

Town of Richmond

Request for Special Appropriations

Request for Fiscal Year: 2025

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, Executive 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 estimated cable + online viewers
4. Total number of the above individuals who are Town residents: 3000
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 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
10. 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? 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? MMCTV edits/archives some 180+ Richmond Town meetings/related videos a year, including 10 regular series. (Numbers are from 2022 and 2023). Many were streamed live, using both the hybrid meeting conference room and special meetings at other locations. We rely on town support for help covering staff time.

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 watch/download for free to all Richmond residents who have Internet service. We cablecast to an estimated 900+ Richmond Comcast cable subscribers and stream most Water-Sewer Cmsn., Selectboard, DRB and Planning meetings live on Youtube and MMCTV local Comcast Cable Channel 1086 (or 1076).

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? Meeting video links are updated daily on our website and we remind the public through outreach including an e-newsletter, Times Ink! ads/articles, 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.) \$5000 in funds will provide over 200 hours of staff work on Richmond meeting videos. In FY25, MMCTV will stream (including live-switching between cameras) an estimated 60+ hybrid meetings live and edit/archive over 180 meetings. Note the number of Richmond town meetings we processed went from 88 in 2019, to 130 in 2020 and 146 in 2021. Zoom recordings allow us to share an increasing number of smaller committee's meetings.

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 rely on the support of Jericho, Underhill and Richmond to partially cover labor for meeting coverage and tech support. Without municipal support, we'd have to limit the number of meetings we process.

MMCTV continues to seek short-term, one-time funding from the State of Vermont, as a part of the Vermont Access Network. (MMCTV is one of 24 community media centers in VAN). During the pandemic, VAN members were deemed an essential service by the state. MMCTV is set to receive unrestricted, short-term funding from the state (\$45,000 in FY24) to support both municipal work and our other services in 3 towns.

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. MMCTV has a proven track record since 1997 of supporting municipal work and public meetings. Our small staff is working more closely than ever with Richmond, both due to the tech demands of the past few years and due to our proximity in the building as tenants.

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 track views of Richmond meetings through Internet Archive and Youtube statistics (2023/2022 info to date attached here). We also are in constant communication with the towns and quickly respond to viewer calls/emails; we rely on direct feedback from Richmond staff and residents regarding quality and availability of content. We continue to seek new ways of sharing content on a limited budget.

3. Summarize or attach program and or service assessments conducted in the past two years. Our 2022 Annual Report is online here <https://mtmansfieldctv.org/wp-content/uploads/2023/06/MmctvAnnualReport2022.pdf>. (Also attached as pdf here).

4. Does your organization have a strategic plan and a strategic planning process in place? No, but see Access Plan in Annual 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? 5
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: 10/2/2023

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

MMCTV Statistics	2023 (Partial/Jan.-Oct. 2)	2022 (Jan.-Dec.)
#MEETINGS EDITED & ARCHIVED	128+	182
PLAYS (Int. Arch.)	2966	3835
PLAYS (Youtube):	620	516
PLAYS (ALL):	3586	4351
# LIVE EVENTS	47*	63*

**Water/Sewer & SB often one single stream*

COMCAST CABLE (Channels 1076 and 1086)

While we don't have viewing numbers or exact town numbers, due to Comcast propriety information, we estimate Richmond is at nearly 50% of MMCTV's 2,300 local cable subscribers

