

Town of Richmond

Request for Special Appropriations

Request for Fiscal Year: 2022

Organization's Name: Mount Mansfield Community Television, Inc. (MMCTV)
Address: 35 West Main St./PO Box 688
City, State, Zip: Richmond, VT 05477
Website address: MtMansfieldCtv.org

A. GENERAL INFORMATION

1. Program Name: MMCTV Richmond Public Meeting Video Coverage
2. Contact Person/Title: Angelike Contis, Executive Dir.

Telephone Number: (802) 434-2550
E-mail address: angelike@mmctv15.org

3. Total number of individuals served in the last complete fiscal year by this program: 3000 or est. 20% of our 15,000 (est. cable + online viewers)
4. Total number of the above individuals who are Town residents: 3000 (estimate)
Please, attach any documentation that supports this number. Comcast subscriber/ Internet Archive/ Youtube viewer info attached
Percent of people served who are Town residents: 90%
5. Amount of Request: \$3,200
6. Total Program Budget: \$8,800 (remote meeting streaming/editing labor) Percent of total program budget you are requesting from the Town of Richmond: 36%
7. Please state or attach the mission of your agency: Providing public access television programming and services to Jericho, Underhill and Richmond, VT
8. Funding will be used to:
X Maintain an existing program Expand an Existing Program
 Start a new program
9. Has your organization received funds from the Town in the past for this or a similar program? Yes If yes, please answer the following:

- a. Does the amount of your request represent an increase over your previous appropriation? If yes, explain the reason(s) for the increase.
No
- b. Were any conditions or restrictions placed on the funds by the Selectboard?
If yes, describe how those conditions or restrictions have been met. No

B. PROGRAM OVERVIEW

1. Statement of Need: Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need or problem exist in the Town of Richmond? With the pandemic, MMCTV has shifted from in-person video coverage of meetings to transmitting almost all key (remote) meetings live. We've also been able to share, edit and archive more committees than ever. During the pandemic, our value has grown in providing urgent town information.

2. Program Summary:

a. Identify the target/recipients of program services. Specify the number of Town residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence. Our videos are accessible to all Richmond residents who have Internet service and to an estimated 1,000+ Richmond Comcast cable subscribers. We provide most Water-Sewer Cmsn., Selectboard, DRB and Planning meetings live on Youtube and MMCTV local Comcast Cable Channel 1086, and edit/archive Selectboard, DRB, Planning and other committee meetings on Internet Archive.

b. Identify what is to be accomplished or what change will occur from participating in the program. How will people be better off as a result of participating in the program? Describe the steps you take to make the project known to the public, and make the program accessible and inclusive? Since 1997, MMCTV has helped the public be better informed about town issues and decision-making. The urgency of being informed is greater than ever due to the current pandemic, and MMCTV has been evolving quickly in this short time. While we are not sending out videographers, we have staff monitoring, editing and archiving public meetings. We continue to make the public record easily accessible on video. We've archived meetings online since 2012. We offer meeting video and audio podcast links on our website, and communicate with the public via our e-newsletter, newspaper advertising, Front Porch Forum and on Facebook.

3. Program Funding:

a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.) \$3,200 in funds will help MMCTV cover a part of an estimated 400 hours of staff labor in the year ahead. From only January to early October 2020, we provided over 100 Richmond meeting and town info-related videos, compared to 88 in all of 2019. We streamed nearly 40 Richmond meetings live in 2020 so far. The support is important in our continued effort to move away from our reliance on cable revenue, which is declining. It will also allow us to make other town-related videos.

b. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. How would this program be modified should revenues be lost? While we are set to receive some support for COVID-related work between March and June 2020 (from legislation including such funding for all Vermont public access centers), we are not currently applying elsewhere for funding related to Richmond video coverage in the year ahead. We are turning to each of our three towns with individualized requests. Without town financial support, we may be forced to reduce the number of meetings we cover or shrink other MMCTV programs.

C. ORGANIZATIONAL CAPACITY

1. Describe your agency's capability to provide the program including its history, previous experience providing this service, management structure and staff expertise.____

We have an undisputed track record of service for 22 years, constantly upgrading our technology on a tight budget. Our immediate switch to airing most meetings live when the pandemic hit, and our current effort to prepare the town for future hybrid meetings, is a testimony to what we offer. We have an experienced, dedicated team, almost entirely made up of Richmond residents.

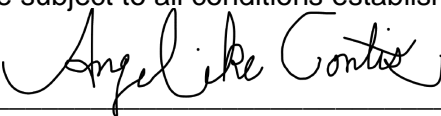
2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from whom (source of data) and when (timing of data collection). We work closely with the town, ask for feedback from the public, in ways including our annual viewer poll. We respond to viewer inquiries and track online viewing statistics of video programs and live events, as well as references to our work in a variety of places, including meetings themselves.

3. Summarize or attach program and or service assessments conducted in the past two years. Attached are MMCTV's flyer & 2019 Annual Report, which was filed with the state.

4. Does your organization have a strategic plan and a strategic planning process in place? No, but see Access Plan in attached report - If yes, please attach your plan. The strategic plan should include a mission statement, goals, steps to achieve the goals, and measures that assess the accomplishments of the goals.

5. What is the authorized size of your board of directors? 4
How many meetings were held by the board last year? 4

I, the undersigned, confirm the information contained herein is accurate and can be verified as such. I understand and agree that if the requested funds are approved, the disbursement of funds are subject to all conditions established by the Richmond Selectboard.

