

Town of Richmond

Request for Special Appropriations

Request for Fiscal Year: 2024

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 is processing (editing/archiving) a growing number of Richmond Town board meetings - because we can, due to Zoom recordings - including many smaller committees. We also stream (including live-switching cameras) many meetings live. The goal is always to give people voice and make information and participation accessible to all.

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 on-demand (free) 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, which are available on Internet Archive for viewing/downloading.

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? We are in the "business" of helping people be heard and seen and boosting civic participation. In 2021, we purchased and installed an affordable and effective hybrid meeting conference room system, with ongoing, regular tech support. Meeting video links are updated daily on our website and we offer outreach through 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.) \$5000 in funds will provide over 200 hours of staff work on Richmond meeting videos. In FY24, MMCTV will stream (including live-switching between cameras) an estimated 50+ hybrid meetings live and edit/archive over 150 meetings. Note the number of Richmond town meetings we process went up from 88 in 2019, to 130 in 2020 and 146 in 2021. (2022 appears to be on track with 2021).

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? Each of our 3 towns is supporting the growing labor costs involved in streaming, editing and archiving public meetings. Without this help, we'd have to limit the number of meetings we share with the public. MMCTV (along with 23 other VT Public Educational Govt. centers) is actively seeking short-term and long-term funding from the State of Vermont for our growing services and needs in the era of "cable cutting." We received \$12,500 from VT to date in 2022 for other MMCTV programs (such as our educational work with a summer TV camp).

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. We are working more closely with the Town of Richmond than ever, as new tenants and the challenges of the pandemic. We have a small, dedicated team of video professionals, who care about the quality of our work and value high public meeting standards.

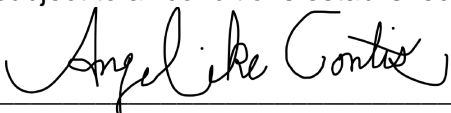
2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from whom (source of data) and when (timing of data collection). We look at the number of people who view Richmond board/committee meetings as a metric, which we can track through our Internet Archive and Youtube statistics (info attached here). We also are in constant communication with the towns and quickly respond to viewer calls/emails. Often our "top 10" most-viewed videos each year feature advice from town clerks regarding elections and Town Meeting Day topics.

3. Summarize or attach program and or service assessments conducted in the past two years. Our 2021 Annual Report is online here <http://mtmansfieldctv.org/annual-reports>. It was filed with the state. (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? 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: 10/3/222

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

MMCTV Statistics	2022 (Partial/Jan.-Oct. 2)	2021 (Jan.-Dec.)
#MEETINGS EDITED & ARCHIVED	138+	146
PLAYS (Int. Arch.)	1566	3060
PLAYS (Youtube):	314	342
PLAYS (ALL):	1880	3402
# LIVE EVENTS	45+	49+
<i>(Water/Sewer & SB often one single stream)</i>		

COMCAST CABLE (Channels 1076 and 1086)

While we don't have viewing numbers or exact town numbers, we estimate Richmond is at nearly 50% of MMCTV's 2,3000 local cable subscribers