MMCTV INTERNET ARCHIVE INFO: JAN. 1 - Oct. 2, 2023 RICHMOND MEETINGS 2023

TOTAL VIEWS on INTERNET ARCHIVE = 2966

VIEWS	MEETING	VIEWS	MEETING
354	RichmondSelectboard07052023	13	RichmondPlanning04192023
187	RichmondSelectbd05012023	13	RichmondTownCtrLibrary05112023
82	richmond-selectbd-02062023	13	RichmondTownCtrLibrary06012023
80	richmond-town-clerk-vote-info-2023	13	richmond-water-sewer-05152023
71	RichmondSelectbd08142023	12	RichmondARPA01112023
66	richmond-selectboard-01172023	12	richmond-parking-01232023
57	richmond-candidate-selectbd-lisa-miller-01312023	12	richmond-planning-01182023
55	richmond-town-ctr-library-02162023	12	richmond-recreation-05022023
54	richmond-town-mtg-03062023	11	richmond-arpa-02082023
53	RichmondCandidatesForum02222023	11	richmond-planning-02012023
53	richmond-recreation-02072023	11	richmond-planning-03162023
51	richmond-water-sewer-03132023	11	RichmondPlanning05172023
49	andrews-comm-forest-01302023	11	RichmondPlanning08022023
47	andrews-comm-forest-hrg-03292023	11	RichmondTownCtrLibrary01122023
47	richmond-spec-selectbd-05092023	11	richmond-town-ctr-library-02022023
47	richmond-water-sewer-01172023	10	RichmondDRB072623
45	richmond-selectbd-04032023	10	richmond-parking-02132023
45	richmond-town-mtg-article-info-hrg-03042023	10	richmond-parking-05082023
43	richmond-drb-03082023	10	richmond-planning-03012023
43	richmond-town-ctr-library-03162023_202303	10	RichmondPlanning071920023
41	richmond-arpa-04122023	10	richmond-town-ctr-library-04132023
41	richmond-selectbd-03202023	10	RichmondWaterSewer06202023
40	richmond-selectbd-02212023	10	RichmondWaterSewer07172023
37	richmond-water-sewer-04032023	9	richmond-arpa-08162023
36	richmond-recreation-03092023	9	richmond-housing-01122023
34	richmond-parking-03132023	9	richmond-planning-02152023
33	richmond-selectbd-05152023	9	RichmondPlanning06212023
32	richmond-recreation-04042023	9	richmond-planning-08162023
30	RichmondDRB04122023	9	richmond-town-ctr-library-03022023
30	RichmondSelectboard06202023	9	RichmondTownCtrLibrary06292023
30	richmond-water-sewer-03202023	9	richmond-town-ctr-library-08032023
29	RichmondSelectbd07312023	9	richmond-water-sewer-customer-mtg-05162023
26	richmond-selectbd-03132023	8	richmond-housing-03092023
26	RichmondSelectbd04172023	8	RichmondHousing07262023
26	RichmondSelectbd07172023	8	richmond-parking-03272023
25	richmond-planning-04052023	8	richmond-town-ctr-library-03302023
25	RichmondSelectbd08072023	7	RichmondParking05222023
22	RichmondPlanning01042023	7	richmond-planning-07052023
22	RichmondSpecSelectbdZoningHrg04182023	6	richmond-western-gateway-scoping-study-08102023
22	richmond-water-sewer-02212023	5	RichmondParking06262023
21	richmond-drb-02082023	5	richmond-parking-07102023
21	richmond-parking-04242023	5	RichmondRecreation06062023
20	RichmondSelectbd01032023	5	RichmondTownCtrLibrary06202023
19	RichmondSelectbd06052023	5	richmond-town-ctr-library-08172023
19	richmond-water-sewer-02062023	4	RichmondParking08142023
18	richmond-arpa-03222023	0	AndrewsCommunityForest09262023
18	richmond-arpa-05102023	0	andrews-community-forest-08282023
18	richmond-water-sewer-01032023	0	RichmondDRB09132023
18	RichmondWaterSewer08072023	0	RichmondHousing08232023
17	RichmondHousing05112023	0	RichmondHousing09272023
17	richmond-water-sewer-04172023	0	RichmondParking090720232
17	RichmondWaterSewer05012023	0	RichmondPlanning09062023
16	richmond-arpa-02222023	0	richmond-planning-09202023
16	RichmondWaterSewer06052023	0	RichmondRecreation09052023
16	richmond-water-sewer-07052023	0	RichmondSelectbd08212023
15	RichmondDRB05102023	0	RichmondSelectbd09052023
15	RichmondDRB06142023	0	richmond-selectbd-09182023
15	richmond-parking-04102023	0	richmond-spec-town-ctr-library-08222023
15	richmond-recreation-01032023	0	RichmondSpecTownCtrLibrary09142023
14	richmond-parking-06122023	0	RichmondTownCtrLibrary08312023
14	richmond-town-ctr-library-04272023	0	RichmondTownCtrLibrary09282023
13	richmond-arpa-01252023	0	richmond-water-sewer-08212023
13	RichmondARPA06212023	0	RichmondWaterSewer09052023
13	richmond-housing-02092023	0	RichmondWaterSewer09182023
13	RichmondHousing04112023	0	
		Col 2	419
2547	Col 1	Col 1 + Col 2=	2966