Signature of Applicant  Date 10/7/20

Print Name of Applicant and Title Angelike Contis, Executive Director

RICHMOND MEETING VIEWER INFO

INTERNET ARCHIVE VIEWS (JAN.1 -OCT. 7 2020): **2158 VIEWS**

YOUTUBE VIEWS OF RICHMOND MEETINGS (JAN. 1- OCT. 7, 2020): **662 VIEWS**

TOTAL INTERNET ARCHIVE & YOUTUBE VIEWS: **2820**

COMCAST SUBSCRIBERS: EST. a little less than 50% of **2,300** (see below)

RE: Subscriber Numbers



PIERCE, MELISSA <Melissa_Pierce@comcast.com>

1/17/2018 2:47 PM

To: Angelike Contis

Angelike,

As of 12/21/2017, there were 2,358 Comcast basic video customers in MMCTV's service territory.

Melissa

MMCTV INTERNET ARCHIVE ONLINE STATISTICS

JAN. 1 - OCT 7, 2020

TOTAL VIEWS: 2158

VIEWS PROGRAM

170 votingqandajerichorichmond
110 richmond-police-chief-forum-09242020
104 richmondtownmtg03032020
84 townmeetingcollage2020
67 richmondselectbd03162020
61 richmond-selectbd-06152020
50 richmondselectbd02182020
47 richmond-racial-equity-07072020
46 richmondselectbd01062020
45 RichmondRacialEquity062320
44 richmondselectbdhrg03092020
41 richmondselectbd02032020
40 richmondrrb01222020
37 richmondselectbd01212020
32 richmondselectbd03022020
32 richmondselectbd040620excerpt
32 richmond-thx-staff-june-2020
29 richmondselectbd03232020
29 richmondselectboard08032020
28 richmondwatersewer03022020
27 richmond-selectbd-07202020
27 richmondwatersewer01062020
25 richmond-racial-equity-07212020
23 richmondrrb03112020
23 richmondbridgestinfo040720
23 richmondselectbd033020
23 richmondwatersewer02182020
22 richmond-spec-selectbd-06082020
21 richmondrrb04082020
21 richmondplanning01082020
20 richmond-drb-08122020
20 richmondplanning02192020
20 richmond-selectbd-042020
20 richmondwatersewer02032020
19 richmondplanning01152020
19 richmondplanning3420
19 richmond-selectbd-07062020
17 richmond-drb-07082020
17 richmond-town-ctr-06042020
17 richmondselectbd040620
16 richmondrrb02122020_202002
16 richmond-town-ctr-05282020
16 richmondplanning02052020
16 richmond-selectbd-06222020
16 richmond-selectboard-07132020
16 richmond-selectboard-08172020
16 richmondwatersewer03162020
16 richmond-water-sewer-06152020
15 richmond-drb-05132020
15 richmondplanning03182020_202003
14 richmond-drb-07222020

1723

VIEWS PROGRAM

13 richmond-library-hvac
13 richmond-racial-equity-06302020
13 richmond-selectbd-04272020
13 richmond-selectbd-06012020
13 richmond-selectbd-09082020
13 richmondselectbdspecial041320
13 richmond-spec-selectbd-05262020
13 richmondwatersewer01212020
12 richmond-drb-09092020
12 richmond-planning-cmsn-06172020
11 richmond-housing-08262020
11 richmond-selectbd-05182020
10 richmond-planning-05202020
10 richmond-selectbd-05042020
10 richmond-selectbd-09212020
10 richmond-water-sewer-04272020
10 richmond-water-sewer-05182020
10 richmond-water-sewer-09082020
9 richmond-recreation-committee-08312020
9 richmond-racial-equity-07282020
9 richmond-racial-equity-08252020
9 richmond-racial-equity-09152020
9 richmond-selectbd-05112020
9 richmond-water-sewer-04202020
9 richmond-water-sewer-06012020
9 richmond-water-sewer-06222020
8 richmond-housing
8 richmond-racial-equity-08042020
8 richmond-planning-05062020
8 richmond-planning-09162020
8 richmond-water-sewer-05042020
8 richmond-water-sewer-07062020
8 richmond-water-sewer-07202020
7 richmond-drb-06102020
7 richmond-emerald-ash-borer-webinar-05072020
7 richmond-racial-equity-07142020
7 richmond-planning-06032020
7 richmond-planning-07012020
7 richmond-planning-08192020
7 richmond-planning-commission-09022020
7 richmondwatersewer040620
7 richmond-water-sewer-08032020
7 richmond-water-sewer-08172020
7 richmond-water-sewer-annual-mtg-05192020
6 richmond-planning
5 richmond-planning-07152020
5 richmond-water-sewer-09212020
4 richmond-rec-09152020
0 richmond-selectbd-10052020
0 richmond-water-sewer-10052020
0 richmondcandidateforum10012020

435

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-amo-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: 12/31/2019

(Please enter the date your Fiscal Year ENDED)

1. Organization Name & Address

Mount Mansfield Community Television, Inc.

Legal Name/ Corporate Name

Mount Mansfield Community Television, Inc.