MMCTV INTERNET ARCHIVE INFO: JAN. 1 - Oct. 2, 2022**RICHMOND MEETINGS 2022****VIEWS MEETING**

45 richmond-annual-water-sewer-05172022
 44 richmond-selectbd-info-hearing-02012022
 40 richmond-town-ctr-library-04282022
 36 richmond-selectbd-04042022
 34 richmond-town-meeting-clerk-02022022
 34 richmond-water-sewer-05162022
 33 richmond-drb-02092022
 33 richmond-drb-04132022
 32 richmond-selectbd-02072022
 32 richmond-selectbd-02222022
 32 richmond-selectbd-03212022
 30 richmond-selectbd-04252022
 29 richmond-selectbd-01182022
 29 richmond-water-sewer-04042022
 27 RichmondSelectbd05162022
 27 richmond-selectbd-07052022
 26 richmond-selectbd-01032022
 26 richmond-spec-selectbd-02172022
 26 richmond-water-sewer-comsn-01182022
 25 RichmondSelectbd08152022
 25 richmond-town-ctr-library-03032022
 25 richmond-water-sewer-07182022
 24 richmond-spec-selectbd-02282022
 24 richmond-water-sewer-01032022
 23 andrews-community-forest-07062022
 23 richmond-drb-03092022
 23 richmond-spec-selectbd-05032022
 22 richmond-spec-water-sewer-03142022
 22 richmond-water-sewer-01102022
 21 richmond-arpa-03092022
 21 richmond-selectbd-03072022
 21 richmond-spec-drb-07272022
 21 richmond-water-sewer-02072022
 20 richmond-drb-05112022
 20 RichmondDRB08102022
 20 richmond-recreation-02012022
 20 richmond-recreation-04052022
 20 richmond-selectbd-08012022
 20 richmond-water-sewer-02222022
 20 richmond-water-sewer-07052022
 19 richmond-parking-03142022
 19 richmond-spec-selectbd-01102022
 19 richmond-spec-water-sewer-02142022
 18 richmond-parking-02282022
 18 richmond-water-sewer-05022022
 17 richmond-arpa-01122022
 17 richmond-arpa-02092022
 17 richmond-parking-07252022
 17 richmond-planning-05042022
 17 richmond-planning-comsn-01192022
 17 richmond-selectbd-05022022
 17 RichmondSelectbd06202022
 17 richmond-town-ctr-library-02032022
 17 richmond-water-sewer-03212022
 16 richmond-arpa-04132022
 16 richmond-drb-07132022
 16 richmond-parking-05092022
 16 richmond-recreation-05032022
 16 RichmondSelectbd07182022
 16 RichmondSelectbd09062022
 16 richmondvillagesidewalks03172022
 16 richmondwatersewer04252022
 15 richmond-parking-01242022
 15 richmond-parking-04042022
 15 richmond-recreation-01042022
 15 RichmondTownCtrLibrary06102022
 15 richmond-water-sewer-03072022
 14 RichmondARPACommittee06222022
 14 richmond-town-ctr-library-03312022
 14 richmond-town-ctr-library-05122022

VIEWS MEETING

14 richmond-vplanning-02022022
 13 richmond-arpa-05252022
 13 richmond-bike-ped-trails02092022
 13 richmond-parking-02142022
 13 richmond-planning-02162022
 13 RichmondSelectbd06062022
 13 richmond-town-ctr-library-04142022
 13 RichmondTownCtrLibrary06162022
 13 richmond-water-sewer-06062022
 12 RichmondDRB06082022
 12 richmond-planning-01052022
 12 richmond-planning-03022022
 12 richmond-recreation-08022022
 12 richmond-spec-selectbd-05102022
 12 RichmondWaterSewer06202022
 11 richmond-housing-04212022
 11 richmond-planning-04062022
 11 richmond-planning-07062022
 11 richmond-planning-07202022
 11 richmond-recreation-03012022
 10 RichmondARPA06082022
 10 richmond-housing-02102022
 10 richmond-housing-03102022
 10 richmond-planning-03162022
 10 RichmondSelectbd08292022SpecialHinesburg
 10 richmond-water-sewer-08012022
 10 richmond-water-sewer-08152022
 9 richmond-housing-07142022
 9 richmond-housing-09082022
 9 richmond-parking-04252022
 9 RichmondPlanning05182022
 9 richmond-town-ctr-library-03172022
 9 richmond-town-ctr-library-06022022
 9 RichmondTownCtrLibrary07282022
 8 RichmondARPA05112022
 8 richmond-arpa-07272022
 8 RichmondARPA08102022
 8 richmond-parking-05232022
 8 richmond-planning-04202022
 8 RichmondPlanning08032022
 8 richmond-town-ctr-library-02172022
 8 richmond-town-ctr-library-06302022
 7 RichmondARPA07132022
 7 RichmondARPA08242022
 7 richmond-planning-06012022
 7 RichmondPlanningCmsn06152022
 7 RichmondTownCtrLibrary
 6 richmond-housing-01132022
 6 richmond-housing-05262022
 6 richmond-parking-08082022
 6 richmond-planning-08172022
 6 RichmondPlanning09072022
 6 richmond-town-ctr-library-07142022
 6 RichmondTownCtrLibrary08112022
 5 richmond-parking-09012022
 5 RichmondRecreation09062022
 5 RichmondWaterSewer09062022
 4 richmond-drb-09142022
 4 RichmondHousing06092022
 4 RichmondHousing08112022
 0 RichmondHinesburgPoliceGov09212022
 0 richmond-parking-09262022
 0 richmond-planning-09212022
 0 RichmondPlanning09262022
 0 RichmondSelectbd09192022
 0 RichmondTownCtrLibrary09152022Fix
 0 richmond-vwater-sewer-09192022