Rule 8 Annual Report

for Vermont Access Management Organizations (Version 4.0 - 2.23.23)

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:

[Empty box for notes]

Statement of Certification

I, [print / type name]: Angelike Contis

hereby certify that [name of AMO]: Mount Mansfield Community TV 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]
SIGNATURE OF PERSON COMPLETING FORM

5/31/23
DATE

[Signature of witness: Jessica R. Alexander]
SIGNATURE OF WITNESS

JESSICA R. ALEXANDER
NAME OF WITNESS (print/type)

Mount Mansfield Community Television Inc
Income Statement-All Operations
For the Year to Date Ending December 31, 2022

	Capital	Operations	Total
Revenues			
Revenue-Comcast-Opera	\$ 0.00	\$ 141,825.65	\$ 141,825.65
Revenue-Comcast-Capit	14,182.73	0.00	14,182.73
Donations	0.00	1,872.44	1,872.44
Camp Fees	0.00	1,575.00	1,575.00
Production Income	0.00	300.00	300.00
Municipal Income	0.00	7,691.00	7,691.00
Refunds/ Returns	0.00	85.67	85.67
Interest Income	0.00	69.10	69.10
Other Income	0.00	12,500.00	12,500.00
Other Income	6,075.00	0.00	6,075.00
	<u>20,257.73</u>	<u>165,918.86</u>	<u>186,176.59</u>
Total Revenues	20,257.73	165,918.86	186,176.59
Expenses			
Compensation	0.00	117,104.02	117,104.02
Employer FICA Expense	0.00	8,958.41	8,958.41
Unemployment Taxes	0.00	439.71	439.71
Health Insurance	0.00	7,393.32	7,393.32
Accounting Fees	0.00	4,557.67	4,557.67
Office Rent	0.00	15,407.16	15,407.16
Maintenance & Repair	0.00	25.53	25.53
Tech Support/Repair	4,200.00	0.00	4,200.00
Technical Supplies	73.17	0.00	73.17
Office Supplies	0.00	285.76	285.76
Tech Supplies-Other	108.16	0.00	108.16
Dues & Subscriptions	0.00	1,408.18	1,408.18
Postage & Shipping	0.00	100.89	100.89
Telephone Expense	0.00	584.25	584.25
Internet	0.00	1,599.37	1,599.37
Business Insurance	0.00	1,593.00	1,593.00
Workers Comp Insuranc	0.00	2,612.00	2,612.00
Website Construction	32.40	0.00	32.40
Interactive Program Gui	0.00	2,527.62	2,527.62
New Channels' Marketin	0.00	128.00	128.00
Advertising Expense	0.00	1,220.25	1,220.25
Meals & Entertainment	0.00	282.31	282.31
Mileage Reimbursement	0.00	192.66	192.66
Cable Reimbursement	0.00	1,740.00	1,740.00
Depreciation Expense	3,906.00	0.00	3,906.00
Contributions	0.00	102.56	102.56
Studio Equipment	623.03	0.00	623.03
Field Equipment	643.95	0.00	643.95
Facility/Studio Upgrades	215.08	0.00	215.08
Computer Software	1,150.26	0.00	1,150.26
Computer Hardware	1,223.99	0.00	1,223.99
	<u>12,176.04</u>	<u>168,262.67</u>	<u>180,438.71</u>
Total Expenses	12,176.04	168,262.67	180,438.71
Net Income	\$ 8,081.69	\$ (2,343.81)	\$ 5,737.88

Mount Mansfield Community Television Inc
Balance Sheet
December 31, 2022

ASSETS

Current Assets		
Checking Acct/TDBank	\$	32,315.62
Petty Cash		(21.16)
MMA-Operating		59,909.37
MMA-Capital		44,880.13
PayPal		122.44
CD - TD Bank		<u>52,134.16</u>
Total Current Assets		189,340.56
Property and Equipment		
Studio & Production Equipment		154,286.29
Accum.Depr-Studio Equipment		(152,760.90)
Office Equipment		16,940.69
Accum. Deprec-Office Equipment		(16,940.69)
Leasehold Improvements		19,294.81
Amort-Leasehold Improvements		<u>(19,294.81)</u>
Total Property and Equipment		1,525.39
Other Assets		
Total Other Assets		<u>0.00</u>
Total Assets	\$	<u><u>190,865.95</u></u>