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

PO Box 688, Richmond, VT 05477

Mailing Address

35 West Main Street, Richmond, VT 05477

Location Address (if different than Mailing Address)

www.mtmansfieldctv.org

Website Address

2. Contact Information

2a. Individual Completing this Form

Angelike Contis

Name

Executive Director

Position

Angelike Contis

Phone Number

(802) 434-2550

Fax Number

angelike@mmctv15.org

Email Address

2b. Executive Director/Manager/CEO

Angelike Contis

Name

(802) 434-2550

Phone

(802) 434-2550

Fax Number

angelike@mmctv15.org

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: 1997
- 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 | Comcast | Jericho, Richmond, Underhill and Old Pump Road in Essex Town | None |
| 2 | | | |
| 3 | | | |

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

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

| | |
|--------------------------|----------------|
| Name of Cable Operator 1 | <u>Comcast</u> |
|--------------------------|----------------|

| Channel Number (and Call Letters or Name) | SD or HD | Type of Access (Public, Educational, Governmental) |
|---|----------|--|
| MMCTV 15 | SD | PE |
| MMCTV 17 | SD | G |
| | | |
| | | |
| | | |

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

| 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 | 5 | <input type="checkbox"/> |
| Online Ad Placements | | <input checked="" type="checkbox"/> |
| Newsletters (print or email) | 8 | <input type="checkbox"/> |
| Events at your AMO (open house, gallery openings, etc.) | 3 exhibits | <input type="checkbox"/> |
| AMO participation in community events (parades, booths, etc) | 2 | <input type="checkbox"/> |
| Presentations at community meetings (Chamber, clubs, etc) | 3 | <input type="checkbox"/> |
| Video contests/competitions held | | <input checked="" type="checkbox"/> |
| Self-promotional PSAs, Bumpers, etc. | 4 | <input type="checkbox"/> |
| Social Media Postings (Facebook 65 , Front Porch Forum 27) | 92 | <input type="checkbox"/> |

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.

We share news via our enewsletter, Facebook, Front Porch Forum, 2 local newspapers and website. Major news included switching our on-demand platform from Vimeo to Internet Archive in 2019. Info about MMCTV appears in our 3 towns' Annual Town Reports. On Town Meeting Day, we distribute new flyers.

Other Efforts:

- *Organized a Richmond Candidates Forum (February)
- *Exhibited work of 3 local artists, with two accompanying videos
- *Screened student works at the Richmond Free Library Feb. Workshop, two summer camps, and Jericho Town Library special "Memory Map" event (Nov.)
- *2020 Viewer Poll launched in late 2019 to assess viewing habits/needs
- *Entered public service announcement by community producer in the ACM Northeast Nor'Easter Awards in October, claiming runner-up prize
- *We are in-kind sponsors of the WSBA Richmond Holiday Market Silent Auction scholarship fundraiser in December and NOFA-VT Winter Conference in February

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 | 40 | <input type="checkbox"/> |

Comments:

This includes students, adult community producers and 4 board members.

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 | 20 | <input type="checkbox"/> |
| Orientation to Organizations | | <input checked="" type="checkbox"/> |

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 (✓) |
|---|-----------------------|--------------------------|
| Richmond Free Library February Break Workshop | 7 | <input type="checkbox"/> |
| MMCTV Summer TV Camp (July, 2 sessions) | 14 | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| GRAND TOTAL: | 21 | <input type="checkbox"/> |

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:

We do not have regular classes, but offer one-on-one training for the dozen+ individuals, including non-profit/school representatives who use our gear and facilities.
 MMCTV had 6 adults and 20 students edit in 2019. We have a regular middle school intern and work with other middle/high school editors of different levels.

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) | Camera/audio gear | 31 | <input type="checkbox"/> |
| Studio Production Use | Live shows/recordings | 5 | <input type="checkbox"/> |
| Editing Systems Use | 30+ users, over 500 hrs | 60 | <input type="checkbox"/> |
| Other Lendings (specify) | | | <input type="checkbox"/> |

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>) | 323 | 391 |
| AMO-Produced PSAs, Bumpers, etc. (<i>if tracked & not included above</i>) | 4 | - |
| "Imported" via VMX or other Vermont sources (<i>e.g., AMOs, local producers</i>) | 857 | 820 |
| "Imported" from other sources (<i>e.g. satellite programming</i>) | 483 | 347 |
| COLUMN TOTAL | 1667 | 1558 |

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 | 263 | 381 |
| Produced by clients/users/volunteers | 69 | 15 |

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 | 61 |
| Number of unique “pages” submitted & shown | 714 |

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) |
|--------------------------------------|---|----------------------------------|-------------------------------|--|
| Route 15, Jericho | 0 | | | |
| Jericho Ctr. Circle, Jericho | 0 | | | |
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8e. Additional Information

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

MMCTV uploaded 96 programs to VMX in 2019.

We had over 26,600 unique on-demand online plays of videos, including 894 plays on Vimeo.com/mmctv (January-February) and 25,717 plays on Internet Archive (our new platform, March-December). This was an 84% increase over the previous year.

With no functioning ROS sites, we employed a Livestream and a Teredek device, with 8 live events, and 430+ total views.

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).

None.

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.

None.

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.)

Capital expenses were minimal, including the following:

Sony HXR-NX5R camcorder (1)

Audio-Technica PZM microphone (1), Shure SM microphones (3)

4T external hard drives (2, Lacie & Western Digital)

Accessories: Watson BP-727 camera battery (1), Shure SRH840 and Sony MDR-7506 headphones (2)

Frigidaire AC unit (1)

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.

N/A

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.

Our staff is in constant dialogue with towns and boards regarding day-to-day meeting needs; we assisted towns as they set up virtual meetings in March/April 2020, streaming/archiving more of them than ever! We have approached all 3 selectboards for input about improving online content delivery. To this end, we circulated an online public poll starting in late 2019 to learn more about local viewing habits.

By 2021 we hope to introduce a better on-demand web-based interface for video viewing and audio podcasts.

We work closely with schools, libraries and non-profits, to supplement their in-house audiovisual needs. In late 2019, we created an MMU High School sports TV paid internship, sponsored by a local grocery store.

For 3 months, we notified viewers of the switch from two-digit to four-digit channels, with a 24/7 channel bug on our channels, and ongoing reminders in local papers and on social media. Related branding work continues in 2020-2021. In April 2020 we invested in the Gracenote electronic program guide service for cable viewers.

