

Town of Richmond

Request for Special Appropriations

Request for Fiscal Year: 2023

Organization's Name: Mount Mansfield Community Television, Inc. (MMCTV)
Address: 203 Bridge St, 3rd floor/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, Exec. Director

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.
Percent of people served who are Town residents: 90%
5. Amount of Request: \$5,000
6. Total Program Budget: \$13,000 (meeting remote streaming/editing labor) Percent of total program budget you are requesting from the Town of Richmond: 38%
7. Please state or attach the mission of your agency: Providing public access television programming and community media 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. Yes, due to increased number of meetings & new hybrid meeting workflow.
 - b. Were any conditions or restrictions placed on the funds by the Selectboard? No
If yes, describe how those conditions or restrictions have been met.

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? This help is more important than ever as people shift to accessing meetings online. We are working to reach people on a number of platforms and process meetings for them to watch live or on-demand.

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 900+ 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.

MMCTV has evolved quickly to help bring information to the public during the pandemic. While we are not providing in-person videographers, we have staff monitoring and live-switching between two cameras for larger meetings, as well as processing and archiving meetings. We also are available for special hybrid public meetings (such as recent ones at Richmond Free Library), which require extra set up.

We've archived meetings online since 2012. We offer meeting video links on our website, and do outreach via an e-newsletter, ads, Front Porch Forum and Facebook.

3. Program Funding:

a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.) \$5,000 in funds will help MMCTV cover a part of an estimated 620 + hours of staff time on Richmond meetings in FY23. From January to early October 2021, we archived 109 Richmond meeting and town info-related videos. We've stepped up our editing/archiving of smaller committees with the pandemic, with 130 Richmond meetings in 2020 vs. 88 in 2019.

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? 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 can provide to the public/archive or shrink other MMCTV programs. MMCTV is starting (along with our 23 colleagues around the state) to request state funding as cable revenue is expected to drop as needs increase; but it may take time to see the effects of these requests.

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 served Richmond for 23 years. In 2021, we not only became "embedded" in the Town Center (as new tenants), but made a major technological pivot, with outfitting the conference room for hybrid meetings and staffing many of them. We have an experienced, dedicated team that is made up primarily 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 and boards and ask for feedback from the public. We respond to viewer inquiries and track online viewing statistics of video programs and live events.

3. Summarize or attach program and or service assessments conducted in the past two years. Attached is our 2020 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 10/4/21

Angelike Contis, Executive Director MMCTV
Print Name of Applicant and Title

RICHMOND MEETING VIEWS (Jan.1-Oct. 4, 2021)

INTERNET ARCHIVE : 2261 plays

YOUTUBE: 207 plays

TOTAL INTERNET ARCHIVE & YOUTUBE: 2468 plays

COMCAST CABLE VIEWS: While we don't have viewing numbers or exact town numbers, we estimate this at a little less than 50% of 2,300 local subscribers.