LIABILITIES AND CAPITAL

Current Liabilities		
Capitol One Payable-Oper	\$	286.86
Prepaid Rev- Restr Branding		2,646.00
Prepaid Rev- ROS		4,645.84
FICA Payable		(103.36)
VT Unemp Taxes Payable		<u>62.80</u>
Total Current Liabilities		7,538.14
Long-Term Liabilities		
Total Long-Term Liabilities		<u>0.00</u>
Total Liabilities		7,538.14
Capital		
Fund Balance-Operating		176,035.88
Fund Balance-Capital		1,554.05
Net Income		<u>5,737.88</u>
Total Capital		<u>183,327.81</u>
Total Liabilities & Capital	\$	<u><u>190,865.95</u></u>



Operating Budget 2023 & 2024

Account	Operating Revenues	FY23	FY24
4010	Revenue-Comcast-Operating	136,000	130,000
4015	Revenue-Comcast-Rebranding	2,500	0
4020	Transfer from Operating to Capital	0	0
4040	Donations/Underwriting	1,900	2,000
4045	Video Camp & Other Educational	3,100	5,000
4050	Productions Income	0	0
4060	Video/Dubbing Income	0	0
4080	Municipal Revenue	10,000	11,000
4100	Refunds/Returns	0	0
4900	Interest Income	500	0
4910	Other Income	25,000	30,000
	Total	179,000	178,000
	<i>Amount from Fund Balance</i>	<i>0</i>	<i>3000</i>
	Revenue Total	179000	181000

Account	Operating Expenses	FY23	FY24
5010	Compensation (6% increase, includes bonus)	120,000	123,000
5015	Employer FICA Expense	9,000	9,100
5016	VT Unemployment Tax (1.3% first 17300)	500	500
5020	Health Insurance (667.15/mo)	8,500	9,000
5050	Legal Fees	200	200
5052	Contractors Fees	400	200
5060	Accounting Fees	4,800	4,800
5065	Bank Fees	0	0
5070	Office Rent (1283.93/month))	15,500	15,500
5075	Maintenance & Repair	300	200
5090	Office Supplies	300	400
5095	Copying Expense	300	300
6000	Dues & Subscriptions (VAN, ACM)	1,500	1,600
6010	Postage & Shipping	250	300
6020	Telephone Expense	0	0
6025	Utilities	0	0
6027	Internet (High Speed Fiber & IP Address)	1,900	2,000
6030	Business Insurance	2,000	2,000
6040	Workers Comp Insurance	1,400	1,500
6050	Website Streaming	1,500	1,600
6051	Interactive Program Guide (Gracernote)	2,000	2,200
6058	New Channels Marketing	2,600	0
6060	Advertising Expense	1,500	2,000
6070	Conferences/Workshops	700	500
6080	Meals & Entertainment	900	1,000
6090	Mileage Reimbursement	400	400
6095	Travel/Per Diem	300	300
6100	Cable Reimbursement (\$48/mo - 3 people.)	1,750	1,800
6210	Contributions (Internet Archive, Democracy Now)	500	600
		179,000	181,000

Capital Budget 2023 & 2024



Account	Capital Income	FY23	FY24
4010C	Revenue-Comcast-Capital	13,600	13,000
4020C	Xfer from Operating to Capital		
4016C	Revenue-Comcast ROS	5,000	0
	Other Income (ARPA capital reimbursement from towns)	<u>12,000</u>	<u>0</u>
		30,600	13,000
	<i>Amount from Capital Fund Balance</i>	<i>(9800)</i>	11800
	Total	20800	24800
	Capital Expenses	FY23	FY24
5075C	Maintenance & Repair	0	0
5078C	Tech Support/Repair (Bill Cairns, Telvue Care)	3,000	4,900
5085C	Tech Supplies	300	300
5092C	Tech Supplies - Other	0	0
6050C	Website Construction (Godaddy, other)	1,000	1,000
7010C	Studio Equipment	2,000	3,000
7015C	Field Equipment	5,000	5,000
7020C	Office Equipment	500	600
7040C	Facility/Studio Upgrades	3,000	5,000
7100C	Computer Software (Adobe CC \$360,OTT)	2,000	2,000
7120C	Computer Hardware	4,000	3,000
	Total	20,800	24,800

