: Town Ctr Remote Systems	14,000	4,000	7,646
7020C	Office Equipment	2,000	1,000	0
7040C	Facility/Studio Upgrades (Phase I est.)	14,000	4,000	0
7100C	Computer Software (Adobe CC \$360, Hypercaster Streaming	2,000	500	836
7120C	Computer Hardware (Edit 3 upgrade, producer computers)	5,000	0	2,116
Total		45,700	12,800	13,210

Short Form

Return of Organization Exempt From Income Tax

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/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

MOUNT MANSFIELD COMMUNITY TELEVISION

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

PO BOX 688

City or town, state or province, country, and ZIP or foreign postal code

RICHMOND, VT 05477-0688

D Employer identification number

04-3360750

E Telephone number

(802) 434-2550

F Group Exemption

Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 180,223

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	120
	2	Program service revenue including government fees and contracts.	2	154,729
	3	Membership dues and assessments	3	
	4	Investment income	4	1,013
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	24,361	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	180,223	
Expenses	10	Grants and similar amounts paid (list in Schedule O).	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	120,050
	13	Professional fees and other payments to independent contractors	13	4,274
	14	Occupancy, rent, utilities, and maintenance	14	18,964
	15	Printing, publications, postage, and shipping	15	171
	16	Other expenses (describe in Schedule O).	16	28,875
	17	Total expenses. Add lines 10 through 16	17	172,334
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	7,889
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	185,724
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	193,613

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2020)

Check if the organization used Schedule O to respond to any question in this Part II ☒

☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	192,286	22 201,053
23 Land and buildings	16,983	23 10,190
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	209,269	25 211,243
26 Total liabilities (describe in Schedule O)	23,545	26 17,630
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	185,724	27 193,613

Check if the organization used Schedule O to respond to any question in this Part III ☐

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

RESIDENTS OF RICHMOND, JERICHO, AND UNDERHILL, VT
ON COMCAST CABLE.

28a	172,334
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29a	
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30a	
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31a	
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31a

32	172,334
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Check if the organization used Schedule O to respond to any question in this Part IV ☐

1

[illegible]

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		x
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		x
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		x
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		x
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		x
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		x
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		x
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a		
b Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		x
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		x
41 List the states with which a copy of this return is filed ▶		
42 a The organization's books are in care of ▶ MGV ASSOCIATES Telephone no. ▶ 802-655-3477 Located at ▶ 382 HERCULES DR SUITE 6, COLCHESTER, VT ZIP + 4 ▶ 05446		
b 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)?		x
If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?		x
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		x
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		x
c Did the organization receive any payments for indoor tanning services during the year?		x
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		x
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		x

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	ANGELIKE CONTIS Signature of officer	Date
	ANGELIKE CONTIS, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KEVIN MARCHAND	Preparer's signature	Date 05-24-2021	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01204503
	Firm's name ▶ MGV ASSOCIATES	Firm's EIN ▶			
	Firm's address ▶ 382 HERCULES DR SUITE 6				
	COLCHESTER VT 05446	Phone no. 802-655-3477			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

Employer identification number

MOUNT MANSFIELD COMMUNITY TELEVISION

04-3360750

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2020. 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 organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2019. 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 organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32	1,910	70	389	120	2,521
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	151,129	159,548	150,751	148,238	154,729	764,395
3 Gross receipts from activities that are not an unrelated trade or business under section 513.	3,463	2,645	2,748	23,462	5,527	37,845
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	154,624	164,103	153,569	172,089	160,376	804,761
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						804,761

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	154,624	164,103	153,569	172,089	160,376	804,761
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . .	168	581	919	1,401	1,013	4,082
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	168	581	919	1,401	1,013	4,082
11 Net income from unrelated business activities not included in 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.)	185	84	108	210	18,834	19,421
13 Total support. (Add lines 9, 10c, 11, and 12.)	154,977	164,768	154,596	173,700	180,223	828,264
14 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) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	97.16 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.46 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.00 %