1566 TOTAL VIEWS JAN. 1- Oct. 2, 2022
138 Meetings Edited (so far)

RULE 8 ANNUAL REPORT

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

Reporting Deadlines

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

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

Instructions

Instructions for filling out this form may be found at:

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

Attachments

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

Filing

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

Clerk of the Commission

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

Vermont Public Service Department

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

Vermont Access Network

PO Box 4041
Burlington, VT 05406-4041

Cable Operator(s)

See your PEG Access Agreement for Mailing information.

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

The FISCAL YEAR REPORTING: _____
(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 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

Angelike Digitally signed by Angelike
Date: 2022.05.23 15:28:21 -04'00'
SIGNATURE OF PERSON COMPLETING FORM

5/24/22
DATE

Linda M Parent
SIGNATURE OF WITNESS

LINDA M PARENT
NAME OF WITNESS (print/type)

Mount Mansfield CommunityTelevision Inc
Income Statement
For the Twelve Months Ending December 31, 2021

	Current Month This Year	Current Month Last Year	Year to Date This Year	Year to Date Last Year
Revenues				
Revenue-Comcast-Operating	\$ 138,726.44	\$ 135,011.14	\$ 138,726.44	\$ 135,011.14
Revenue-Comcast-Capital	13,872.81	13,501.40	13,872.81	13,501.40
Revenue-Comcast Restr Branding	0.00	854.00	0.00	854.00
Revenue-Comcast Restr Branding	0.00	0.00	0.00	0.00
Revenue-Comcast ROS	0.00	0.00	0.00	0.00
Revenue-Comcast ROS	9,991.16	5,363.00	9,991.16	5,363.00
Xfer to Capital from Operating	0.00	0.00	0.00	0.00
Xfer From Operating to Capital	0.00	0.00	0.00	0.00
Grant Income	0.00	0.00	0.00	0.00
Donations	504.87	120.00	504.87	120.00
Donations	0.00	0.00	0.00	0.00
Camp Fees	1,220.00	0.00	1,220.00	0.00
Production Income	0.00	0.00	0.00	0.00
Video/Dubbing Income	225.00	275.00	225.00	275.00
Earth Day Grant Income	0.00	0.00	0.00	0.00
Municipal Income	11,040.00	5,251.65	11,040.00	5,251.65
Refunds/ Returns	207.12	173.30	207.12	173.30
Interest Income	280.58	1,013.06	280.58	1,013.06
Other Income	0.00	18,660.00	0.00	18,660.00
Gain on Asset Sale	0.00	0.00	0.00	0.00
Total Revenues	176,067.98	180,222.55	176,067.98	180,222.55
Cost of Sales				
Total Cost of Sales	0.00	0.00	0.00	0.00
Gross Profit	176,067.98	180,222.55	176,067.98	180,222.55
Expenses				
Compensation	110,799.98	103,912.55	110,799.98	103,912.55
Employer FICA Expense	8,476.35	7,949.59	8,476.35	7,949.59
Unemployment Taxes	228.69	435.69	228.69	435.69
Health Insurance	7,862.01	7,751.39	7,862.01	7,751.39
Recognitions & Awards	0.00	0.00	0.00	0.00
Earth Day Expenses	0.00	0.00	0.00	0.00
Legal Fees	899.50	0.00	899.50	0.00
Contractors Fees	0.00	500.00	0.00	500.00
Accounting Fees	4,432.59	3,773.75	4,432.59	3,773.75
Bank Fees	21.06	15.00	21.06	15.00
Office Rent	23,709.33	13,560.00	23,709.33	13,560.00
Maintenance & Repair	225.00	0.00	225.00	0.00
Maintenance & Repair	0.00	0.00	0.00	0.00
Tech Support/Repair	1,090.68	2,100.00	1,090.68	2,100.00
Equipment Lease	0.00	0.00	0.00	0.00
Equipment Lease	0.00	0.00	0.00	0.00
Technical Supplies	0.00	0.00	0.00	0.00
Office Supplies	1,435.66	127.71	1,435.66	127.71
Tech Supplies/Tapes/DVD	0.00	0.00	0.00	0.00
Tech Supplies-Other	0.00	89.98	0.00	89.98
Copying Expense	0.00	0.00	0.00	0.00
Dues & Subscriptions	1,154.57	1,537.67	1,154.57	1,537.67
Postage & Shipping	173.99	171.26	173.99	171.26
Postage& Shipping	0.00	0.00	0.00	0.00
Telephone Expense	526.12	529.33	526.12	529.33
Utilities	1,871.74	2,696.42	1,871.74	2,696.42
Satellite	0.00	0.00	0.00	0.00