Other goals include gathering more stakeholder/viewer input, improving our website presence, establishing a new studio space and launching a pilot multi-camera, remote setup in the first of three town meeting rooms by early 2021.

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 |
| 134796.34 | 13442.47 | 0 | 0 | 0 | 0 |
| OTHER SOURCES OF REVENUE (Identify) | | | | | |
| Production | Municipal | Other | Non-PEG Related | TOTAL | |
| 12195 | 8905 | 4361.58 | 0 | 173700.39 | |

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 | 150259.68 | 6572.71 | 156832.39 |
| Non PEG-related Services | 0 | 0 | 0 |
| Total PEG & Non-PEG Expenses | 150259.68 | 6572.71 | 156832.39 |

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



SIGNATURE OF PERSON COMPLETING FORM

05/28/2020

DATE



SIGNATURE OF WITNESS

Linda M Parent

NAME OF WITNESS (print/type)



Mt. Mansfield Community TV
35 W. Main St./PO Box 688
Richmond, VT 05477
(802) 434-2550

Community Media for Jericho, Richmond & Underhill

MtMansfieldCtv.org

Local meeting videos & streams

Capturing **history, art & life**

Media education & tools for all ages

Helping other **non-profits**

TAKE OUR 2020 VIEWER POLL

<http://bit.ly/MmctvViewers2020>

We've Moved

WATCH MMCTV on local Comcast Cable Channels **1076 & 1086**

Our Comcast channels 15 & 17 will be phased out in May 2020

WATCH ONLINE at Bitly.com/MmctvVideos



MMCTV TV Camp at the Richmond Food Shelf & Thrift Store.

Stay tuned for our Middle School Summer Camp 2020 dates.



2019
year-in-review

391 HOURS of content by staff & volunteers

327 PROGRAMS including 195 meetings

31 GEAR sign-outs

420+ hrs of **editing** by volunteer producers

96 MMCTV videos **shared** with other VT & US stations

Most-Viewed Online in 2019

1. March Vermont Book Reads short
2. Jericho Planning Workshop 3-26-19
3. Jericho Town Tea: Honoring School Cooks & the Art of Food



ADVOCATING FOR COMMUNITY MEDIA

The tradition of public access TV is strong in Vermont, but recent FCC regulation changes and cable cord-cutting trends threaten our cable viewer revenue and future.

We face the challenge of trying to improve our services, while diversifying our \$160,000 budget. MMCTV appreciates the increased support of our towns and is advocating for itself statewide through the Vermont Access Network, an organization made up of 25 centers like MMCTV.

To learn how you can support our efforts or sign up for our monthly newsletter contact us at mmctv15@gmail.com or tel. 434-2550.

We worked with 25+ non-profit organizations



MMCTV extensively covered the Racism in America series at the Good Shepherd Lutheran Church

NOFA Vermont's Gregg Stevens won an Alliance for Community Media Nor'Easter 2nd place prize for a public service announcement



Find out how we can help your organization get the word out



Operating Budget 2020

| Operating Revenues | 2020 | 2019 Actual |
|------------------------------------|-------------------|--------------------|
| Revenue-Comcast-Operating | 128000 | 134,796 |
| Transfer from Operating to Capital | 0 | -25,700 |
| Donations/Underwriting | 600 | 389 |
| Video Camp | 2300 | 2,100 |
| Productions Income | 3000 | 12,195 |
| Video/Dubbing Income | 300 | 262 |
| Municipal Revenue | 9750 | 8,905 |
| Refunds>Returns | 100 | 210 |
| Interest Income | 1400 | 1,401 |
| Other Income | <u>0</u> | <u>0</u> |
| Total | \$ 145,450 | 134,557 |
| <i>Amount from Fund Balance</i> | <i>\$ 8,050</i> | <i>25,700</i> |
| Revenue Total | \$ 153,500 | 160,257 |

| Operating Expenses | 2020 | 2019 Actual |
|--|-------------------|--------------------|
| Compensation (3% increase) | 100000 | 106,684 |
| Employer FICA Expense | 8000 | 8,161 |
| VT Unemployment Tax (1.3% first 17300) | 500 | 504 |
| Health Insurance (644.75/mo) | 7740 | 6,925 |
| Legal Fees | 300 | 0 |
| Contractors Fees | 0 | 0 |
| Accounting Fees | 3800 | 3,829 |
| Bank Fees | 0 | 0 |
| Office Rent (Jan-Aug.:1110, Sept-Dec: 1140) | 13440 | 13,140 |
| Maintenance & Repair | 100 | 120 |
| Office Supplies | 200 | 220 |
| Copying Expense | 100 | 17 |
| Dues & Subscriptions (WSBA, VAN, Action Circles) | 2500 | 517 |
| Postage & Shipping | 230 | 196 |
| Telephone Expense | 500 | 519 |
| Utilities | 2800 | 2,749 |
| Internet (High Speed Fiber & IP Address) | 1320 | 80 |
| Business Insurance | 1400 | 1,417 |
| Workers Comp Insurance | 900 | 894 |
| Website Streaming | 0 | 0 |
| Interactive Program Guide (Gracenote) | 2550 | 0 |
| IP address fixed (included in #6027 going forward) | 0 | 213 |
| Advertising Expense | 4000 | 477 |
| Conferences/Workshops | 0 | 0 |
| Education/Training | 0 | 0 |
| Meals & Entertainment | 600 | 681 |
| Mileage Reimbursement | 1500 | 1,544 |
| Travel/Per Diem | 0 | 4 |
| Interest Expense | 0 | 0 |
| Cable Reimbursement (\$32/mo.) | 770 | 741 |
| Contributions (Internet Archive) | 250 | 596 |
| Misc. Expense | <u>0</u> | <u>32</u> |
| Total | \$ 153,500 | 150,260 |



