

Rule 8 Annual Report for Vermont Access Management Organizations

Version 2.5 -- TempRev'16

Reporting Deadlines

Vermont Access Management Organizations are expected to complete and submit their annual report within 120 days of the end of their fiscal year. If you need an extension 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 won't fit in the space provided.

Be sure to Attach your Depreciation or Fixed Asset Schedule (Sec. 10a) and Financials (Sec. 15c).

Send Your Report to:

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

1. Clerk of the Board
Vermont Public Service Board
112 State Street
Montpelier, VT 05620-2701
2. Vermont Public Service Department
c/o James Porter, Director, Telecom Division
112 State Street
Montpelier, VT 05620-2601
3. Vermont Access Network
PO Box 4041
Burlington, VT 05406-4041
4. The Cable Operator(s):
See your contract for Mailing information.

Report Fiscal Year (Date Fiscal Year ended)

12/31/2016

Fiscal Year End Date
(NOT today's date, please.)
(Enter as M/D/YYYY)

1. Organization Name & Address

Lake Champlain Access Television, Inc.

Legal Name/ Corporate Name

"Doing Business As" (d/b/a) Name & Call Letters

63 Creek Farm Plaza, Suite 3, Colchester, VT 05446

Mailing Address

Location Address (if different than Mailing Address)

lcatv.org

Website Address



2. Contact Information

2a. Individual Completing this Form

Kevin Christopher

Name

Executive Director

Position

802-862-5724

Phone Number

802-871-5583

Fax Number

info@lcatv.org

EmailAddress

2b. Executive Director/ CEO

Kevin Christopher

Name

802-862-5724

Phone

802-871-5583

Fax Number

info@lcatv.org

Email Address

3. Corporate Status - Open Meetings Rule 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 1993

Is the AMO current with its bi-ennial 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 Territories	Name of Cable Operator	Communities(Municipalities) Served	Changes from Previous Year
Service Territory 1	Comcast	Colchester, Milton, Georgia, Fairfax, Westford, South Hero, Grand Isle, North Hero	none
Service Territory 2			
Service Territory 3			

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

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

Name of Cable Operator #1 Comcast	
Channel Number (and Call Letters or Name)	Type of Access (Public, Educational, Govt.)
LCATV Channel 15	Public
LCATV Channel 16	Educational
LCATV Channel 15	Governmental

Name of Cable Operator #2	
Channel Number (and Call Letters or Name)	Type of Access (Public, Educational, Govt.)

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

Describe Additional Application(s) the AMO uses for which the cable operator has dedicated 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 would be Level/Class of broadband service (Commercial/Business/etc), Static IP, Q-Vidium equipment, an E-mail domain, cloud storage, etc. Also, is the Operator charging for any of these? Are you given access to the IPG and does the Operator pay for it?

AMO uses a website for distribution of PEG information and content, maintains a static IP, and uses various pieces of hardware and applications for the live-streaming of content from remote locations. All additional applications are at the expense of the AMO.

6. Outreach Strategies – 8.422(C)

6a. Outreach Activity Summary

Activity		Frequency (How many, how often @ D,M or Y)	Number of People or Orgs Served/Reached (Check Applicable Range)				
			1-50	51-150	151-500	501-1000	1000+
Group Orientations		Monthly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One-on-One Orientations		Occasional	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Events (Open Houses, Tours, Gallery Openings, etc.)		Quarterly	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newsletters (Emailed or Mailed)		Monthly	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bill Stuffers			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advertising placements (Print, Radio, TV)		Monthly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Community Bulletin Board submissions		Ongoing	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video contests, competitions			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet Applications & Other Types of Outreach (Specify)	Programming/Event Flyers	Quarterly	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Specialized Workshops	Occasional	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Youth & Adult Camps	Ongoing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Library & School Collaborations	Quarterly	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Social Media Posting	Monthly	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Presence at member community events.	Occasional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6b. Additional Outreach/Marketing Information

Provide additional Outreach & Marketing activities (if any) in narrative form.

Included among LCATV's outreach activities: Provided regular coverage of various municipal and school meetings for all of our member towns, including select boards, school boards, planning commissions, development review boards, annual town/school meetings, etc.; coverage of annual elementary, middle and high school graduation ceremonies; worked with various member schools to coordinate video production offerings; participated in annual parks and recreation activities in member towns; offered a variety of video production classes, camps and workshops independently and in conjunction with other entities; made available the LCATV Community Bulletin Board for the disbursement of community information and announcements and access facility information; coverage of numerous community events; organized a series of candidate forums during both Town Meeting and General Election seasons which provided viewers the opportunity to interact with the candidates during live television programs; organized televised informational budget and bond item presentations with local towns and school districts; worked with Colchester High School, Milton High School, BFA Farifax High School, and Milton Middle School to provide closed-circuit live broadcasts of their graduation ceremonies for audience members over the capacity of their graduation facility; distributed quarterly program guides/newsletters and monthly e-newsletters; provided community members with the opportunity to produce and participate in live performances; partnered with local libraries and historical societies to provide video coverage of speakers and presentations and training opportunities; provided production resources to Saint Michael's College Journalism Department; provided regular coverage of speakers and events for the Colchester-Milton Rotary Club; produced promotional videos and hosted exhibit receptions for artists displaying work at the Gallery at LCATV; placed multiple advertisements in local papers and other publications to publicize AMO events and activities; had a presence at community events including both the Colchester and Milton winter festivals, Colchester Triathlon, and the Milton Activities Fair.

7. Training & Provision of Facilities -- Rule 8.422(C)

7a. Training Delivery

Please summarize how the AMO delivered its Training during the year of this Report.

Activity		Number held during Year	Number of individuals served	Training Notes (optional)
One-on-One Training & Support		30	5	
Workshops		8	51	
Youth Camps		6	50	
Other (Describe)	Classroom & School Group Collaborations	1	16	
	Access Orientation	8	8	
	Internships	2	2	

7b. Additional Information

Provide additional Training information (if needed) in narrative form.

Hosted various workshops and orientation sessions at LCATV offices and on location via the LCATV Mobile Video Lab; held monthly Access Orientation training sessions; hosted video production camps and workshops independently and in conjunction with a variety of community partners; administered video production class at local school; offered one-on-one training; collaborated with areas schools on student internships.

8. Programming Data - Rule 8.422 (C)

8a. Programming Information

Please provide annual data for the following.

Type of Programming (First-Run, Non-Repeat)	Number of Programs (first run)					Number of Hours (no repeats)				
	Ch_15	Ch_16	Ch_17	Ch_	Total # of Prgms	Ch_15	Ch_16	Ch_17	Ch_	Total # of Hours
Locally-Produced	168	263	219		650	110	357	346		813
“Imported” via VMX or Vermont AMO	342	151	251		744	221	168	292		681
“Imported” from other sources	112	0	260		372	49	0	260		309
COLUMN TOTAL	622	414	730	0	1,766	380	525	898	0	1,803

8b. Remote Origination Sites (Non AMO Facility)

Please describe the Sites used by your AMO and their type(s) of programming (P,E,G).

Site Location (Entity Name, Town)	Frequency of Use (specify #/ mo or #/yr)	Number of Programs Cablecast/Year	Type of Use (e.g., Public, Educ, Gov't)	Cable Operator Providing Site
LCATV Studio, Colchester	At least 1 time per week	61	P / E / G	Comcast

[Continued next page]

Location of Site (Street Address)	Frequency of Use [Specify # /month or # /year]	Number of Programs Cablecast from Site per Year	Type of Usage (e.g., Public, Educational, Govt.)	Cable Operator (System Hosting Site)

8c. Additional Information - Rule 8.422(C)

Provide Additional Information about your programming (if needed) in narrative form.

Programming produced at the LCATV Studio site included: live and recorded volunteer series programming; candidate forums, budget presentations, and live election coverage; video production camp projects; live concerts and theatrical presentations.

LCATV also live-steamed 66 meetings and events from remote locations using video-over-IP technology.