2021 RICHMOND MEETING VIEWS ONLINE (MMCTV's INTERNET ARCHIVE LIBRARY)

Note: JAN-OCT.3, 2021

VIEWS	MEETING	VIEWS	MEETING
243	richmond-town-clerk-mtg-info-02012021	14	richmond-parking-cmte
228	richmond-candidates-forum-02152021	14	richmond-recreation-05042021
184	richmond-selectboard-02012021	14	richmond-selectbd-06212021
46	richmond-drb-08112021	14	richmond-water-sewer-05032021
43	richmond-selectbd-06072021	14	richmond-water-sewer-05242021
41	richmond-drb-02102021	14	richmond-water-sewer-06072021
41	richmond-selectbd-02162021	14	richmond-water-sewer-08092021
34	richmond-spec-town-mtg-hrg-02082021	13	richmond-bike-ped-public-info-03242021
33	richmond-selectbd-032221	13	richmond-bridge-st-corridor-study-04082021
31	richmond-selectbd-01042021	13	richmond-selectbd-08022021
29	richmond-dog-hrg-07062021	13	richmond-water-sewer-03152021
29	richmond-drb-01132021	13	richmond-water-sewer-05102021
29	richmond-selectbd-04052021	13	richmond-water-sewer-06212021
28	richmond-spec-selectbd-06182021_202106	12	richmond-housing-03182021
26	richmond-housing-committee-01142021	12	richmond-housing-04152021
26	richmond-selectbd-01192021	12	richmond-parking-03152021
25	richmond-selectbd-04192021	12	richmond-planning-07072021
24	richmond-australian-ballot-info-03012021	11	richmond-parking-cmte-06142021
23	richmond-parking-01132021	11	richmond-planning-04072021
22	richmond-selectbd-07192021	11	richmond-planning-04212021
21	richmond-recreation-04062021	11	richmond-planning-07212021
21	richmond-selectbd-08162021	10	richmond-parking-08092021
21	richmond-selectbd-budget-011121	10	richmond-water-sewer-007062021
20	richmond-drb-04142021	10	richmond-water-sewer-04192021
20	richmond-parking-04122021	9	richmond-planning-05052021
20	richmond-recreation-020221	9	richmond-planning-08042021
20	richmond-water-sewer-01192021	9	richmond-planning-08182021
20	richmond-water-sewer-02162021	8	richmond-annual-water-sewer-05182021
19	richmond-drb-03102021	8	richmond-recreation-07272021
19	richmond-planning-01202021	8	richmond-water-sewer-07192021
19	richmond-selectbd-03082021-1	7	richmond-planning-06022021
19	richmond-selectbd-04122021	6	richmond-housing-05132021
19	richmond-selectbd-05172021	6	richmond-housing-07082021
19	richmond-vdrb-05122021	6	richmond-planning-06162021
19	richmond-water-sewer-01042021	6	richmond-water-sewer-08022021
18	richmond-spec-water-sewer-08232021	5	richmond-housing-08242021
18	richmond-water-sewer-02012021	5	richmond-water-sewer-08162021
18	richmond-water-sewer-03012021	4	richmond-planning-09012021
17	richmond-planning-03032021	0	richmond-drb-09082021
17	richmond-recreation-01052021	0	richmond-housing-09302021
17	richmond-selectboard-07062021	0	richmond-parking-09132021
17	richmond-vs-spec-water-sewer-08302021	0	richmond-parking-09272021
17	richmond-water-sewer-05172021	0	richmond-planning-09152021
16	richmond-drb-071421	0	richmond-selectbd-09072021
16	richmond-drb-07282021	0	richmond-selectbd-09202021
16	richmond-parking-01252021	0	richmond-selectbd-williams-hill-hrg-09212021
16	richmond-parking-02082021	0	richmond-spec-water-sewer-09132021
16	richmond-parking-03292021	0	richmond-spec-water-sewer-09272021
16	richmond-parking-05242021	0	richmond-water-sewer-09072021
16	richmond-planning-02172021	0	richmond-water-sewer-09202021
16	richmond-planning-04192021		
16	richmond-recreation-03092021		
16	richmond-water-sewer-04052021		
15	richmond-planning-02032021		
15	richmond-planning-03172021		
15	richmond-selectbd-05032021		
14	richmond-drb-06092021		
14	richmond-housing-02112021		
14	richmond-parking-08232021		

2261 TOTAL VIEWS JAN 1-OCT 3, 2021

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-am0-reporting-instructions/>

Attachments

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

Filing

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

Clerk of the Commission

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

Vermont Public Service Department

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

Vermont Access Network

PO Box 4041
Burlington, VT 05406-4041

Cable Operator(s)

See your PEG Access Agreement for Mailing information.