Capital Budget 2020

| Capital Income | 2020 | 2019 Actual |
|--------------------------------|--------------|--------------------|
| Revenue-Comcast-Capital | 12800 | 13,442 |
| Xfer from Operating to Capital | 0 | 25,700 |
| Total | 12800 | \$ 39,142 |

Capital Expenses

| | | |
|--|------------------|-----------------|
| Maintenance & Repair | 500 | 89 |
| Tech Support/Repair | 1000 | 1,813 |
| Tech Supplies (DVDs, etc) | 200 | 0 |
| Tech Supplies - Other | | 0 |
| Website Construction (Godaddy) | 500 | 20 |
| Studio Equipment | 1100 | 0 |
| Field Equipment | 4000 | 3,611 |
| Office Equipment | 1000 | 280 |
| Facility/Studio Upgrades (estimated, moving related) | 4000 | 0 |
| Computer Software (Adobe CC \$360) | 500 | 480 |
| Computer Hardware | <u>0</u> | <u>280</u> |
| Total | \$ 12,800 | \$ 6,573 |

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.

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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: ▶ _____

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 ▶ \$ **173,700**

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

| | Description | Code | Amount |
|---|---|-----------|---------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 389 |
| | 2 Program service revenue including government fees and contracts. | 2 | 148,238 |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | 1,401 |
| | 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 | 23,672 | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 173,700 | |
| 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 | 122,274 |
| | 13 Professional fees and other payments to independent contractors | 13 | 3,829 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 17,229 |
| | 15 Printing, publications, postage, and shipping | 15 | 213 |
| | 16 Other expenses (describe in Schedule O). | 16 | 23,528 |
| 17 Total expenses. Add lines 10 through 16 ▶ | 17 | 167,073 | |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 6,627 |
| | 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 | 179,097 |
| | 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 | 185,724 |

Part II Balance Sheets (see the instructions for Part II)

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 | 152,585 | 22 | 192,286 |
| 23 Land and buildings | 27,224 | 23 | 16,983 |
| 24 Other assets (describe in Schedule O) | 0 | 24 | 0 |
| 25 Total assets | 179,809 | 25 | 209,269 |
| 26 Total liabilities (describe in Schedule O) | 712 | 26 | 23,545 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 179,097 | 27 | 185,724 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? PUBLIC ACCESS TELEVISION

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.

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

| | | |
|--|-----|---------|
| 28 PROVIDE PUBLIC ACCESS TELEVISION SERVICES TO RESIDENTS OF RICHMOND, JERICHO, AND UNDERHILL, VT ON COMCAST CABLE. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 167,073 |
| 29 _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 167,073 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

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

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|--|--|---|--|
| RONALD RODJENSKI PRESIDENT/TREASURER | 1.00 | 0 | 0 | 0 |
| TIM CHAMBERLIN MEMBER | 1.00 | 0 | 0 | 0 |
| PETER WOLF SECRETARY | 1.00 | 0 | 0 | 0 |
| TED LYMAN BD MEMBER | 1.00 | 0 | 0 | 0 |
| ANGELIKE CONTIS EXECUTIVE DIRECTOR | 32.00 | 42,464 | 6,852 | 0 |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and governance.

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 | | X |

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?

| | | |
|-----|-----|----|
| | Yes | No |
| 47 | | X |
| 48 | | X |
| 49a | | X |
| 49b | | |

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."

| (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

▶ **ANGELIKE CONTIS, EXECUTIVE DIRECTOR**
Type or print name and title

Date

Paid Preparer Use Only

| | | | | |
|---|-------------------------------|---------------------------|--|--------------------------|
| Print/Type preparer's name KEVIN MARCHAND | Preparer's signature | Date 05-28-2020 | 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

2019

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 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); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,060 | 32 | 1,910 | 70 | 389 | 3,461 |
| 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 | 142,814 | 151,129 | 159,548 | 150,751 | 148,238 | 752,480 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | 4,892 | 3,463 | 2,645 | 2,748 | 23,462 | 37,210 |
| 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 | 148,766 | 154,624 | 164,103 | 153,569 | 172,089 | 793,151 |
| 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.) | | | | | | 793,151 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 148,766 | 154,624 | 164,103 | 153,569 | 172,089 | 793,151 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . | 163 | 168 | 581 | 919 | 1,401 | 3,232 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 163 | 168 | 581 | 919 | 1,401 | 3,232 |
| 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.) | 471 | 185 | 84 | 108 | 210 | 1,058 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 149,400 | 154,977 | 164,768 | 154,596 | 173,700 | 797,441 |
| 14 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

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | 99.46 % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | 99.57 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--------|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). | 17 | 0.00 % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17. | 18 | 0.00 % |

19a 33 1/3% support tests - 2019. 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 - 2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 (b) and (c) 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 (b) and (c) 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 (b) and (c) below, the governing body of a supported organization? | | |
| 11a | | |
| b A family member of a person described in (a) above? | | |
| 11b | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 (2), 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 (a) and (b) below. | | |
| 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 (a) 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 (a) and (b) 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? 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 (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

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.)

Multiple horizontal lines for supplemental information.