- 19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ▶ ☒
- b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c 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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 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 in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in 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		
2 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
1 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		
2 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		
3 By reason of the relationship described in 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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a 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 in 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			
3 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			
b 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			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions****Current Year**

1	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	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)**(i)
Excess Distributions****(ii)
Underdistributions
Pre-2020****(iii)
Distributable
Amount for 2020**

1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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 O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020**Open to Public
Inspection****MOUNT MANSFIELD COMMUNITY TELEVISION**

Employer identification number

04-3360750**01. Description of other revenue (Part I, line 8)**

DESCRIPTION	AMOUNT
DVD/PROGRAM COPIES	275
STATE OF VT COVID	18,660
REFUNDS	174
MUNICIPAL INCOME	5,252

02. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
DEPRECIATION FROM 4562	6,793
OFFICE EXPENSE	217
TRAVEL	445
INSURANCE	2,536
ADVERTISING	1,485
CONTRIBUTIONS	606
WEBSITE VIDEO STREAMING	2,402
DUES AND SUBSCRIPTIONS	1,538
BANK FEES	15
EQUIPMENT AND SOFTWARE	10,738
REPAIRS AND MAINT	2,100

03. Description of total liabilities (Part II, line 26)

CATEGORY	BEGINNING OF YEAR	END OF YEAR
PAYROLL TAX	45	48
CC PAY	0	299

Employer identification number

04-3360750

17,283

Form 4562	Depreciation and Amortization (Including Information on Listed Property)	OMB No. 1545-0172
Department of the Treasury Internal Revenue Service (99)	▶ Attach to your tax return. ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.	2020 Attachment Sequence No. 179
Name(s) shown on return	Business or activity to which this form relates	Identifying number
MOUNT MANSFIELD COMMUNITY TELEVI	FORM 990EZ - 1	04-3360750

Part I Election To Expense Certain Property Under Section 179							
Note: If you have any listed property, complete Part V before you complete Part I.							
1	Maximum amount (see instructions)					1	
2	Total cost of section 179 property placed in service (see instructions)					2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)					3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-					4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions					5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost				
7	Listed property. Enter the amount from line 29					7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7					8	
9	Tentative deduction. Enter the smaller of line 5 or line 8					9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562					10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions					11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11					12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶					13	
Note: Don't use Part II or Part III below for listed property. Instead, use Part V.							
Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)							
14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions					14	
15	Property subject to section 168(f)(1) election					15	
16	Other depreciation (including ACRS)					16	
						1,709	
Part III MACRS Depreciation (Don't include listed property. See instructions.)							
Section A							
17	MACRS deductions for assets placed in service in tax years beginning before 2020.					17	
						5,084	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>						
Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System							
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	
Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System							
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	
Part IV Summary (See instructions.)							
21	Listed property. Enter amount from line 28					21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions					22	
						6,793	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs					23	

Depreciation Detail Listing

990 EZ
For your records only

2020

PAGE 1

For your records only

Social security number/EIN

04-3360750

[illegible]

Depreciation Detail Listing

990 EZ
For your records only

2020

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[illegible]

Depreciation Detail Listing

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2020

PAGE 3

Social security number/EIN

04-3360750

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
61	SONY CAMCORDER	08062013	3,036		100.00			3,036	5		0	3,036		3,036	
62	TV-ONE SCANNER CONVER	11252013	846		100.00			846	5		0	846		846	
63	SHURE MICROPHONES	11252013	1,121		100.00			1,121	5		0	1,121		1,121	
64	DELL COMPUTER LATITUD	01102013	1,479		100.00			1,479	5		0	1,479		1,479	
65	ADOBE PREMIER PRO	04152014	799		100.00			799	3		0	799		799	
66	USED DELL COMPUTER	04292014	608		100.00			608	5		0	608		608	
67	HD CAMERA	02092017	3,394		100.00			3,394	5	SL HY	20	1,697	679	2,376	679
68	CUSTOM VIDEO EDITING	08012017	5,152		100.00			5,152	5	SL HY	20	2,575	1,030	3,605	1,030
69	TELVUE ALL IN ONE	03052018	23,681		100.00			23,681	5	200 DB HY	19.2	12,314	4,547	16,861	4,547
70	IP ENCODER	02072018	2,795		100.00			2,795	5	200 DB HY	19.2	1,453	537	1,990	537
Totals			190,521					190,521				173,537	6,793	180,330	6,793