9. Complaint Tracking - Rule 8.422(D)

Details of complaints and how your AMO responded to them.

9a. Complaints & Current Status

Summarize the complaints and provide their current status.

No formal complaints. A formal complaint procedure is in place.

10. Facilities Summary/Description of Facilities - Rule 8.422(E)

10a. Depreciation Schedule

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

10b. Changes in Equipment Inventory/ General Statement of Improvements

Describe generally major changes in equipment inventory during this reporting year.

(A general statement of improvements.)

Routine capital purchases included two portable studio units for production switching and streaming in the field and licensing of postproduction suite software for a number of PCs. LCATV also used capital reserve funding for studio and master control upgrades which included purchase and installation of: archiving storage system, HD studio cameras, studio control upgrades, a teleprompter system, and a new playback server.

11. Organizational Leadership: Rosters of Key Staff & Board [Rule 8.422(F)]

11a. Key Staff as of the end of the Fiscal Year

Position/Job Title	Name
Executive Director	Kevin Christopher
Production Manager	Buddy Meilleur
Channel Coordinator	Rebecca Padula
Outreach Coordinator	Stephanie Soules
Assistant Production Manager	Michael Wright

11b. Board Members as of the end of Fiscal Year

Director's Name	Phone Number/ Email Address	Community Affiliation (if stated)
Samuel Conant	598-4689/conantsam1@gmail.com	Milton
Carol Jones	524-5156/dynagirl38@yahoo.com	Georgia
Richard Pecor	238-2189/rpecor@myfairpoint.net	Colchester
Ken Rocheleau	372-8235/kdrocheleau@gmail.com	South Hero
Robert Sekerak	893-4514 / bju_vt@yahoo.com	Milton
Robert Shea	524-4279/robertshea@myfairpoint.net	Fairfax
Curt Taylor	324-7188/CurtDTaylor@comcast.net	Colchester

12. 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.

Board of Directors- Resignation of Neil Hilt from the Board.

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

Please see attached Planning Considerations document.

14. Service Quality Issues - Rule 8.422(L)

Major service quality issues requiring attention of the cable operator or the Vermont Department of Public Service. See INSTRUCTIONS.

Comcast Ticket #JB16079044 opened on November 2 due to low/distorted audio on Channel 15. A Comcast tech visited the facility on 11/2 and resolved the issue with a restart of our Radiant Transmitter.

15. Financial Documents - Rules 8.422 (H), (I) and (M)

15a. AMO Revenue Report

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

Describe the revenue sources the AMO relies upon to support its services.

(Other Sources of support may include memberships, paid services, interest income, fundraising activities such as grants, annual campaigns, capital campaigns and Non-PEG Services

Operator Funds (Op+Cap+Spike)		Other Revenue Sources (Identify above each amount)				Total Revenue
Cable Operator 1	Cable Operator 2	Program Duplication	Interest Income	Donations	Other	
\$ 623,667	\$ 0	\$ 5,072	\$ 2,302	\$ 577	\$ 2,474	\$ 634,092

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
for PEG Access Services:		\$ 449,972	\$ 99,567	\$ 549,539
for Non-PEG Services		\$ 0	\$ 0	\$ 0
		\$ 0	\$ 0	\$ 0
		\$ 0	\$ 0	\$ 0
Total PEG & Non-PEG Expenses		\$ 449,972	\$ 99,567	\$ 549,530

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. **See Instructions for clarification.**

Funds	Totals
Amount Carried Forward from Prior Year (i.e., budgeted, but not spent or earmarked) *	\$ 507,061
Total of Operating Funds Received from the Cable Operator in Fiscal Year	\$ 566,970
Total of Capital Funds Received from the Cable Operator in Fiscal Year (including 'spike')	\$ 56,697

Amount represents cash-on-hand at end of the fiscal year and includes an Operating Reserve and various Temporarily Restricted Fund Balance project budgets.

Attach hard copies of the following financial documentation:

- a. Income/Expense Statement (a.k.a., Profit & Loss Statement) for this Fiscal Year.
- b. Balance Sheet on the final day of the Fiscal Year (listing assets & liabilities).
- c. Current year Operating and Capital Budgets.
- d. Annual Tax Return (990 or 990-EZ). If necessary, file as an addendum to this Report within 30 days of filing with the IRS.
- e. Audit or Financial Review prepared during the Fiscal Year (if any).

Statement of Certification

I Kevin Christopher (print/type name) hereby certify that

Lake Champlain Access Television, Inc. (name of AMO)

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 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

Kevin Christopher Digitally signed by Kevin Christopher
Date: 2017.05.15 13:51:14 -04'00'

Signature

05/15/2017

Date

Buddy Meilleur

Witness Name (Print/Type)

Buddy Meilleur

Digitally signed by Buddy Meilleur
Date: 2017.05.15 13:53:55 -04'00'

Witness Signature



Lake Champlain Access Television

PLANNING CONSIDERATIONS - 2017-2019

(Per Rule 8 Annual Report 13. Planning Considerations - 8.422K)

2017

ANTICIPATED COMMUNITY NEEDS

- Begin implementation of the second stage of LCATV's studio fit-up, including the addition of lighting and set elements to create a green screen studio, audio upgrades, and additional sound-proofing.
- Complete high definition upgrades, including access of HD content on lcatv.org.
- Begin the replacement of staff field production equipment for the production of community meetings and events.
- Continue to explore increase coverage in service area to include new meetings and additional community events.
- Continue to strengthen relationships with St. Michael's College/Elley-Long Music Center.
- Maintain the percentage of LCATV volunteer-produced programming and increase in-studio live and recorded programming.
- Engage in new collaborations with schools, youth centers, family centers or other related organizations in educational programming activities.
- Continue the integration and use of Facebook, Front Porch Forum and other appropriate communication technologies/applications into our operations and website.
- Explore what resources are needed to begin an archiving project to digitize LCATV's analog content.
- Maintain our Operating Reserve fund and refine out Temporarily Restricted Fund Balance Budget plan.

MEASUREMENT OF COMMUNITY NEEDS

- Solicit for and publicize training sessions by bulletin board and ad placements and other means.
- Meet with local boards, municipal leaders and organizations to gauge progress and look to areas of improvement.
- Continually refer to the results of our existing community needs assessment and long-range strategic plan.
- Work within the organization on a Board level to discover new ways to partner with member communities.
- Conversations with our membership: fielding comments and questions and eliciting opinions from those we serve.
- Embark on a formal community needs assessment project that incorporates interviews, surveys and meetings with civic leaders and enter into AMO contract renewal process with cable operator.

MEETING COMMUNITY NEEDS

- Continue the research, planning and fund allocation and begin the research and training that will allow for our facility to adopt currently emerging technologies.
- Further explore new LCATV coverage opportunities and explore methods of promoting volunteer involvement and increasing producer-driven content.
- Control budget and expenditures to facilitate long-term goals for maintaining our Operating Reserve and funding special capital projects.
- Review and expand the capabilities of the LCATV website.
- Draft a new comprehensive PEG Access Plan and to guide LCATV's work for a number of years.
- Evaluate achievement of previous year's objectives.
- Identify Board of Directors and staffing needs which will help achieve future goals.