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-EZ

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

MOUNT MANSFIELD COMMUNITY TELEVISION

04-3360750

01. Description of other revenue (Part I, line 8)

| DESCRIPTION | AMOUNT |
|--------------------|--------|
| DVD/PROGRAM COPIES | 262 |
| CAMP FEES | 2,100 |
| REFUNDS | 210 |
| PRODUCTION INCOME | 12,195 |
| MUNICIPAL INCOME | 8,905 |

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

| DESCRIPTION | AMOUNT |
|-------------------------|--------|
| DEPRECIATION FROM 4562 | 10,240 |
| OFFICE EXPENSE | 220 |
| TRAVEL | 2,229 |
| INSURANCE | 2,311 |
| ADVERTISING | 477 |
| CONTRIBUTIONS | 596 |
| WEBSITE VIDEO STREAMING | 233 |
| DUES AND SUBSCRIPTIONS | 517 |
| MISC | 32 |
| EQUIPMENT AND SOFTWARE | 4,651 |
| REPAIRS AND MAINT | 2,022 |

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

| CATEGORY | BEGINNING OF YEAR | END OF YEAR |
|-------------|-------------------|-------------|
| PAYROLL TAX | 27 | 45 |

Name of the organization

Employer identification number

MOUNT MANSFIELD COMMUNITY TELEVISION

04-3360750

CC PAY 685 0

PREPAID REVENUE 0 23,500

Depreciation and Amortization (Including Information on Listed Property)

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.

Attachment
Sequence No. **179**

| | | |
|--|--|---|
| Name(s) shown on return MOUNT MANSFIELD COMMUNITY TELEVI | Business or activity to which this form relates FORM 990EZ - 1 | Identifying number 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 2018 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 2020. 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 | 1,768 |

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 2019 | 17 | 8,472 |
| 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 2019 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 | |
| i | Nonresidential real property | | 39 yrs. | MM | S/L | |

Section C - Assets Placed in Service During 2019 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 | 10,240 |
| 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 | |

For Paperwork Reduction Act Notice, see separate instructions.

Mount Mansfield Community Television Inc
Balance Sheet
December 31, 2019

| | This Year | Last Year | Variance |
|------------------------------------|----------------------|-------------------|--------------------|
| ASSETS | | | |
| Current Assets | | | |
| Checking Acct/TDBank | \$ 32,562.05 | 37,684.51 | (5,122.46) |
| Petty Cash | 64.65 | 17.98 | 46.67 |
| MMA-Operating | 72,220.89 | 61,877.65 | 10,343.24 |
| MMA-Capital | 36,121.22 | 2,591.66 | 33,529.56 |
| CD - TD Bank | 51,317.34 | 50,413.62 | 903.72 |
| Total Current Assets | 192,286.15 | 152,585.42 | 39,700.73 |
| Property and Equipment | | | |
| Studio & Production Equipm | 154,286.29 | 154,286.29 | 0.00 |
| Accum.Depr-Studio Equipm | (137,302.90) | (127,062.90) | (10,240.00) |
| 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 Improveme | (19,294.81) | (19,294.81) | 0.00 |
| Total Property and Equipmen | 16,983.39 | 27,223.39 | (10,240.00) |
| Other Assets | | | |
| Total Other Assets | 0.00 | 0.00 | 0.00 |
| Total Assets | \$ 209,269.54 | 179,808.81 | 29,460.73 |

LIABILITIES AND FUND BALANCE

| | | | |
|--|----------------------|-------------------|------------------|
| Current Liabilities | | | |
| Capitol One Payable-Oper | \$ 0.00 | 685.37 | (685.37) |
| Prepaid Rev- Restr Branding | 3,500.00 | 0.00 | 3,500.00 |
| Prepaid Rev- RSO | 20,000.00 | 0.00 | 20,000.00 |
| VT Unemp Taxes Payable | 44.96 | 26.86 | 18.10 |
| Total Current Liabilities | 23,544.96 | 712.23 | 22,832.73 |
| Long-Term Liabilities | | | |
| Total Long-Term Liabilities | 0.00 | 0.00 | 0.00 |
| Total Liabilities | 23,544.96 | 712.23 | 22,832.73 |
| Fund Balance | | | |
| Fund Balance-Operating | 177,542.53 | 183,114.84 | (5,572.31) |
| Fund Balance-Capital | 1,554.05 | 19,216.09 | (17,662.04) |
| Net Income | 6,628.00 | (23,234.35) | 29,862.35 |
| Total Fund Balance | 185,724.58 | 179,096.58 | 6,628.00 |
| Total Liabilities & Fund Bala | \$ 209,269.54 | 179,808.81 | 29,460.73 |

Mount Mansfield Community Television Inc
Income Statement-Operations
For the Twelve Months Ending December 31, 2019