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

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

1. Organization Name & Address

Legal Name/ Corporate Name

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

Mailing Address

Location Address (if different than Mailing Address)

Website Address

2. Contact Information

2a. Individual Completing this Form

Name

Position

Phone Number

Fax Number

Email Address

2b. Executive Director/Manager/CEO

Name

Phone

Fax Number

Email Address

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

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

4. Service Territories/Communities Served

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

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

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

Name of Cable Operator 1 _____

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

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

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

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

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

6. Outreach Strategies – 8.422(C)

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

6a. Outreach/Marketing: Activities

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

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

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

6c. (OPTIONAL) Volunteerism & Users

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

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

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

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

Comments:

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

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

7a. Orientations

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

7b. Structured Training

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

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

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

UNSTRUCTURED Training:

7c. (OPTIONAL) Community Use of Facilities

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

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

NOTES:

8. Programming Data - Rule 8.422 (C)

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

8a. Programming Information

*Please provide annual data for the following **FIRST-RUN, NON-REPEAT** program plays. Please avoid data for Programs that are simulcast on two or more of your channels.*

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

8e. Additional Information

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

9. Complaint Tracking – Rule 8.422(D)

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

10. Service Quality Issues – Rule 8.422(L)

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

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

11a. Depreciation Schedule

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

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

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

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

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

14. Planning Considerations – Rule 8.422(K)

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

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

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

15a. AMO Revenue Report

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

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

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

15b. AMO Expense Report

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

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

15c. Statement of Cable Operator Funds

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

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

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

NOTES:

Statement of Certification

I, (print / type name):
Angelike Contis

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

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

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

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

SIGNATURE OF PERSON COMPLETING FORM

5/24/21

DATE

Linda Parent

SIGNATURE OF WITNESS

Linda Parent

NAME OF WITNESS (print/type)

Mount Mansfield Community Television Inc

Balance Sheet

December 31, 2020

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

LIABILITIES AND FUND BALANCE

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

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

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

For Management Purposes Only

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

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

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

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

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

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

For Management Purposes Only

Updated: Jan. 27, 2021



Operating Budget 2021

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

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



Capital Budget 2021

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

Short Form Return of Organization Exempt From Income Tax

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

2020

Open to Public Inspection

- ▶ 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 2020 calendar year, or tax year beginning _____, 2020, 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 ▶ \$ **180,223**

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

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

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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If "Yes," was the related organization a section 527 organization?

	Yes	No
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 Date
 ▶ **ANGELIKE CONTIS**
 Signature of officer
 ▶ **ANGELIKE CONTIS, EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer Use Only

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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.

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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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 2020 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	154,624	164,103	153,569	172,089	160,376	804,761
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . .	168	581	919	1,401	1,013	4,082
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	168	581	919	1,401	1,013	4,082
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	185	84	108	210	18,834	19,421
13 Total support. (Add lines 9, 10c, 11, and 12.)	154,977	164,768	154,596	173,700	180,223	828,264
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
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? <i>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.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

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

2020

**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	275
STATE OF VT COVID	18,660
REFUNDS	174
MUNICIPAL INCOME	5,252

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

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

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

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

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
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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)		
2	Total cost of section 179 property placed in service (see instructions).		
3	Threshold cost of section 179 property before reduction in limitation (see instructions)		
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-		
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions		
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9	Tentative deduction. Enter the smaller of line 5 or line 8		9
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562		10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		11
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions		
15	Property subject to section 168(f)(1) election		
16	Other depreciation (including ACRS)		1,709

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020.		5,084
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a)	Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L
b	12-year			12 yrs.		S/L
c	30-year			30 yrs.	MM	S/L
d	40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28		
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		6,793
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