FY 2017 OPERATING BUDGET:

EXPENSE	2017 BUDGET
Labor Compensation	\$281,380.00
Payroll Taxes	\$ 21,525.00
Unemployment Taxes	\$ 2,250.00
Health/Dental Insurance	\$ 40,505.00
Workers Comp. Insurance	\$ 2,500.00
Accounting Fees	\$ 7,500.00
Legal/Professional Fees	\$ 15,000.00
Telephone	\$ 2,200.00
Internet	\$ 6,500.00
Utilities	\$ 11,000.00
Bank Fees	\$ 50.00
Office Supplies	\$ 9,500.00
Dues & Subscriptions	\$ 8,000.00
Postage & Shipping	\$ 1,250.00
Advertising & Promotion	\$ 5,500.00
Meals & Entertainment	\$ 1,750.00
Travel	\$ 9,250.00
Printing & Copying	\$ 600.00
Contributions	\$ 4,000.00
Education & Conferences	\$ 5,000.00
Pension Expense	\$ 5,750.00
Business Insurance	\$ 5,000.00
Facilities Rent	\$ 45,700.00
Facilities Maintenance	\$ 4,000.00
Blank Video Media	\$ 1,250.00
Total Expenses	\$496,960.00

FY 2017 CAPITAL BUDGET:

EXPENSE	2017 BUDGET
Auto Insurance	\$ 1,400.00
Auto Maintenance & Repairs	\$ 7,700.00
Equipment Maintenance/Repairs	\$ 2,500.00
Technical Supplies	\$ 7,000.00
Field Production Equipment	\$19,960.00
System Upgrades	\$10,660.00
Website Upgrade	\$ 8,000.00
Total Expenses	\$57,220.00

CAPITAL EXPENDITURES

Equipment, facility and vehicle maintenance and repairs; purchase of routine technical items; routine hardware and software purchases; two Field Production camera kits; multi-viewer system.

2018

ANTICIPATED COMMUNITY NEEDS

- Continue/conclude the second stage of LCATV's studio fit-up, including the addition of lighting and set elements to create a green screen studio, audio upgrade, and additional sound-proofing.
- Continue/conclude the replacement of staff field production equipment for the production of community meetings and events.
- Begin acquisition of resources and launch an archiving project to digitize LCATV's analog content.
- Explore need to a small staff vehicle for field production usage.
- Continue to explore increase coverage in service area to include new meetings and additional community events.
- Continue to strengthen relationships with St. Michael's College and Elley-Long Music Center.
- Maintain the percentage of LCATV volunteer-produced programming and increase in-studio live and recorded programming.
- Engage in new collaborations with schools, youth centers, family centers or other related organizations in educational programming activities.
- Continue the integration and use of Facebook, Front Porch Forum and other appropriate communication technologies/applications into our operations and website.
- Maintain our Operating Reserve fund and refine out Temporarily Restricted Fund Balance Budget plan.

MEASUREMENT OF COMMUNITY NEEDS

- Conclude our formal community needs assessment project that incorporates interviews, surveys and meetings with civic leaders and enter into AMO contract renewal process with cable operator.
- Solicit for and publicize training sessions by bulletin board and ad placements and other means.
- Meet with local boards, municipal leaders and organizations to gauge progress and look to areas of improvement.
- Work within the organization on a Board level to discover new ways to partner with member communities.
- Conversations with our membership: fielding comments and questions and eliciting opinions from those we serve.
- Analysis of the recent community needs assessment, revised PEG Access Plan, and renewed cable operator contract to determine what the priorities capacities of the organization are in the coming years

MEETING COMMUNITY NEEDS

- Continue the research, planning and fund allocation and begin the research and training that will allow for our facility to adopt currently emerging technologies.
- Further explore new LCATV coverage opportunities and explore methods of promoting volunteer involvement and increasing producer-driven content.
- Control budget and expenditures to facilitate long-term goals for maintaining our Operating Reserve and funding special capital projects.
- Determine what the aforementioned long-term capital projects are and how best to structure them in terms of community need, organizational capacity, and financial planning.
- Review capabilities of the LCATV website and expand/modify them if necessary.
- Evaluate achievement of previous year's objectives.
- Refer to our new comprehensive PEG Access Plan and to guide LCATV's work for a number of years.
- Identify Board of Directors and staffing needs which will help achieve future goals.

FY 2018 OPERATING BUDGET:

EXPENSE	2018 BUDGET
Labor Compensation	\$330,000.00
Payroll Taxes	\$ 25,000.00
Unemployment Taxes	\$ 2,500.00
Health/Dental Insurance	\$ 53,000.00
Workers Comp. Insurance	\$ 3,500.00
Accounting Fees	\$ 8,000.00
Legal/Professional Fees	\$ 15,000.00
Telephone	\$ 2,600.00
Internet	\$ 8,500.00
Utilities	\$ 11,500.00
Bank Fees	\$ 100.00
Office Supplies	\$ 9,500.00
Dues & Subscriptions	\$ 8,500.00
Postage & Shipping	\$ 1,500.00
Advertising & Promotion	\$ 6,500.00
Meals & Entertainment	\$ 2,000.00
Travel	\$ 11,000.00
Printing & Copying	\$ 800.00
Contributions	\$ 5,000.00
Education & Conferences	\$ 10,000.00
Pension Expense	\$ 7,500.00
Business Insurance	\$ 5,500.00
Facilities Rent	\$ 46,850.00
Facilities Maintenance	\$ 5,000.00
Blank Video Media	\$ 1,500.00
Total Expenses	\$580,850.00

FY 2018 CAPITAL BUDGET:

EXPENSE	2018 BUDGET
Auto Insurance	\$ 1,500.00
Auto Maintenance & Repairs	\$ 5,000.00
Equipment Maintenance/Repairs	\$ 4,000.00
Technical Supplies	\$ 8,000.00
Field Production Equipment	\$12,000.00
Facility Upgrades	\$ 3,000.00
Studio Upgrades	\$ 3,000.00
System Upgrades	\$15,000.00
Website Upgrade	\$ 4,000.00
Total Expenses	\$55,500.00

ANTICIPATED CAPITAL EXPENDITURES

Equipment, facility and vehicle maintenance and repairs; purchase of routine technical items; routine hardware and software purchases; replacement volunteer production equipment.

2019

ANTICIPATED COMMUNITY NEEDS

- Continue/conclude an archiving project to digitize LCATV's analog content.
- Possible acquire a small staff vehicle for field production usage.
- Continue to explore increase coverage in service area to include new meetings and additional community events.
- Continue to strengthen relationships with St. Michael's College and Elley-Long Music Center.
- Maintain the percentage of LCATV volunteer-produced programming and increase in-studio live and recorded programming.
- Engage in new collaborations with schools, youth centers, family centers or other related organizations in educational programming activities.
- Continue the integration and use of Facebook, Front Porch Forum and other appropriate communication technologies/applications into our operations and website.
- Maintain our Operating Reserve fund and refine out Temporarily Restricted Fund Balance Budget plan.

MEASUREMENT OF COMMUNITY NEEDS

- Solicit for and publicize training sessions by bulletin board and ad placements and other means.
- Meet with local boards, municipal leaders and organizations to gauge progress and look to areas of improvement.
- Work within the organization on a Board level to discover new ways to partner with member communities.
- Conversations with our membership: fielding comments and questions and eliciting opinions from those we serve.
- Continued analysis of the community needs assessment, revised PEG Access Plan, and renewed cable operator contract to determine what the priorities capacities of the organization are in the coming years

MEETING COMMUNITY NEEDS

- Continue the research, planning and fund allocation and begin the research and training that will allow for our facility to adopt currently emerging technologies.
- Further explore new LCATV coverage opportunities and explore methods of promoting volunteer involvement and increasing producer-driven content.
- Control budget and expenditures to facilitate long-term goals for maintaining our Operating Reserve and funding special capital projects.
- Determine what the aforementioned long-term capital projects are and how best to structure them in terms of community need, organizational capacity, and financial planning.
- Review capabilities of the LCATV website and expand/modify them if necessary.
- Evaluate achievement of previous year's objectives.
- Refer to our PEG Access Plan and to guide LCATV's work for a number of years.
- Identify Board of Directors and staffing needs which will help achieve future goals.