6,793

ST ADJ:

Next Year's Depreciation Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

MOUNT MANSFIELD COMMUNITY TELEVISION

04-3360750

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
EZ	1	OLD LIST	12-31-2000	27,878	SL	5	
EZ	1	BOGEN TRIPOD	06-29-2001	422	SL	5	
EZ	1	BOGEN VIDEO HEAD	06-29-2001	390	SL	5	
EZ	1	PANSON VHS	06-29-2001	2,000	SL	5	
EZ	1	PANSON VIDEO MONITOR	06-29-2001	420	SL	5	
EZ	1	BOGEN RELEASE PLATE	06-29-2001	106	SL	5	
EZ	1	DECK INTERFACE	11-27-2001	86	SL	5	
EZ	1	AVERMEDIA 300 SCAN CONVE	11-27-2001	148	SL	5	
EZ	1	SONY DSRPD1503MINID	01-22-2002	3,705	SL	5	
EZ	1	PM GE A03DVD RCOMBO	01-22-2002	6,085	SL	5	
EZ	1	MINI DC CAMERA	11-22-2002	1,231	SL	5	
EZ	1	AMP AUDIO % VIDEO DA	02-14-2003	1,122	SL	5	
EZ	1	VIDEO MIXER 4INPUT	02-14-2003	1,190	SL	5	
EZ	1	BLDER TONGUE CHANNELIZED	10-10-2003	580	SL	5	
EZ	1	MINI DVD CAMERA PD 170 W	02-22-2005	3,892	SL	5	
EZ	1	DVD CD 2 TAPE DECKS	05-19-2005	506	SL	5	
EZ	1	SONY WIRELESS MICROPHONE	05-31-2005	500	SL	5	
EZ	1	APC SMART UPS RACK MOUNT	07-28-2005	1,040	SL	5	
EZ	1	MIXER SWITCHER	12-16-2005	2,438	SL	5	
EZ	1	B & H PHOTO	03-26-2006	1,538	SL	5	
EZ	1	MAESTROVISION SERVER	10-05-2006	4,057	SL	5	
EZ	1	MAESTROVISION SERVER	02-22-2007	4,245	SL	5	
EZ	1	MICROHPONES AND MIXER	01-29-2007	1,197	SL	5	
EZ	1	B AND H AUDIO EQUIPMENT	05-31-2007	1,600	SL	5	
EZ	1	B AND H AUDIO EQUIPMENT	10-19-2007	1,003	SL	5	
EZ	1	CAIRNS LINSKEYS 24 PORT	01-11-2007	1,392	SL	5	
EZ	1	B AND H AUDIO HARD DRIVE	05-31-2007	1,523	SL	5	
EZ	1	CAIRNS SYMETRIX 322 AUDI	12-14-2007	765	SL	5	
EZ	1	1 FOCUS FS4 PRO PORTABLE	03-21-2008	1,350	SL	5	
EZ	1	1 SONY DSR PDI70 3 CCD D	03-22-2008	2,499	SL	5	
EZ	1	APPLE COMPUTER	05-02-2008	2,597	SL	5	
EZ	1	DEVICE DRIVE FOR LEIGHTR	05-02-2008	600	SL	5	
EZ	1	DVD DUPLICATOR	05-07-2008	695	SL	5	
EZ	1	VIDEO EDITING SOFTWARE	05-15-2008	700	SL	5	
EZ	1	COMPUTER MONITORS	05-15-2008	730	SL	5	
EZ	1	MAC PRO COMPUTER	05-15-2008	3,270	SL	5	
EZ	1	VIDEO EDITING SOFTWARE	05-15-2008	200	SL	5	
EZ	1	DV TAPE DECK	05-15-2008	1,750	SL	5	
EZ	1	HEADPHONE TRIPOD AND ACC	12-30-2008	829	SL	5	
EZ	1	B AND H PHOTO VIDEO EQUI	07-03-2009	949	SL	5	
EZ	1	B AND H PHOTO CAMERA ACC	10-22-2009	812	SL	5	
EZ	1	SONY HVR V1U CAMCORDER L	03-31-2010	5,390	SL	5	
EZ	1	B AND H VIDEO VIDEO SWIT	05-01-2010	5,700	SL	5	
EZ	1	B AND H 2 LCD MARSHALL L	06-21-2010	560	SL	5	
EZ	1	B AND H LCD MARSHALL M L	06-21-2010	450	SL	5	
EZ	1	2 MANFROTTO AUMINUM VIDE	06-21-2010	1,300	SL	5	
EZ	1	AIR CONDITIONER	06-15-2001	366	SL	5	
EZ	1	DELL COMPUTER	09-27-2002	1,866	SL	5	
EZ	1	IBOOK LAPTOP	10-21-2004	1,865	SL	5	
EZ	1	DELL COMPUTER	02-22-2007	5,862	SL	5	
EZ	1	PRIOR BAL	06-15-2001	1,505	SL	5	
EZ	1	STUDIO RELOCATION	09-13-2007	5,549	SL	5	