| | Current Quarter | Year to Date | Total Year Budget | Difference |
|------------------------------|--------------------|-------------------|----------------------|--------------------|
| Revenues | | | | |
| Revenue-Comcast-Operating | \$ 134,796.34 | 134,796.34 | \$ 129,000.00 | 5,796.34 |
| Xfer to Capital from Operati | 0.00 | 0.00 | 25,700.00 | (25,700.00) |
| Donations | 388.50 | 388.50 | 2,000.00 | (1,611.50) |
| Camp Fees | 2,100.00 | 2,100.00 | 1,500.00 | 600.00 |
| Production Income | 12,195.00 | 12,195.00 | 1,000.00 | 11,195.00 |
| Video/Dubbing Income | 261.75 | 261.75 | 500.00 | (238.25) |
| Municipal Income | 8,905.00 | 8,905.00 | 8,400.00 | 505.00 |
| Refunds/ Returns | 209.95 | 209.95 | 100.00 | 109.95 |
| Interest Income | 1,401.38 | 1,401.38 | 1,000.00 | 401.38 |
| Total Revenues | <u>160,257.92</u> | <u>160,257.92</u> | <u>169,200.00</u> | <u>(8,942.08)</u> |
| Expenses | | | | |
| Compensation | 106,683.97 | 106,683.97 | 97,500.00 | 9,183.97 |
| Employer FICA Expense | 8,161.45 | 8,161.45 | 7,400.00 | 761.45 |
| Unemployment Taxes | 503.53 | 503.53 | 700.00 | (196.47) |
| Health Insurance | 6,925.31 | 6,925.31 | 6,900.00 | 25.31 |
| Accounting Fees | 3,828.75 | 3,828.75 | 4,000.00 | (171.25) |
| Office Rent | 13,140.00 | 13,140.00 | 14,200.00 | (1,060.00) |
| Maintenance & Repair | 120.00 | 120.00 | 300.00 | (180.00) |
| Office Supplies | 219.67 | 219.67 | 200.00 | 19.67 |
| Copying Expense | 16.56 | 16.56 | 200.00 | (183.44) |
| Dues & Subscriptions | 517.48 | 517.48 | 3,000.00 | (2,482.52) |
| Postage & Shipping | 195.55 | 195.55 | 300.00 | (104.45) |
| Telephone Expense | 518.96 | 518.96 | 700.00 | (181.04) |
| Utilities | 2,749.17 | 2,749.17 | 2,700.00 | 49.17 |
| Internet | 79.77 | 79.77 | 0.00 | 79.77 |
| Business Insurance | 1,373.00 | 1,373.00 | 1,300.00 | 73.00 |
| Workers Comp Insurance | 938.00 | 938.00 | 900.00 | 38.00 |
| Website Video Streaming | 0.00 | 0.00 | 200.00 | (200.00) |
| IP Address (comcast) | 212.90 | 212.90 | 300.00 | (87.10) |
| Advertising Expense | 477.44 | 477.44 | 800.00 | (322.56) |
| Conferences/Workshops | 0.00 | 0.00 | 300.00 | (300.00) |
| Education and Training | 0.00 | 0.00 | 200.00 | (200.00) |
| Meals & Entertainment | 680.99 | 680.99 | 800.00 | (119.01) |
| Mileage Reimbursement | 1,544.12 | 1,544.12 | 1,600.00 | (55.88) |
| Travel/Per Diem | 4.00 | 4.00 | 100.00 | (96.00) |
| Cable Reimbursement | 741.00 | 741.00 | 600.00 | 141.00 |
| Contributions | 596.00 | 596.00 | 0.00 | 596.00 |
| Misc. Expense | 32.06 | 32.06 | 0.00 | 32.06 |
| Total Expenses | <u>150,259.68</u> | <u>150,259.68</u> | <u>145,200.00</u> | <u>5,059.68</u> |
| Net Income | <u>\$ 9,998.24</u> | <u>9,998.24</u> | <u>\$ 24,000.00</u> | <u>(14,001.76)</u> |

Mount Mansfield Community Television Inc
Income Statement-Capital Expenditures
For the Twelve Months Ending December 31, 2019

| | Current Quarter | Year to Date | Total Year Budget | Difference |
|--------------------------------|----------------------|-------------------|-----------------------|------------------|
| Revenues | | | | |
| Revenue-Comcast-Capital | \$ 13,442.47 | 13,442.47 | \$ 12,900.00 | 542.47 |
| Xfer From Operating to Capital | 0.00 | 0.00 | (25,700.00) | 25,700.00 |
| Total Revenues | <u>13,442.47</u> | <u>13,442.47</u> | <u>(12,800.00)</u> | <u>26,242.47</u> |
| Expenses | | | | |
| Maintenance & Repair | 88.96 | 88.96 | 600.00 | (511.04) |
| Tech Support/Repair | 1,812.70 | 1,812.70 | 500.00 | 1,312.70 |
| Technical Supplies | 0.00 | 0.00 | 200.00 | (200.00) |
| Tech Supplies-Other | 0.00 | 0.00 | 200.00 | (200.00) |
| Website Construction | 20.17 | 20.17 | 2,500.00 | (2,479.83) |
| Depreciation Expense | 10,240.00 | 10,240.00 | 0.00 | 10,240.00 |
| Studio Equipment | 0.00 | 0.00 | 300.00 | (300.00) |
| Field Equipment | 3,611.08 | 3,611.08 | 4,000.00 | (388.92) |
| Office Equipment | 279.99 | 279.99 | 200.00 | 79.99 |
| Facility/Studio Upgrades | 0.00 | 0.00 | 100.00 | (100.00) |
| Computer Software | 0.00 | 0.00 | 400.00 | (400.00) |
| Computer Software | 479.83 | 479.83 | 0.00 | 479.83 |
| Computer Hardware | 279.98 | 279.98 | 2,000.00 | (1,720.02) |
| Total Expenses | <u>16,812.71</u> | <u>16,812.71</u> | <u>11,000.00</u> | <u>5,812.71</u> |
| Net Income | <u>\$ (3,370.24)</u> | <u>(3,370.24)</u> | <u>\$ (23,800.00)</u> | <u>20,429.76</u> |

Mount Mansfield Community Television Inc
Income Statement-All Operations
For the Year to Date Ending December 31, 2019