FY 2019 OPERATING BUDGET:

EXPENSE	2019 BUDGET
Labor Compensation	\$337,000.00
Payroll Taxes	\$ 25,300.00
Unemployment Taxes	\$ 3,000.00
Health/Dental Insurance	\$ 56,000.00
Workers Comp. Insurance	\$ 4,000.00
Accounting Fees	\$ 8,500.00
Legal/Professional Fees	\$ 10,000.00
Telephone	\$ 3,000.00
Internet	\$ 10,000.00
Utilities	\$ 12,000.00
Bank Fees	\$ 150.00
Office Supplies	\$ 10,000.00
Dues & Subscriptions	\$ 9,000.00
Postage & Shipping	\$ 1,500.00
Advertising & Promotion	\$ 7,000.00
Meals & Entertainment	\$ 2,500.00
Travel	\$ 12,000.00
Printing & Copying	\$ 900.00
Contributions	\$ 5,500.00
Education & Conferences	\$ 11,000.00
Pension Expense	\$ 8,000.00
Business Insurance	\$ 6,000.00
Facilities Rent	\$ 48,050.00
Facilities Maintenance	\$ 5,000.00
Blank Video Media	\$ 1,750.00
Total Expenses	\$597,150.00

FY 2019 CAPITAL BUDGET:

EXPENSE	2019 BUDGET
Auto Insurance	\$ 3,000.00
Auto Maintenance & Repairs	\$ 8,000.00
Equipment Maintenance/Repairs	\$ 5,000.00
Technical Supplies	\$ 8,500.00
Field Production Equipment	\$ 8,000.00
Facility Upgrades	\$ 8,000.00
Studio Upgrades	\$ 3,000.00
System Upgrades	\$12,000.00
Website Upgrade	\$ 4,000.00
Total Expenses	\$59,500.00

ANTICIPATED CAPITAL EXPENDITURES

Equipment, facility and vehicle maintenance and repairs; purchase of routine technical items; routine hardware and software purchases; new vehicle associated costs; possible facility upgrades.

LCATV TEMPORARILY RESTRICTED FUND BALANCE BUDGET GOALS
2017 - 2019

(Represents planned and anticipated uses for the current Temporarily Restricted Fund Balance and future Fund Balance accumulation.)

CATEGORY	AMOUNT
Operating Reserve	\$300,000.00
High-Definition Upgrades <ul style="list-style-type: none"> • <i>approved budgeted amount remaining</i> 	\$ 65,000.00
Outreach Programs <ul style="list-style-type: none"> • Mobile Video Lab collaborations • Digital Media Program library partnerships • Others to be identified 	\$ 55,000.00
Phase II Studio Build <ul style="list-style-type: none"> • <i>beginning summer, 2017</i> 	\$100,000.00
Field Production Equipment Upgrades	\$ 40,000.00
Analog-to-Digital Archiving Project	\$ 35,000.00
Cargo Van	\$ 50,000.00
TOTAL	\$645,000.00

Return of Organization Exempt From Income Tax

2016

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: LAKE CHAMPLAIN ACCESS TV, 2016, ending 20, Employer ID 03-0340350, Principal officer RICHARD PECOR, Website WWW.LCATV.ORG, Form of organization Corporation, Year of formation 1993, State of legal domicile VT.

Part I Summary

Summary table with 22 rows. Rows 1-7: Activities & Governance. Rows 8-12: Revenue. Rows 13-19: Expenses. Rows 20-22: Net Assets or Fund Balances. Columns include descriptions, Prior Year, and Current Year values.

Part II Signature Block

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.

Signature block for KEVIN CHRISTOPHER, EXECUTIVE DIRECTOR, including signature and title fields.

Preparer information for KEVIN MARCHAND, Preparer's signature, Date 02-06-2017, Firm's name MGV ASSOCIATES, Firm's address 382 HERCULES DR SUITE 6 COLCHESTER VT 05446, Phone no. 802-655-3477.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: PUBLIC EDUCATION AND GOVERNMENT ACCESS TV

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 505,704 including grants of \$) (Revenue \$) PRODUCTION AND MANAGEMENT OF PUBLIC ACCESS TELEVISION STATION WHICH PROVIDED A FREE FORUM FOR THE EXPRESSION AND EXCHANGE OF IDEAS AND INFORMATION, A LINK TO LOCAL GOVERNMENT AND SCHOOLS, AND A RESOURCE FOR EDUCATION AND TRAINING. TRAINING WAS OFFERED TO POTENTIAL VIDEOGRAPHERS AND COPIES OF AIRED PROGRAMS WERE OFFERED FOR SALE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 505,704

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows 1-19 detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and 501(c)(7) and (12) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Line Number, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15a The organization's CEO, Executive Director... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
MGV ASSOCIATES (802)862-5724, 382 HERCULES DR SUITE 6, COLCHESTER, VT 05446

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD PECOR PRESIDENT	7.00	X		X				0	0	0
(2) SAMUEL CONANT VICE PRESIDENT	2.00	X		X				0	0	0
(3) CURT TAYLOR SECRETARY	2.00	X		X				0	0	0
(4) CAROL JONES TREASURER	2.00	X		X				0	0	0
(5) NEIL HILT BD MEMBER	2.00	X						0	0	0
(6) KEVIN CHRISTOPHER EXEC DIRECTOR	40.00	X		X			76,821	0	6,964	
(7) ROBERT SEKERAK BD MEMBER	2.00	X					0	0	0	
(8) KENNETH ROCHELEAU BD MEMBER	1.00	X					0	0	0	
(9) ROBERT SHEA BD MEMEBER	1.00	X					0	0	0	
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							76,821	0	6,964	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f ▶					
Program Service Revenue	2a GOVERNMENT ACCESS ADMIN	Business Code 515100	623,667	623,667		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		623,667			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		2,302		2,302	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
		c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code				
11a DVD/PROGRAM COPIES	515100	5,072	5,072			
	b _____					
	c _____					
	d All other revenue	515100	3,051	3,051		
	e Total. Add lines 11a-11d ▶		8,123			
12 Total revenue. See instructions ▶		634,092	631,790	0	2,302	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	76,821	76,821		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	200,848	200,848		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,725	5,725		
9 Other employee benefits	35,874	35,874		
10 Payroll taxes	22,795	22,795		
11 Fees for services (non-employees):				
a Management				
b Legal	2,223		2,223	
c Accounting	5,451		5,451	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	25,766	25,766		
12 Advertising and promotion	3,693		3,693	
13 Office expenses	7,459		7,459	
14 Information technology	25,009		25,009	
15 Royalties				
16 Occupancy	52,856	52,856		
17 Travel	7,358	7,358		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	61,429	61,429		
23 Insurance	7,505	7,505		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TECHNICAL SUPPLIES	5,416	5,416		
b EQUIPMENT REPAIR	2,711	2,711		
c CONTRIBUTIONS	600	600		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	549,539	505,704	43,835	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	2,904	1	3,149
	2	Savings and temporary cash investments	504,158	2	558,856
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	741,909		
	b	Less: accumulated depreciation	581,763	10c	160,146
	11	Investments - publicly traded securities	132,885	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,406	15	2,406
16	Total assets. Add lines 1 through 15 (must equal line 34)	642,353	16	724,557	
Liabilities	17	Accounts payable and accrued expenses	2,493	17	144
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,493	26	144
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	639,860	27	724,413
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	639,860	33	724,413	
34	Total liabilities and net assets/fund balances	642,353	34	724,557	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	634,092
2	Total expenses (must equal Part IX, column (A), line 25)	2	549,539
3	Revenue less expenses. Subtract line 2 from line 1	3	84,553
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	639,860
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	724,413

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

LAKE CHAMPLAIN ACCESS TV

Employer identification number

03-0340350

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 %; 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,258	634	118			2,010
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	434,826	510,001	547,205	599,698	623,667	2,706,397
3 Gross receipts from activities that are not an unrelated trade or business under section 513	4,319	4,163	4,627	8,945	8,123	30,177
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	440,403	514,798	551,950	599,643	631,790	2,738,584
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.)						2,738,584

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	440,403	514,798	551,950	599,643	631,790	2,738,584
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,463	1,030	1,376	1,273	2,302	8,444
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,463	1,030	1,376	1,273	2,302	8,444
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		709	1,247			1,956
13 Total support. (Add lines 9, 10c, 11, and 12.)	442,866	516,537	554,573	600,916	634,092	2,748,984
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.62	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.54	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.00	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.00	%

- 19a 33 1/3% support tests - 2016.** 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 - 2015.** 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 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) :		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity <i>(see instructions)</i> .		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2016

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization LAKE CHAMPLAIN ACCESS TV Employer identification number 03-0340350

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, acreage restricted, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		180,118	126,084	54,034
d Equipment		561,791	455,679	106,112
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				160,146

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	2,406
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,406

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

LAKE CHAMPLAIN ACCESS TV

Employer identification number

03-0340350

01. Organizational document changes (Part VI, line 4)

BYLAW CHANGES TO THE BOARD OF DIRECTOR STRUCTURE

02. Form 990 governing body review (Part VI, line 11)

STAFF REVIEW

03. Conflict of interest policy compliance (Part VI, line 12c)

VERBAL MONITORING DURING REGULAR MEETINGS

04. CEO, executive director, top management comp (Part VI, line 15a)

REVIEW BY PERSONNEL COMMITTEE WITH DATA COMPARISON.