990 EZ

For your records only

2020

PAGE 1

Name(s) as shown on return

Social security number/EIN

MOUNT MANSFIELD COMMUNITY TELEVISION

04-3360750

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	OLD LIST	12312000	27,878		100.00			27,878	5		0	27,878		27,878	
2	BOGEN TRIPOD	06292001	422		100.00			422	5		0	422		422	
3	BOGEN VIDEO HEAD	06292001	390		100.00			390	5		0	390		390	
4	PANSON VHS	06292001	2,000		100.00			2,000	5		0	2,000		2,000	
5	PANSON VIDEO MONITOR	06292001	420		100.00			420	5		0	420		420	
6	BOGEN RELEASE PLATE	06292001	106		100.00			106	5		0	106		106	
7	DECK INTERFACE	11272001	86		100.00			86	5		0	86		86	
8	AVERMEDIA 300 SCAN CO	11272001	148		100.00			148	5		0	148		148	
9	SONY DSRPD1503MINID	01222002	3,705		100.00			3,705	5		0	3,705		3,705	
10	PM GE A03DVD RCOMBO	01222002	6,085		100.00			6,085	5		0	6,085		6,085	
11	MINI DC CAMERA	11222002	1,231		100.00			1,231	5		0	1,231		1,231	
12	AMP AUDIO & VIDEO DA	02142003	1,122		100.00			1,122	5		0	1,122		1,122	
13	VIDEO MIXER 4INPUT	02142003	1,190		100.00			1,190	5		0	1,190		1,190	
14	BLDER TONGUE CHANNELI	10102003	580		100.00			580	5		0	580		580	
15	MINI DVD CAMERA PD 17	02222005	3,892		100.00			3,892	5		0	3,892		3,892	
16	DVD CD 2 TAPE DECKS	05192005	506		100.00			506	5		0	506		506	
17	SONY WIRELESS MICROPH	05312005	500		100.00			500	5		0	500		500	
18	APC SMART UPS RACK MO	07282005	1,040		100.00			1,040	5		0	1,040		1,040	
19	MIXER SWITCHER	12162005	2,438		100.00			2,438	5		0	2,438		2,438	
20	B & H PHOTO	03262006	1,538		100.00			1,538	5		0	1,538		1,538	
21	MAESTROVISION SERVER	10052006	4,057		100.00			4,057	5		0	4,056		4,056	
22	MAESTROVISION SERVER	02222007	4,245		100.00			4,245	5		0	4,245		4,245	
23	MICROHPONES AND MIXER	01292007	1,197		100.00			1,197	5		0	1,197		1,197	
24	B AND H AUDIO EQUIPME	05312007	1,600		100.00			1,600	5		0	1,600		1,600	
25	B AND H AUDIO EQUIPME	10192007	1,003		100.00			1,003	5		0	1,003		1,003	
26	CAIRNS LINSKEYS 24 PO	01112007	1,392		100.00			1,392	5		0	1,392		1,392	
27	B AND H AUDIO HARD DR	05312007	1,523		100.00			1,523	5		0	1,523		1,523	
28	CAIRNS SYMETRIX 322 A	12142007	765		100.00			765	5		0	765		765	
29	1 FOCUS FS4 PRO PORTA	03212008	1,350		100.00			1,350	5		0	1,350		1,350	
30	1 SONY DSR PD170 3 CC	03222008	2,499		100.00			2,499	5		0	2,499		2,499	