For Management Purposes Only

Mount Mansfield Community Television Inc
Income Statement
For the Twelve Months Ending December 31, 2021

	Current Month This Year	Current Month Last Year	Year to Date This Year	Year to Date Last Year
Internet	1,117.65	1,410.85	1,117.65	1,410.85
Business Insurance	1,563.00	1,480.00	1,563.00	1,480.00
Workers Comp Insurance	666.50	1,056.00	666.50	1,056.00
Website Video Streaming	0.00	0.00	0.00	0.00
Website Construction	21.17	282.10	21.17	282.10
Interactive Program Guide	2,454.00	2,100.00	2,454.00	2,100.00
IP Address (comcast)	0.00	19.95	0.00	19.95
New Channels' Marketing	89.25	0.00	89.25	0.00
Advertising Expense	259.50	1,484.75	259.50	1,484.75
Conferences/Workshops	0.00	0.00	0.00	0.00
Education and Training	0.00	0.00	0.00	0.00
Meals & Entertainment	147.59	110.32	147.59	110.32
Mileage Reimbursement	174.91	335.00	174.91	335.00
Travel/Per Diem	0.00	0.00	0.00	0.00
Cable Reimbursement	720.00	768.00	720.00	768.00
Depreciation Expense	0.00	0.00	0.00	0.00
Depreciation Expense	4,759.00	6,793.00	4,759.00	6,793.00
Interest Expense	0.00	0.00	0.00	0.00
Contributions	300.00	605.80	300.00	605.80
Misc. Expense	0.00	0.00	0.00	0.00
Uncategorized CC Expense	0.00	0.00	0.00	0.00
Loss On Sale of Assets	0.00	0.00	0.00	0.00
Studio Equipment	436.84	140.48	436.84	140.48
Field Equipment	12,491.11	7,645.87	12,491.11	7,645.87
Office Equipment	0.00	0.00	0.00	0.00
Post Production Equipment	0.00	0.00	0.00	0.00
Facility/Studio Upgrades	58.08	0.00	58.08	0.00
Computer Software	883.44	835.66	883.44	835.66
Computer Software	0.00	0.00	0.00	0.00
Computer Hardware	3,042.00	2,115.75	3,042.00	2,115.75
Office Network Server	0.00	0.00	0.00	0.00
	<u>192,091.31</u>	<u>172,333.87</u>	<u>192,091.31</u>	<u>172,333.87</u>
Total Expenses				
Net Income	\$ <u><u>(16,023.33)</u></u>	\$ <u><u>7,888.68</u></u>	\$ <u><u>(16,023.33)</u></u>	\$ <u><u>7,888.68</u></u>