05. Other officer or key employee compensation (Part VI, line 15b)

REVIEW BY PERSONNEL COMMITTEE WITH DATA COMPARISON.

06. Governing documents, etc, available to public (Part VI, line 19)

UPON REQUEST

07. General explanation attachment

COMPENSATION REPORTED FOR BOARD MEMBERS IN PART VII SECTION A IS A MILEAGE STIPEND.

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

2016
Attachment
Sequence No. **179**

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

LAKE CHAMPLAIN ACCESS TV

FORM 990 - 1

03-0340350

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 2015 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 2017. 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	53,663

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 2016	17	
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 2016 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	#567					
b 5-year property Statement						7,766
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property				25 yrs.		S/L
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a	Class life					
b	12-year		12 yrs.		S/L	
c	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	61,429
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.

LAKE CHAMPLAIN ACCESS TV

FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 12-31-2016

ID Number : 03-0340350

Department Number:

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr	NY Depr
CHANNEL 16 EQUIPMENT	VARIOUS	34,049	0		5	0	0	34,049	0	0
EQUIP PRIOR TO 10/31/01	VARIOUS	31,829	0		5	0	0	31,829	0	0
STATION SIGN	11-21-2000	403	403		5	0	0	403	0	0
EQUIPMENT	11-19-2001	17,421	17,421		5	0	0	17,421	0	0
OFFICE EQUIPMENT	11-19-2001	525	525		5	0	0	525	0	0
EQUIPMENT	03-18-2002	1,301	1,301		5	0	0	1,301	0	0
EQUIPMENT	04-01-2002	411	411		5	0	0	411	0	0
EQUIPMENT	09-30-2003	12,358	12,358		5	0	0	12,358	0	0
OFFICE EQUIPMENT	09-30-2003	11,246	11,246		5	0	0	11,246	0	0
EQUIPMENT	09-30-2004	23,145	23,145		5	0	0	23,145	0	0
OFFICE EQUIPMENT	09-30-2004	2,942	2,942		5	0	0	2,942	0	0
APPLE COMPUTER	10-28-2004	3,147	3,147		5	0	0	3,147	0	0
4 MIC CARDIOD	02-14-2005	964	964		5	0	0	964	0	0
PANASONIC CAMCORDER	02-14-2005	5,176	5,176		5	0	0	5,176	0	0
DELL MONITOR	03-01-2005	450	450		5	0	0	450	0	0
VIDEO MIXER	05-06-2005	1,848	1,848		5	0	0	1,848	0	0
DELL COMPUTER	05-27-2005	1,516	1,516		5	0	0	1,516	0	0
PRO DVD	05-27-2005	1,736	1,736		5	0	0	1,736	0	0
DV CAMCORDER	09-30-2005	7,778	7,778		5	0	0	7,778	0	0
EQUIPMENT	09-30-2006	40,008	40,008		5	0	0	40,008	0	0
VIDEO CONTROL SYSTEM	11-13-2006	6,144	6,144		5	0	0	6,144	0	0
ADOBE SOFTWARE	01-26-2007	715	715		3	0	0	715	0	0
DELL COMPUTER	01-26-2007	1,880	1,880		5	0	0	1,880	0	0
3 ALUM TRIPODS	03-02-2007	1,935	1,935		5	0	0	1,935	0	0
PORTABLE DISC RECORDER	03-02-2007	1,635	1,635		5	0	0	1,635	0	0
WORKSPACE SYSTEM	03-16-2007	1,166	1,166		7	0	0	1,166	0	0
APPLE MAC TIGER FAMILY PA	03-31-2007	1,484	1,484		3	0	0	1,484	0	0
NEXUS DIGITAL SERVER/VIDEO CONTROL SYSTEM	04-06-2007	8,575	8,575		5	0	0	8,575	0	0
SONY DVCAM PORTABLE VTR	04-27-2007	4,586	4,586		5	0	0	4,586	0	0
SHURE AUDIO MIXED	02-01-2008	1,216	1,216		5	0	0	1,216	0	0
U 85JR BOUNDARY MIKES-2	02-08-2008	459	459		5	0	0	459	0	0
SONY WIRELESS MIKE ADAPTOR	02-22-2008	488	488		5	0	0	488	0	0
DELL LATITUDE-BURNHAM LIBR	03-10-2008	2,503	2,503		5	0	0	2,503	0	0
DELL PC & EDIT SOFTWARE	03-21-2008	2,510	2,510		3	0	0	2,510	0	0
SONY MINI-DVCAM CAMCORDER-BURN LIB	03-25-2008	2,967	2,967		5	0	0	2,967	0	0
SONY WIRELESS MIKE ADAPTER	04-18-2008	492	492		5	0	0	492	0	0
IN FOCUS IN24 PROJ-BURN LIBR	04-26-2008	598	598		5	0	0	598	0	0
BOGEN TRIPOD SYSTEM	06-30-2008	509	509		5	0	0	509	0	0
SONY 3CCD CAMCORDER-MILTON	06-30-2008	3,143	3,143		5	0	0	3,143	0	0