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

990 EZ

For your records only

2020

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Name(s) as shown on return

Social security number/EIN

MOUNT MANSFIELD COMMUNITY TELEVISION

04-3360750

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	APPLE COMPUTER	05022008	2,597		100.00			2,597	5		0	2,597		2,597	
32	DEVICE DRIVE FOR LEIG	05022008	600		100.00			600	5		0	600		600	
33	DVD DUPLICATOR	05072008	695		100.00			695	5		0	695		695	
34	VIDEO EDITING SOFTWAR	05152008	700		100.00			700	5		0	700		700	
35	COMPUTER MONITORS	05152008	730		100.00			730	5		0	730		730	
36	MAC PRO COMPUTER	05152008	3,270		100.00			3,270	5		0	3,270		3,270	
37	VIDEO EDITING SOFTWAR	05152008	200		100.00			200	5		0	200		200	
38	DV TAPE DECK	05152008	1,750		100.00			1,750	5		0	1,750		1,750	
39	HEADPHONE TRIPOD AND	12302008	829		100.00			829	5		0	829		829	
40	B AND H PHOTO VIDEO E	07032009	949		100.00			949	5		0	949		949	
41	B AND H PHOTO CAMERA	10222009	812		100.00			812	5		0	812		812	
42	SONY HVR V1U CAMCORDE	03312010	5,390		100.00			5,390	5		0	5,390		5,390	
43	B AND H VIDEO VIDEO S	05012010	5,700		100.00			5,700	5		0	5,700		5,700	
44	B AND H 2 LCD MARSHAL	06212010	560		100.00			560	5		0	560		560	
45	B AND H LCD MARSHALL	06212010	450		100.00			450	5		0	450		450	
46	2 MANFROTTO AUMINUM V	06212010	1,300		100.00			1,300	5		0	1,300		1,300	
47	AIR CONDITIONER	06152001	366		100.00			366	5		0	366		366	
48	DELL COMPUTER	09272002	1,866		100.00			1,866	5		0	1,866		1,866	
49	IBOOK LAPTOP	10212004	1,865		100.00			1,865	5		0	1,865		1,865	
50	DELL COMPUTER	02222007	5,862		100.00			5,862	5		0	5,862		5,862	
51	PRIOR BAL	06152001	1,505		100.00			1,505	5		0	1,505		1,505	
52	STUDIO RELOCATION	09132007	5,549		100.00			5,549	5		0	5,549		5,549	
53	DESIGN OF COUNTER AND	02082008	12,241		100.00			12,241	5		0	12,241		12,241	
54	DELL T5500 COMPUTER S	12012011	4,703		100.00			4,703	5		0	4,703		4,703	
55	SONY DIGITAL VIDEO CA	11152012	3,200		100.00			3,200	5		0	3,200		3,200	
56	WIRED INTERCOM SYSTEM	11212012	940		100.00			940	5		0	940		940	
57	SOFT LIGHT 2K W/EGG C	12312012	1,000		100.00			1,000	5		0	1,000		1,000	
58	SPOT LIGHT 1 K FRESNE	12312012	500		100.00			500	5		0	500		500	
59	MICROPHONES	01222013	1,653		100.00			1,653	5		0	1,653		1,653	
60	COMPUTER SW HW-SD CHA	05012013	4,920		100.00			4,920	3		0	4,920		4,920	

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

990 EZ

For your records only

2020

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Name(s) as shown on return

Social security number/EIN

MOUNT MANSFIELD COMMUNITY TELEVISION

04-3360750

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

Land Amount
Net Depreciable Cost 190,521

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus 6,793

ST ADJ:

Next Year's Depreciation Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

MOUNT MANSFIELD COMMUNITY TELEVISION

04-3360750

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
EZ	1	OLD LIST	12-31-2000	27,878	SL	5	
EZ	1	BOGEN TRIPOD	06-29-2001	422	SL	5	
EZ	1	BOGEN VIDEO HEAD	06-29-2001	390	SL	5	
EZ	1	PANSON VHS	06-29-2001	2,000	SL	5	
EZ	1	PANSON VIDEO MONITOR	06-29-2001	420	SL	5	
EZ	1	BOGEN RELEASE PLATE	06-29-2001	106	SL	5	
EZ	1	DECK INTERFACE	11-27-2001	86	SL	5	
EZ	1	AVERMEDIA 300 SCAN CONVE	11-27-2001	148	SL	5	
EZ	1	SONY DSRPD1503MINID	01-22-2002	3,705	SL	5	
EZ	1	PM GE A03DVD RCOMBO	01-22-2002	6,085	SL	5	
EZ	1	MINI DC CAMERA	11-22-2002	1,231	SL	5	
EZ	1	AMP AUDIO % VIDEO DA	02-14-2003	1,122	SL	5	
EZ	1	VIDEO MIXER 4INPUT	02-14-2003	1,190	SL	5	
EZ	1	BLDER TONGUE CHANNELIZED	10-10-2003	580	SL	5	
EZ	1	MINI DVD CAMERA PD 170 W	02-22-2005	3,892	SL	5	
EZ	1	DVD CD 2 TAPE DECKS	05-19-2005	506	SL	5	
EZ	1	SONY WIRELESS MICROPHONE	05-31-2005	500	SL	5	
EZ	1	APC SMART UPS RACK MOUNT	07-28-2005	1,040	SL	5	
EZ	1	MIXER SWITCHER	12-16-2005	2,438	SL	5	
EZ	1	B & H PHOTO	03-26-2006	1,538	SL	5	
EZ	1	MAESTROVISION SERVER	10-05-2006	4,057	SL	5	
EZ	1	MAESTROVISION SERVER	02-22-2007	4,245	SL	5	
EZ	1	MICROHPONES AND MIXER	01-29-2007	1,197	SL	5	
EZ	1	B AND H AUDIO EQUIPMENT	05-31-2007	1,600	SL	5	
EZ	1	B AND H AUDIO EQUIPMENT	10-19-2007	1,003	SL	5	
EZ	1	CAIRNS LINSKEYS 24 PORT	01-11-2007	1,392	SL	5	
EZ	1	B AND H AUDIO HARD DRIVE	05-31-2007	1,523	SL	5	
EZ	1	CAIRNS SYMETRIX 322 AUDI	12-14-2007	765	SL	5	
EZ	1	1 FOCUS FS4 PRO PORTABLE	03-21-2008	1,350	SL	5	
EZ	1	1 SONY DSR PD170 3 CCD D	03-22-2008	2,499	SL	5	
EZ	1	APPLE COMPUTER	05-02-2008	2,597	SL	5	
EZ	1	DEVICE DRIVE FOR LEIGHTR	05-02-2008	600	SL	5	
EZ	1	DVD DUPLICATOR	05-07-2008	695	SL	5	
EZ	1	VIDEO EDITING SOFTWARE	05-15-2008	700	SL	5	
EZ	1	COMPUTER MONITORS	05-15-2008	730	SL	5	
EZ	1	MAC PRO COMPUTER	05-15-2008	3,270	SL	5	
EZ	1	VIDEO EDITING SOFTWARE	05-15-2008	200	SL	5	
EZ	1	DV TAPE DECK	05-15-2008	1,750	SL	5	
EZ	1	HEADPHONE TRIPOD AND ACC	12-30-2008	829	SL	5	
EZ	1	B AND H PHOTO VIDEO EQUI	07-03-2009	949	SL	5	
EZ	1	B AND H PHOTO CAMERA ACC	10-22-2009	812	SL	5	
EZ	1	SONY HVR V1U CAMCORDER L	03-31-2010	5,390	SL	5	
EZ	1	B AND H VIDEO VIDEO SWIT	05-01-2010	5,700	SL	5	
EZ	1	B AND H 2 LCD MARSHALL L	06-21-2010	560	SL	5	
EZ	1	B AND H LCD MARSHALL M L	06-21-2010	450	SL	5	
EZ	1	2 MANFROTTO AUMINUM VIDE	06-21-2010	1,300	SL	5	
EZ	1	AIR CONDITIONER	06-15-2001	366	SL	5	
EZ	1	DELL COMPUTER	09-27-2002	1,866	SL	5	
EZ	1	IBOOK LAPTOP	10-21-2004	1,865	SL	5	
EZ	1	DELL COMPUTER	02-22-2007	5,862	SL	5	
EZ	1	PRIOR BAL	06-15-2001	1,505	SL	5	
EZ	1	STUDIO RELOCATION	09-13-2007	5,549	SL	5	

Next Year's Depreciation Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

MOUNT MANSFIELD COMMUNITY TELEVISION

04-3360750

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

990

Tax Exempt
Diagnostic Summary

2020

Name
MOUNT MANSFIELD COMMUNITY TELEVISION

Employer Identification #
04-3360750

Demographics

Mailing Address:

PO BOX 688
RICHMOND, VT 05477-0688

Phone: (802)434-2550

Resident State: VT

Diagnostics

Preparer: KEVIN MARCHAND

Invoice:

Date: 05-24-2021

Return Information

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

State/City Information

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