Mount Mansfield Community Television Inc

Balance Sheet

December 31, 2021

	This Year	Last Year	Variance
ASSETS			
Current Assets			
Checking Acct/TDBank	\$ 4,294.29	29,678.22	(25,383.93)
Petty Cash	40.66	64.65	(23.99)
MMA-Operating	90,072.46	78,747.97	11,324.49
MMA-Capital	32,875.24	40,581.19	(7,705.95)
PayPal	299.87	0.00	299.87
CD - TD Bank	52,134.16	51,981.26	152.90
Total Current Assets	179,716.68	201,053.29	(21,336.61)
Property and Equipment			
Studio & Production Equipm	154,286.29	154,286.29	0.00
Accum.Depr-Studio Equipm	(148,854.90)	(144,095.90)	(4,759.00)
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	5,431.39	10,190.39	(4,759.00)
Other Assets			
Total Other Assets	0.00	0.00	0.00
Total Assets	\$ 185,148.07	211,243.68	(26,095.61)

LIABILITIES AND FUND BALANCE

Current Liabilities			
Capitol One Payable-Oper	\$ 312.71	299.02	13.69
Prepaid Rev- Restr Branding	2,646.00	2,646.00	0.00
Prepaid Rev- ROS	4,645.84	14,637.00	(9,991.16)
FICA Payable	(103.36)	0.00	(103.36)
VT Unemp Taxes Payable	56.95	48.40	8.55
Total Current Liabilities	7,558.14	17,630.42	(10,072.28)
Long-Term Liabilities			
Total Long-Term Liabilities	0.00	0.00	0.00
Total Liabilities	7,558.14	17,630.42	(10,072.28)
Fund Balance			
Fund Balance-Operating	192,059.21	184,170.53	7,888.68
Fund Balance-Capital	1,554.05	1,554.05	0.00
Net Income	(16,023.33)	7,888.68	(23,912.01)
Total Fund Balance	177,589.93	193,613.26	(16,023.33)
Total Liabilities & Fund Bala	\$ 185,148.07	211,243.68	(26,095.61)

Unaudited - For Management Purposes Only



Operating Budget 2022 & 2033 (Approved 1/25/22)

Account Operating Revenues	FY22	FY23	Actual FY21
4010 Revenue-Comcast-Operating (approx. 2021)	138000	136,000	138,725
4015 Revenue-Comcast-Rebranding (New Channels- use remaining)	2700	0	0
4020 Transfer from Operating to Capital	0	0	0
4040 Donations/Underwriting	500	800	330
4045 Video Camp & Other Educational	1800	2,000	1,220
4050 Productions Income	0	0	0
4060 Video/Dubbing Income	300	250	225
4080 Municipal Revenue	7000	10,000	11,040
4100 Refunds/Returns	0	0	207
4900 Interest Income (down from 2 to 1.05%, exp. 3/2/21)	400	500	281
4910 Other Income (Creative Fundraising)	<u>2000</u>	<u>5,000</u>	<u>0</u>
Total	152700	154,550	152,028
<i>Amount from Fund Balance</i>	14800	12224	16655
Revenue Total	167500	166774	168683
Account Operating Expenses	FY22	FY23	Actual FY21
5010 Compensation (5% increase, includes bonus)	110800	114,124	110,800
5015 Employer FICA Expense	8500	8,500	8,476
5016 VT Unemployment Tax (1.3% first 17300)	400	400	378
5020 Health Insurance (611/mo)	7400	7,800	7,862
5050 Legal Fees	400	500	900
5052 Contractors Fees	500	500	0
5060 Accounting Fees	3800	4,000	4,433
5065 Bank Fees	0	0	21
5070 Office Rent (1283.93/month))	15400	15,500	23,709
5075 Maintenance & Repair	700	300	225
5090 Office Supplies	300	300	639
5095 Copying Expense	200	300	0
6000 Dues & Subscriptions (WSBA, VAN)	1200	1,500	1,155
6010 Postage & Shipping	200	250	174
6020 Telephone Expense	500	500	526
6025 Utilities	0	0	1,872
6027 Internet (High Speed Fiber & IP Address)	1400	1,400	1,118
6030 Business Insurance	1600	1,700	1,563
6040 Workers Comp Insurance	1200	1,200	667
6050 Website Streaming (Streaming Ch. 1086)	3000	500	21
6051 Interactive Program Guide (Gracenote)	2500	2,500	2,454
6058 New Channels Marketing	2700	0	89
6060 Advertising Expense	2000	2,000	260
6080 Meals & Entertainment	500	500	148
6090 Mileage Reimbursement	300	300	175
6100 Cable Reimbursement (\$40/mo - 3 people.)	1500	1,500	720
6210 Contributions (Internet Archive, Democracy Now)	500	700	<u>300</u>
	167500	166,774	168,683