EDITING SOFTWARE-CS3 PREMPRO WIN	10-24-2008	3,024	3,024		3	0	0	0	0	0	3,024	0	0
FLAT SCREEN MONITOR	10-24-2008	349	349		5	0	0	0	0	0	349	0	0
9 NERO MINI-BOX-EDIT SOFTWARE	11-21-2008	762	762		3	0	0	0	0	0	762	0	0
FIC EQUIP XPS 420 INTEL	02-16-2009	2,029	2,029		5	0	0	0	0	0	2,029	0	0
2 BLONDER TONGUE SUBBAND MODULATOR W BNC I	02-27-2009	1,560	1,560		5	0	0	0	0	0	1,560	0	0
LOWEL LIGHT DV CREATOR	02-27-2009	1,525	1,525		5	0	0	0	0	0	1,525	0	0
PORTABLE FIRESTORE HARD D	02-27-2009	1,898	1,898		5	0	0	0	0	0	1,898	0	0
2 LINK VIDEO PROCESSING A	03-27-2009	4,700	4,700		5	0	0	0	0	0	4,700	0	0
PC AND SPEAKERS STUDIO XP	04-17-2009	2,389	2,389		5	0	0	0	0	0	2,389	0	0
BOGEN TRIPOD W/CASE	05-20-2009	489	489		5	0	0	0	0	0	489	0	0
SONY DV CAMCORDER DSR PDI	05-20-2009	3,065	3,065		5	0	0	0	0	0	3,065	0	0
SYMETRIX 322 AUDIO PROCES	05-29-2009	1,480	1,480		5	0	0	0	0	0	1,480	0	0
DELL LAPTOP GEORGIA LIBRA	06-01-2009	2,031	2,031		5	0	0	0	0	0	2,031	0	0
STORAGE CABINET GEORGIA L	06-01-2009	573	573	SL HY	7	0	0	0	0	0	573	40	82
SYSTEM UPGRADE/AZIMUTH/SONY NOTEBOOK	03-19-2010	1,337	1,337		5	0	0	0	0	0	1,337	0	0
3 ENG 75/2 D TRIPODS	04-02-2010	6,104	6,104		5	0	0	0	0	0	6,104	0	0
5 SHORT SHOTGUN MICROPHONES	04-02-2010	990	990		5	0	0	0	0	0	990	0	0
6 BOGEN LANC ZOOM CONTROLS	04-02-2010	1,440	1,440		5	0	0	0	0	0	1,440	0	0
CAMCORDER SER#S01-0112463-3 AND ACCESSORIE	04-02-2010	5,612	5,612		5	0	0	0	0	0	5,612	0	0
5 TELEX HEADPHONES W/CONNECTOR	08-20-2010	975	975		5	0	0	0	0	0	975	0	0
TELEX 5 COACH WIRELESS INTERCOM SYSTEM	08-20-2010	3,198	3,198		5	0	0	0	0	0	3,198	0	0
UPS XL 3000VA RM 3U 120V SURGE PROTECTOR	08-20-2010	1,472	1,472		5	0	0	0	0	0	1,472	0	0
120V SURGE PROT BATTERY BACKUP	01-04-2011	1,406	1,406	SL HY	5	0	0	0	0	0	1,406	141	281
DUAL RACKMOUNT COLOR MONITOR	01-28-2011	2,144	2,144	SL HY	5	0	0	0	0	0	2,144	214	429
MONITOR PRINTER SOFTWARE	02-17-2011	1,532	1,532	SL HY	5	0	0	0	0	0	1,532	155	306
3 SONY SXCAM VIDEO CAMERAS	02-25-2011	11,997	11,997	SL HY	5	0	0	0	0	0	11,997	1,201	2,399
DESK SIDE RACK	07-29-2011	929	929	SL HY	5	0	0	0	0	0	929	92	186
BASE STATION BELT PACKS	09-02-2011	1,049	1,049	SL HY	5	0	0	0	0	0	1,049	104	210
PIX SD SWITCHER AND OPTIONS	09-02-2011	20,505	20,505	SL HY	5	0	0	0	0	0	20,505	2,050	4,101
AAM SUNG 46 INCH LCD MONITOR	09-23-2011	889	889	SL HY	5	0	0	0	0	0	889	88	178
SACHTLER DOLLY	09-23-2011	1,699	1,699	SL HY	5	0	0	0	0	0	1,699	169	340
TRIPOD KIT	09-23-2011	5,550	5,550	SL HY	5	0	0	0	0	0	5,550	555	1,110
3 77 INCH RACKS	11-18-2011	4,256	4,256	SL HY	5	0	0	0	0	0	4,256	426	851
2 Z210 EDITING COMPUTER	01-01-2013	2,852	2,852	SL HY	5	0	0	0	0	0	2,852	570	570
4300 SPFF133 4GD DVDR	01-01-2013	1,050	1,050	SL HY	5	0	0	0	0	0	945	210	210
EQUIPMENT RACKS	01-01-2013	6,731	6,731	SL HY	5	0	0	0	0	0	6,057	1,346	1,346
HXR-NX5U USED CAMERA	01-01-2013	3,000	3,000	SL HY	5	0	0	0	0	0	2,700	600	600
Z210 COMPUTER-BUDDY	01-01-2013	1,311	1,311	SL HY	5	0	0	0	0	0	1,179	262	262
4 SMART BUY ELITEBOOKS	03-26-2013	6,274	6,274	SL HY	5	0	0	0	0	0	4,392	1,255	1,255
SMART BUY Z220 SFF WORKSTATION	03-26-2013	824	824	SL HY	5	0	0	0	0	0	577	165	165

SONY DIGITAL HD VIDEO CAMERA	04-19-2013	3,826	3,826	SL	HY	5	0	0	0	2,678	765	765
SONY FLASH MEMORY RECORDING UNIT	04-19-2013	669	669	SL	HY	5	0	0	0	469	134	134
VIDEO EDITING COMPUTER	06-20-2013	1,542	1,542	SL	HY	5	0	0	0	1,078	308	308
LEIGHTONIX NEXUS VIDOR SERVER CONTROLLER	01-22-2014	1,213	1,213	SL	HY	5	0	0	0	607	243	243
OPTICAL TRANSPORT EQUIP UPGRADE	01-30-2014	5,605	5,605	SL	HY	5	0	0	0	2,803	1,121	1,121
STUDIO CURTAIN	02-13-2014	2,235	2,235	SL	HY	5	0	0	0	1,118	447	447
AS WALL HANGING SYSTEM	03-17-2014	2,764	2,764	SL	HY	5	0	0	0	1,382	553	553
APC SMART UPS X3000VA	03-20-2014	1,499	1,499	SL	HY	5	0	0	0	750	300	300
LINK ELECTRONICS VIDEO PROC AMP	03-20-2014	2,527	2,527	SL	HY	5	0	0	0	1,263	505	505
SYMETRIX APP CONFIGURABLE 4X4 DSP	03-20-2014	979	979	SL	HY	5	0	0	0	490	196	196
RK WORKSTATION	05-15-2014	1,063	1,063	SL	HY	5	0	0	0	532	213	213
2 SHURE 4 CHANNEL MISERS	03-26-2015	1,397	1,397	SL	HY	5	0	0	0	419	279	279
2 SONY WIRELESS MIC SYSTEMS	03-26-2015	1,694	1,694	SL	HY	5	0	0	0	508	339	339
ROSE BRAND IFR STUDIO CYC DRAPE	03-26-2015	2,190	2,190	SL	HY	5	0	0	0	657	438	438
4 CANON PRO HD CAMCORDERS	05-07-2015	5,956	5,956	SL	HY	5	0	0	0	1,787	1,191	1,191
4 THINKSTATION P300 HARD DRIVES	05-14-2015	3,743	3,743	SL	HY	5	0	0	0	1,123	749	749
LIVESTREAM PRODUCTION STREAMER	01-07-2016	7,646	7,646	SL	MQ	5	0	0	0	1,338	1,338	1,338
STUDIO CAMERAS AND CONTROL UPDATES	05-26-2016	36,374	36,374	SL	MQ	5	0	0	0	4,547	4,547	4,547
PORTABLE STUDIO	06-09-2016	7,639	7,639	SL	MQ	5	0	0	0	955	955	955
MASTER CONTROL SYSTEM	10-20-2016	37,032	37,032	SL	MQ	5	0	0	0	926	926	926
Total		493,147	427,269				0	0	0	387,035	25,405	30,643

LAKE CHAMPLAIN ACCESS TV
FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 12-31-2016

ID Number : 03-0340350

Department Number: 2

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr	NY Depr
LHI CREEK FARM BLDG	07-01-2013	180,118	180,118	SL	HY	5	0	126,084	36,024	36,024
Total		180,118	180,118			0	0	126,084	36,024	36,024

LAKE CHAMPLAIN ACCESS TV

FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 12-31-2016

ID Number : 03-0340350

Department Number: 3

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr	NY Depr
VAN	09-30-2005	68,644	68,644		5	0	0	68,644	0	0
Total		68,644	68,644			0	0	68,644	0	0

LAKE CHAMPLAIN ACCESS TV

FEDERAL DEPRECIATION SCHEDULE

Tax Year End : 12-31-2016

ID Number : 03-0340350

Grand total for all departments

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr	NY Depr
Grand Total		741,909	676,031			0	0	581,763	61,429	66,667

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning _____, and ending _____

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

LAKE CHAMPLAIN ACCESS TV

03 - 0340350

Name and title of officer

KEVIN CHRISTOPHER, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	634,092
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MGV ASSOCIATES to enter my PIN 55669 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **02-11-2017**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

030919 04503
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **02-06-2017**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Federal Supporting Statements

2016 PG01

Name(s) as shown on return

FEIN

LAKE CHAMPLAIN ACCESS TV

03-0340350

FORM 4562 - LINE 19B

Statement #567

BASIS	RP	CV	METHOD	DEDUCTION
7,646	5	MQ	SL	1,338
7,639	5	MQ	SL	955
36,374	5	MQ	SL	4,547
37,032	5	MQ	SL	926
TOTAL				7,766

PG01
Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: LAKE CHAMPLAIN ACCESS TV

Address: 63 CREEK FARM PLAZA SUITE 3, COLCHESTER, VT 05446

EIN: 03-0340350

Statement: Taxpayer is making the de minimis safe harbor election under §1.263(a)-1(f).