Next Year's Depreciation Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

MOUNT MANSFIELD COMMUNITY TELEVISION

04-3360750

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
EZ	1	DESIGN OF COUNTER AND CO	02-08-2008	12,241	SL	5	
EZ	1	DELL T5500 COMPUTER SYST	12-01-2011	4,703	SL	5	
EZ	1	SONY DIGITAL VIDEO CAMER	11-15-2012	3,200	SL	5	
EZ	1	WIRED INTERCOM SYSTEM W/	11-21-2012	940	SL	5	
EZ	1	SOFT LIGHT 2K W/EGG CRAT	12-31-2012	1,000	SL	5	
EZ	1	SPOT LIGHT 1 K FRESNEL A	12-31-2012	500	SL	5	
EZ	1	MICROPHONES	01-22-2013	1,653	SL	5	
EZ	1	COMPUTER SW HW-SD CHANNE	05-01-2013	4,920	SL	3	
EZ	1	SONY CAMCORDER	08-06-2013	3,036	SL	5	
EZ	1	TV-ONE SCANNER CONVERTER	11-25-2013	846	SL	5	
EZ	1	SHURE MICROPHONES	11-25-2013	1,121	SL	5	
EZ	1	DELL COMPUTER LATITUDE E	01-10-2013	1,479	SL	5	
EZ	1	ADOBE PREMIER PRO	04-15-2014	799	SL	3	
EZ	1	USED DELL COMPUTER	04-29-2014	608	SL	5	
EZ	1	HD CAMERA	02-09-2017	3,394	SL	5	679
EZ	1	CUSTOM VIDEO EDITING PC	08-01-2017	5,152	SL	5	1,030
EZ	1	TELVUE ALL IN ONE	03-05-2018	23,681	M	5	2,728
EZ	1	IP ENCODER	02-07-2018	2,795	M	5	322
		TOTAL					4,759

990**Tax Exempt
Diagnostic Summary****2020**

Name

MOUNT MANSFIELD COMMUNITY TELEVISION

Employer Identification #

04-3360750

Demographics**Mailing Address:**

PO BOX 688

RICHMOND, VT 05477-0688

Phone: (802) 434-2550**Resident State:** VT**Diagnostics****Preparer:** KEVIN MARCHAND**Invoice:****Date:** 05-24-2021**Return Information**

Item on Return	2020 Federal	2019 Federal (If available)
Total Revenue	180,223	
Total Expenses	172,334	
Net Excess (Deficit)	7,889	
Net Assets or Fund Balances	193,613	185,724

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
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