Capital Budget 2022 & 2023



Account Capital Income	FY22	FY23	ActualFY21
4010C Revenue-Comcast-Capital	13500	12,000	13,873
4020C Xfer from Operating to Capital			0
4016C Revenue-Comcast ROS	<u>5000</u>	<u>0</u>	<u>9,991</u>
	18500	12,000	
<i>Amount from Capital Fund Balance</i>	1000	17600	<u>0</u>
Total	19500	29600	23,864

Capital Expenses	FY22	FY23	ActualFY21
5075C Maintenance & Repair	0	0	0
5078C Tech Support/Repair (Bill Cairns, Telvue Care)	3000	3,000	1,091
5085C Tech Supplies (DVDs, etc)	200	200	0
5092C Tech Supplies - Other	200	100	0
6050C Website Construction (Godaddy)	300	300	21
7010C Studio Equipment	2000	2,000	437
7015C Field Equipment	3000	4,000	12,491
7020C Office Equipment	800	1,000	0
7040C Facility/Studio Upgrades (Phase I)	6000	14,000	58
7100C Computer Software (Adobe CC \$360, Hypercaster Streaming)	2000	2,000	883
7120C Computer Hardware	2000	3,000	<u>3,839</u>
Total	19500	29,600	18,820

Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning _____, 2021, 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 ▶ \$ **176,068**

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	505
	2 Program service revenue including government fees and contracts.	2	162,590
	3 Membership dues and assessments	3	
	4 Investment income	4	281
	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	12,692	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	176,068	
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	127,367
	13 Professional fees and other payments to independent contractors	13	5,331
	14 Occupancy, rent, utilities, and maintenance	14	27,945
	15 Printing, publications, postage, and shipping	15	174
	16 Other expenses (describe in Schedule O).	16	31,274
17 Total expenses. Add lines 10 through 16 ▶	17	192,091	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	(16,023)
	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	193,613
	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	177,590

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	201,053	179,717
23 Land and buildings	10,190	5,431
24 Other assets (describe in Schedule O)	0	0
25 Total assets	211,243	185,148
26 Total liabilities (describe in Schedule O)	17,630	7,558
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	193,613	177,590

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

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

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

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

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

28 PROVIDE PUBLIC ACCESS TELEVISION SERVICES TO RESIDENTS OF RICHMOND, JERICHO, AND UNDERHILL, VT ON COMCAST CABLE. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	192,091
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	192,091

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
RONALD RODJENSKI PRESIDENT/TREASURER	1.00	0	0	0
TIM CHAMBERLIN MEMBER	1.00	0	0	0
PETER WOLF SECRETARY	1.00	0	0	0
TED LYMAN BD MEMBER	1.00	0	0	0
ANGELIKE CONTIS EXECUTIVE DIRECTOR	32.00	45,378	7,910	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 response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