* Item was disposed
of during current year.

Depreciation Detail Listing

Program Services

2016

PAGE 1

For your records only

Name(s) as shown on return

Social security number/EIN

LAKE CHAMPLAIN ACCESS TV

03-0340350

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	EQUIP PRIOR TO 10/31/		31,829		100.00			0 5		0		31,829			
2	EQUIPMENT	11192001	17,421		100.00		17,421	5		0		17,421			
3	EQUIPMENT	03182002	1,301		100.00		1,301	5		0		1,301			
4	EQUIPMENT	04012002	411		100.00		411	5		0		411			
5	OFFICE EQUIPMENT	11192001	525		100.00		525	5		0		525			
6	EQUIPMENT	09302003	12,358		100.00		12,358	5		0		12,358			
7	OFFICE EQUIPMENT	09302003	11,246		100.00		11,246	5		0		11,246			
8	EQUIPMENT	09302004	23,145		100.00		23,145	5		0		23,145			
9	OFFICE EQUIPMENT	09302004	2,942		100.00		2,942	5		0		2,942			
10	CHANNEL 16 EQUIPMENT		34,049		100.00			0 5		0		34,049			
11	DV CAMCORDER	09302005	7,778		100.00		7,778	5		0		7,778			
12	PRO DVD	05272005	1,736		100.00		1,736	5		0		1,736			
13	VIDEO MIXER	05062005	1,848		100.00		1,848	5		0		1,848			
14	PANASONIC CAMCORDER	02142005	5,176		100.00		5,176	5		0		5,176			
15	4 MIC CARDIOD	02142005	964		100.00		964	5		0		964			
16	APPLE COMPUTER	10282004	3,147		100.00		3,147	5		0		3,147			
17	DELL MONITOR	03012005	450		100.00		450	5		0		450			
18	DELL COMPUTER	05272005	1,516		100.00		1,516	5		0		1,516			
19	VAN	09302005	68,644		100.00		68,644	5		0		68,644			
20	EQUIPMENT	09302006	40,008		100.00		40,008	5		0		40,008			
21	VIDEO CONTRCL SYSTEM	11132006	6,144		100.00		6,144	5		0		6,144			
22	NEXUS DIGITAL SERVER/	04062007	8,575		100.00		8,575	5		0		8,575			
23	3 ALUM TRIPODS	03022007	1,935		100.00		1,935	5		0		1,935			
24	PORTABLE DJSC RECORDE	03022007	1,635		100.00		1,635	5		0		1,635			
25	SONY DVCAM PORTABLE V	04272007	4,586		100.00		4,586	5		0		4,586			
26	ADOBE SOFTWARE	01262007	715		100.00		715	3		0		715			
27	DELL COMPUTER	01262007	1,880		100.00		1,880	5		0		1,880			
28	WORKSPACE SYSTEM	03162007	1,166		100.00		1,166	7		0		1,166			
29	APPLE MAC TIGER FAMIL	03312007	1,484		100.00		1,484	3		0		1,484			
30	STATION SIGN	11212000	403		100.00		403	5		0		403			

* Item was disposed
of during current year.

Depreciation Detail Listing

Program Services

2016

PAGE 2

For your records only

Name(s) as shown on return

Social security number/EIN

LAKE CHAMPLAIN ACCESS TV

03-0340350

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
31	SHURE AUDIO MIXED	02012008	1,216		100.00		1,216	5		0		1,216			
32	U 85LR BOUNDARY MIKES	02082008	459		100.00		459	5		0		459			
33	SONY WIRELESS MIKE AD	02222008	488		100.00		488	5		0		488			
34	DELL PC & EDIT SOFTWA	03212008	2,510		100.00		2,510	3		0		2,510			
35	SONY WIRELESS MIKE AD	04182008	492		100.00		492	5		0		492			
36	EDITING SOFTWARE-CS3	10242008	3,024		100.00		3,024	3		0		3,024			
37	FLAT SCREEN MONITOR	10242008	349		100.00		349	5		0		349			
38	9 NERO MINI-BOX-EDIT	11212008	762		100.00		762	3		0		762			
39	SONY MINI-DVCMR CAMCO	03252008	2,967		100.00		2,967	5		0		2,967			
40	DELL LATITUDE-BURNHAM	03102008	2,503		100.00		2,503	5		0		2,503			
41	IN FOCUS IN24 PROJ-BU	04262008	598		100.00		598	5		0		598			
42	SONY 3CCD CAMCORDER-M	06302008	3,143		100.00		3,143	5		0		3,143			
43	DELL M6300 PC MILTON	08022008	2,221		100.00		2,221	5		0		2,221			
44	BOGEN TRIPOD SYSTEM	06302008	509		100.00		509	5		0		509			
45	PORTABLE FIRESTORE IA	02272009	1,898		100.00		1,898	5		0		1,898			
46	LOWEL LIGHT DV CREATO	02272009	1,525		100.00		1,525	5		0		1,525			
47	2 BLONDER TONGUE SUBB	02272009	1,560		100.00		1,560	5		0		1,560			
48	2 LINK VIDEO PROCESSI	03272009	4,700		100.00		4,700	5		0		4,700			
49	SYMETRIX 322 AUDIO PR	05292009	1,480		100.00		1,480	5		0		1,480			
50	BOGEN TRIPOD W/CASE	05202009	489		100.00		489	5		0		489			
51	SONY DV CAMCORDER DSR	05202009	3,065		100.00		3,065	5		0		3,065			
52	DELL LAPTOP GEORGIA L	06012009	2,031		100.00		2,031	5		0		2,031			
53	STORAGE CABINET GEORG	06012009	573		100.00		573	7	SL HY	14.286	40	573			40
54	FIIC EQUIP XFS 420 IN	02162009	2,029		100.00		2,029	5		0		2,029			
55	PC AND SPEAKERS STUDI	04172009	2,389		100.00		2,389	5		0		2,389			
56	SYSTEM UPGRADE/AZIMUT	03192010	1,337		100.00		1,337	5		0		1,337			
57	3 ENG 75/2 D TRIPODS	04022010	6,104		100.00		6,104	5		0		6,104			
58	5 SHORT SHOTGUN MICRO	04022010	990		100.00		990	5		0		990			
59	6 BOGEN LANC ZOOM CON	04022010	1,440		100.00		1,440	5		0		1,440			
60	CAMCORDER SER#S01-011	04022010	5,612		100.00		5,612	5		0		5,612			

* Item was disposed of during current year.