Short Form

Return of Organization Exempt From Income Tax

2022

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning, 2022, 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		D Employer identification number 04-3360750
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 688		E Telephone number (802) 434-2550
	City or town, state or province, country, and ZIP or foreign postal code RICHMOND, VT 05477-0688		F Group Exemption Number
	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> 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 \$ 186,177

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	1,872				
2	Program service revenue including government fees and contracts	2	156,009				
3	Membership dues and assessments	3					
4	Investment income	4	69				
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	28,227				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	186,177				
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	124,497				
13	Professional fees and other payments to independent contractors	13	4,558				
14	Occupancy, rent, utilities, and maintenance	14	19,330				
15	Printing, publications, postage, and shipping	15	101				
16	Other expenses (describe in Schedule O)	16	31,953				
17	Total expenses. Add lines 10 through 16	17	180,439				
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	5,738				
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	177,590				
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	183,328				

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	179,717	22	189,341
23 Land and buildings	5,431	23	1,525
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	185,148	25	190,866
26 Total liabilities (describe in Schedule O)	7,558	26	7,538
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	177,590	27	183,328

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

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

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.

28 <u>PROVIDE PUBLIC ACCESS TELEVISION SERVICES TO RESIDENTS OF RICHMOND, JERICHO, AND UNDERHILL, VT ON COMCAST CABLE.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	180,439
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	180,439

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/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JAY FURR 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	47,363	7,393	0

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 checkboxes. Rows include 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

	Yes	No
47		X
48		X
49a		X
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here	ANGELIKE CONTIS				
	Signature of officer				Date
Paid Preparer Use Only	ANGELIKE CONTIS, EXECUTIVE DIRECTOR				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	EVAN FOLEY	EVAN FOLEY	05-18-2023		P01902614
Firm's name		Firm's EIN			
MGV ASSOCIATES					
Firm's address		Phone no.			
382 HERCULES DR SUITE 6		802-655-3477			
COLCHESTER VT 05446					

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

**SCHEDULE A
(Form 990)**

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

2022

**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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 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

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70	389	120	505	1,872	2,956
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	150,751	148,238	154,729	162,590	156,009	772,317
3 Gross receipts from activities that are not an unrelated trade or business under section 513	2,748	23,462	5,527	12,485	9,566	53,788
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	153,569	172,089	160,376	175,580	167,447	829,061
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.)						829,061

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	153,569	172,089	160,376	175,580	167,447	829,061
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	919	1,401	1,013	281	69	3,683
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	919	1,401	1,013	281	69	3,683
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	108	210	18,834	207	18,661	38,020
13 Total support. (Add lines 9, 10c, 11, and 12.)	154,596	173,700	180,223	176,068	186,177	870,764
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 2022 (line 8, column (f), divided by line 13, column (f))	15	95.21 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	97.22 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	0.00 %

- 19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>	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? <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>	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)? <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>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
c	<input type="checkbox"/>	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Yes	No
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>		3a	
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>		3b	

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

MOUNT MANSFIELD COMMUNITY TELEVISION

Employer identification number

04-3360750

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

DESCRIPTION	AMOUNT
PRODUCTION INCOME	300
CAMP FEES	1,575
REFUNDS	86
OTHER INCOME	18,575
MUNICIPAL INCOME	7,691

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

DESCRIPTION	AMOUNT
DEPRECIATION FROM 4562	3,906
SUPPLIES	468
TRAVEL	475
INSURANCE	4,205
ADVERTISING	1,348
CONTRIBUTIONS	103
WEBSITE	32
DUES AND SUBSCRIPTIONS	1,408
EQUIPMENT AND SOFTWARE	3,856
REPAIRS AND MAINT	4,226
INTERACTIVE PROGRAM GUIDE	2,528
PAYROLL TAXES	9,398

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

CATEGORY	BEGINNING OF YEAR	END OF YEAR
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Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

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)	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 2021 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 2023. 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	856

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 2022	17	3,050
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 2022 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2022 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	3,906
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.