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

	Yes	No
46		X

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

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

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

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

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

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

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

	Yes	No
47		X
48		X
49a		X
49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/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

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

Date

Paid Preparer Use Only

Print/Type preparer's name KEVIN MARCHAND	Preparer's signature	Date 05-10-2022	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01204503
Firm's name ▶ MGV ASSOCIATES	Firm's EIN ▶		Phone no. 802-655-3477	
Firm's address ▶ 382 HERCULES DR SUITE 6 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

2021

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,910	70	389	120	505	2,994
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	159,548	150,751	148,238	154,729	162,590	775,856
3 Gross receipts from activities that are not an unrelated trade or business under section 513	2,645	2,748	23,462	5,527	12,485	46,867
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	164,103	153,569	172,089	160,376	175,580	825,717
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.)						825,717

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	164,103	153,569	172,089	160,376	175,580	825,717
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	581	919	1,401	1,013	281	4,195
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	581	919	1,401	1,013	281	4,195
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.)	84	108	210	18,834	207	19,443
13 Total support. (Add lines 9, 10c, 11, and 12.)	164,768	154,596	173,700	180,223	176,068	849,355
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 2021 (line 8, column (f), divided by line 13, column (f))	15	97.22 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	97.16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0.00 %

- 19a 33 1/3% support tests - 2021.** 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 - 2020.** 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).</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 in lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described in line 11a above?	11b	
c	A 35% controlled entity of a person described in 11a or 11b above? <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
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		Yes	No
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
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		Yes	No
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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) - provide details in Part VI	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**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.**2021**Department of the Treasury
Internal Revenue Service▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.**Open to Public
Inspection**Name of the organization
MOUNT MANSFIELD COMMUNITY TELEVISIONEmployer identification number
04-3360750**01. Description of other revenue (Part I, line 8)**

DESCRIPTION	AMOUNT
DVD/PROGRAM COPIES	225
CAMP FEES	1,220
REFUNDS	207
MUNICIPAL INCOME	11,040

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

DESCRIPTION	AMOUNT
DEPRECIATION FROM 4562	4,759
OFFICE EXPENSE	1,436
TRAVEL	323
INSURANCE	2,230
ADVERTISING	349
CONTRIBUTIONS	300
WEBSITE	21
DUES AND SUBSCRIPTIONS	1,154
BANK FEES	21
EQUIPMENT AND SOFTWARE	16,911
REPAIRS AND MAINT	1,316
INTERACTIVE PROGRAM GUIDE	2,454

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

CATEGORY	BEGINNING OF YEAR	END OF YEAR
PAYROLL TAX	48	(47)

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 2020 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 2022. Add lines 9 and 10, less line 12 ▶	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	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 2021 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 2021 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	4,759
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.

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Overflow Statement

2021

Page 1

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Name(s) as shown on return

FEIN

MOUNT MANSFIELD COMMUNITY TELEVISION

04-3360750

Description

Amount

PAYROLL TAX

\$ (47)

Total: \$ -47

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

Depreciation Detail Listing

2021

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PAGE 1

(This page is not filed with the return. It is for your records only.)

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

2021

990 EZ

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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

2021

990 EZ

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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	2,376	679	3,055	679
68	CUSTOM VIDEO EDITING	08012017	5,152		100.00			5,152	5	SL HY	20	3,605	1,030	4,635	1,030
69	TELVUE ALL IN ONE	03052018	23,681		100.00			23,681	5	200 DB HY	11.52	16,861	2,728	19,589	2,728
70	IP ENCODER	02072018	2,795		100.00			2,795	5	200 DB HY	11.52	1,990	322	2,312	322
Totals			190,521					190,521				180,330	4,759	185,089	4,759

Land Amount
Net Depreciable Cost 190,521

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

4,759
ST ADJ:

Next Year's Depreciation Worksheet

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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

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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	339
EZ	1	CUSTOM VIDEO EDITING PC	08-01-2017	5,152	SL	5	517
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					3,906