| | Capital | Operations | Total | Budget | Budget Balance |
|--------------------------|------------------|-------------------|-------------------|-------------------|--------------------|
| Revenues | | | | | |
| Revenue-Comcast-Opera | \$ 0.00 | \$ 134,796.34 | \$ 134,796.34 | \$ 129,000.00 | (5,796.34) |
| Revenue-Comcast-Capit | 13,442.47 | 0.00 | 13,442.47 | 12,900.00 | (542.47) |
| Xfer to Capital from Op | 0.00 | 0.00 | 0.00 | 25,700.00 | 25,700.00 |
| Xfer From Operating to | 0.00 | 0.00 | 0.00 | (25,700.00) | (25,700.00) |
| Donations | 0.00 | 388.50 | 388.50 | 2,000.00 | 1,611.50 |
| Camp Fees | 0.00 | 2,100.00 | 2,100.00 | 1,500.00 | (600.00) |
| Production Income | 0.00 | 12,195.00 | 12,195.00 | 1,000.00 | (11,195.00) |
| Video/Dubbing Income | 0.00 | 261.75 | 261.75 | 500.00 | 238.25 |
| Municipal Income | 0.00 | 8,905.00 | 8,905.00 | 8,400.00 | (505.00) |
| Refunds/ Returns | 0.00 | 209.95 | 209.95 | 100.00 | (109.95) |
| Interest Income | 0.00 | 1,401.38 | 1,401.38 | 1,000.00 | (401.38) |
| Total Revenues | 13,442.47 | 160,257.92 | 173,700.39 | 156,400.00 | (17,300.39) |
| Expenses | | | | | |
| Compensation | 0.00 | 106,683.97 | 106,683.97 | 97,500.00 | (9,183.97) |
| Employer FICA Expense | 0.00 | 8,161.45 | 8,161.45 | 7,400.00 | (761.45) |
| Unemployment Taxes | 0.00 | 503.53 | 503.53 | 700.00 | 196.47 |
| Health Insurance | 0.00 | 6,925.31 | 6,925.31 | 6,900.00 | (25.31) |
| Accounting Fees | 0.00 | 3,828.75 | 3,828.75 | 4,000.00 | 171.25 |
| Office Rent | 0.00 | 13,140.00 | 13,140.00 | 14,200.00 | 1,060.00 |
| Maintenance & Repair | 0.00 | 120.00 | 120.00 | 300.00 | 180.00 |
| Maintenance & Repair | 88.96 | 0.00 | 88.96 | 600.00 | 511.04 |
| Tech Support/Repair | 1,812.70 | 0.00 | 1,812.70 | 500.00 | (1,312.70) |
| Technical Supplies | 0.00 | 0.00 | 0.00 | 200.00 | 200.00 |
| Office Supplies | 0.00 | 219.67 | 219.67 | 200.00 | (19.67) |
| Tech Supplies-Other | 0.00 | 0.00 | 0.00 | 200.00 | 200.00 |
| Copying Expense | 0.00 | 16.56 | 16.56 | 200.00 | 183.44 |
| Dues & Subscriptions | 0.00 | 517.48 | 517.48 | 3,000.00 | 2,482.52 |
| Postage & Shipping | 0.00 | 195.55 | 195.55 | 300.00 | 104.45 |
| Telephone Expense | 0.00 | 518.96 | 518.96 | 700.00 | 181.04 |
| Utilities | 0.00 | 2,749.17 | 2,749.17 | 2,700.00 | (49.17) |
| Internet | 0.00 | 79.77 | 79.77 | 0.00 | (79.77) |
| Business Insurance | 0.00 | 1,373.00 | 1,373.00 | 1,300.00 | (73.00) |
| Workers Comp Insuranc | 0.00 | 938.00 | 938.00 | 900.00 | (38.00) |
| Website Video Streamin | 0.00 | 0.00 | 0.00 | 200.00 | 200.00 |
| Website Construction | 20.17 | 0.00 | 20.17 | 2,500.00 | 2,479.83 |
| IP Address (comcast) | 0.00 | 212.90 | 212.90 | 300.00 | 87.10 |
| Advertising Expense | 0.00 | 477.44 | 477.44 | 800.00 | 322.56 |
| Conferences/Workshops | 0.00 | 0.00 | 0.00 | 300.00 | 300.00 |
| Education and Training | 0.00 | 0.00 | 0.00 | 200.00 | 200.00 |
| Meals & Entertainment | 0.00 | 680.99 | 680.99 | 800.00 | 119.01 |
| Mileage Reimbursement | 0.00 | 1,544.12 | 1,544.12 | 1,600.00 | 55.88 |
| Travel/Per Diem | 0.00 | 4.00 | 4.00 | 100.00 | 96.00 |
| Cable Reimbursement | 0.00 | 741.00 | 741.00 | 600.00 | (141.00) |
| Depreciation Expense | 10,240.00 | 0.00 | 10,240.00 | 0.00 | (10,240.00) |
| Contributions | 0.00 | 596.00 | 596.00 | 0.00 | (596.00) |
| Misc. Expense | 0.00 | 32.06 | 32.06 | 0.00 | (32.06) |
| Studio Equipment | 0.00 | 0.00 | 0.00 | 300.00 | 300.00 |
| Field Equipment | 3,611.08 | 0.00 | 3,611.08 | 4,000.00 | 388.92 |
| Office Equipment | 279.99 | 0.00 | 279.99 | 200.00 | (79.99) |
| Facility/Studio Upgrades | 0.00 | 0.00 | 0.00 | 100.00 | 100.00 |
| Computer Software | 0.00 | 0.00 | 0.00 | 400.00 | 400.00 |
| Computer Software | 479.83 | 0.00 | 479.83 | 0.00 | (479.83) |
| Computer Hardware | 279.98 | 0.00 | 279.98 | 2,000.00 | 1,720.02 |
| Total Expenses | 16,812.71 | 150,259.68 | 167,072.39 | 156,200.00 | (10,872.39) |

For Management Purposes Only

Mount Mansfield Community Television Inc
Income Statement-All Operations
For the Year to Date Ending December 31, 2019

| | Capital | Operations | Total | Budget | Budget Balance |
|------------|----------------------|--------------------|--------------------|------------------|-------------------|
| Net Income | \$ <u>(3,370.24)</u> | \$ <u>9,998.24</u> | \$ <u>6,628.00</u> | \$ <u>200.00</u> | <u>(6,428.00)</u> |