Depreciation Detail Listing

Program Services
For your records only

2016

PAGE 3

Name(s) as shown on return

LAKE CHAMPLAIN ACCESS TV

Social security number/EIN

03-0340350

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
61	UPS XL 3000VA RM 3U 1	08202010	1,472		100.00		1,472	5		0		1,472			141
62	TELEX 5 COACH WIRELES	08202010	3,198		100.00		3,198	5		0		3,198			214
63	5 TELEX HEADPHONES W/	08202010	975		100.00		975	5		0		975			1,201
64	120V SURGE PROT BATTIE	01042011	1,406		100.00		1,406	5	SL	20	141	1,406			141
65	DUAL RACKMOUNT COLOR	01282011	2,144		100.00		2,144	5	SL	20	214	2,144			214
66	3 SONY SXCM VIDEO CA	02252011	11,997		100.00		11,997	5	SL	20	1,201	11,997			1,201
67	DESK SIDE RACK	07292011	929		100.00		929	5	SL	20	92	929			92
68	PIX SD SWITCHER AMD O	09022011	20,505		100.00		20,505	5	SL	20	2,050	20,505			2,050
69	BASE STATION BELT PAC	09022011	1,049		100.00		1,049	5	SL	20	104	1,049			104
70	AMSUNG 46 INCH LCD M	09232011	889		100.00		889	5	SL	20	88	889			88
71	TRIPOD KIT	09232011	5,550		100.00		5,550	5	SL	20	555	5,550			555
72	SACHTLER DOLLY	09232011	1,699		100.00		1,699	5	SL	20	169	1,699			169
73	3 77 INCH RACKS	11182011	4,256		100.00		4,256	5	SL	20	426	4,256			426
74	MONITOR PRINTER SOFTW	02172011	1,532		100.00		1,532	5	SL	20	155	1,532			155
75	4 SMART BUY ELITEBOO	03262013	6,274		100.00		6,274	5	SL	20	1,255	4,392			1,255
76	SMART BUY 2220 SFF WO	03262013	824		100.00		824	5	SL	20	165	577			165
77	SONY DIGITAL HD VIDEO	04192013	3,826		100.00		3,826	5	SL	20	765	2,678			765
78	SONY FLASH MEMORY REC	04192013	669		100.00		669	5	SL	20	134	469			134
79	SACHTLER TRIPOD SYSTE	04192013	1,075		100.00		1,075	5	SL	20	215	753			215
80	VIDEO EDITING COMPUTE	06202013	1,542		100.00		1,542	5	SL	20	308	1,078			308
81	HXR-NX5U USED CAMERA	01012013	3,000		100.00		3,000	5	SL	20	600	2,700			600
82	EQUIPMENT RACKS	01012013	6,731		100.00		6,731	5	SL	20	1,346	6,057			1,346
83	2 2210 EDITING COMPUT	01012013	2,852		100.00		2,852	5	SL	20	570	2,565			570
84	2210 COMPUTER-BUDDY	01012013	1,311		100.00		1,311	5	SL	20	262	1,179			262
85	4300 SFFF133 4GD DVDR	01012013	1,050		100.00		1,050	5	SL	20	210	945			210
86	LHI CREEK FARM BLDG	07012013	180,118		100.00		180,118	5	SL	20	36,024	126,084			36,024
87	LEIGHTONIX NEXUS VID	01222014	1,213		100.00		1,213	5	SL	20	243	607			243
88	OPTICAL TRANSPORT EQU	01302014	5,605		100.00		5,605	5	SL	20	1,121	2,803			1,121
89	STUDIO CURTAIN	02132014	2,235		100.00		2,235	5	SL	20	447	1,118			447
90	AS WALL HANGING SYSTE	03172014	2,764		100.00		2,764	5	SL	20	553	1,382			553

* Item was disposed
of during current year.

Depreciation Detail Listing

2016

PAGE 4

Program Services

For your records only

Name(s) as shown on return

Social security number/EIN

LAKE CHAMPLAIN ACCESS TV

03-0340350

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current				
91	LINK ELECTRONICS VIDE	03202014	2,527		100.00		2,527	5	SL	20	505	1,263			505				
92	APC SMART UPS X3000VA	03202014	1,499		100.00		1,499	5	SL	20	300	750			300				
93	SYMETRIX APP CONFIGUR	03202014	979		100.00		979	5	SL	20	196	490			196				
94	RK WORKSTATION	05152014	1,063		100.00		1,063	5	SL	20	213	532			213				
95	ROSE BRAND IFR STUDIO	03262015	2,190		100.00		2,190	5	SL	20	438	657			438				
96	2 SONY WIRELESS MIC S	03262015	1,694		100.00		1,694	5	SL	20	339	508			339				
97	2 SHURE 4 CHANNEL MIS	03262015	1,397		100.00		1,397	5	SL	20	279	419			279				
98	4 CANON PRO HD CAMCOR	05072015	5,956		100.00		5,956	5	SL	20	1,191	1,787			1,191				
99	4 THINKSTATION P300 H	05142015	3,743		100.00		3,743	5	SL	20	749	1,123			749				
100	LIVESTREAM PRODUCTION	01072016	7,646		100.00		7,646	5	SL	17.5	1,338	1,338			1,338				
101	PORTABLE STUDIO	06092016	7,639		100.00		7,639	5	SL	12.5	955	955			955				
102	STUDIO CAMERAS AND CO	05262016	36,374		100.00		36,374	5	SL	12.5	4,547	4,547			4,547				
103	MASTER CONTROL SYSTEM	10202016	37,032		100.00		37,032	5	SL	2.5	926	926			926				
Totals															61,429	581,763			61,429

Land Amount

741,909

Net Depreciable Ccst

741,909

676,031

61,429

581,763

61,429

61,429

ST ADJ:

Next Year's Depreciation Worksheet

(Keep for your records)

2016

Name(s) as shown on return

Tax ID Number

LAKE CHAMPLAIN ACCESS TV

03-0340350

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	EQUIPMENT	11192001	17,421	SL	5	
PRG	1	EQUIPMENT	03182002	1,301	SL	5	
PRG	1	EQUIPMENT	04012002	411	SL	5	
PRG	1	OFFICE EQUIPMENT	11192001	525	SL	5	
PRG	1	EQUIPMENT	09302003	12,358	SL	5	
PRG	1	OFFICE EQUIPMENT	09302003	11,246	SL	5	
PRG	1	EQUIPMENT	09302004	23,145	SL	5	
PRG	1	OFFICE EQUIPMENT	09302004	2,942	SL	5	
PRG	1	DV CAMCORDER	09302005	7,778	SL	5	
PRG	1	PRO DVD	05272005	1,736	SL	5	
PRG	1	VIDEO MIXER	05062005	1,848	SL	5	
PRG	1	PANASONIC CAMCORDER	02142005	5,176	SL	5	
PRG	1	4 MIC CARDIOD	02142005	964	SL	5	
PRG	1	APPLE COMPUTER	10282004	3,147	SL	5	
PRG	1	DELL MONITOR	03012005	450	SL	5	
PRG	1	DELL COMPUTER	05272005	1,516	SL	5	
PRG	1	VAN	09302005	68,644	SL	5	
PRG	1	EQUIPMENT	09302006	40,008	SL	5	
PRG	1	VIDEO CONTROL SYSTEM	11132006	6,144	SL	5	
PRG	1	NEXUS DIGITAL SERVER/VID	04062007	8,575	SL	5	
PRG	1	3 ALUM TRIPODS	03022007	1,935	SL	5	
PRG	1	PORTABLE DISC RECORDER	03022007	1,635	SL	5	
PRG	1	SONY DVCAM PORTABLE VTR	04272007	4,586	SL	5	
PRG	1	ADOBE SOFTWARE	01262007	715	SL	3	
PRG	1	DELL COMPUTER	01262007	1,880	SL	5	
PRG	1	WORKSPACE SYSTEM	03162007	1,166	SL	7	
PRG	1	APPLE MAC TIGER FAMILY P	03312007	1,484	SL	3	
PRG	1	STATION SIGN	11212000	403	SL	5	
PRG	1	SHURE AUDIO MIXED	02012008	1,216	SL	5	
PRG	1	U 851R BOUNDARY MIKES-2	02082008	459	SL	5	
PRG	1	SONY WIRELESS MIKE ADAPT	02222008	488	SL	5	
PRG	1	DELL PC & EDIT SOFTWARE	03212008	2,510	SL	3	
PRG	1	SONY WIRELESS MIKE ADAPT	04182008	492	SL	5	
PRG	1	EDITING SOFTWARE-CS3 PRE	10242008	3,024	SL	3	
PRG	1	FLAT SCREEN MONITOR	10242008	349	SL	5	
PRG	1	9 NERO MINI-BOX-EDIT SOF	11212008	762	SL	3	
PRG	1	SONY MINI-DVCAM CAMCORDE	03252008	2,967	SL	5	
PRG	1	DELL LATITUDE-BURNHAM LI	03102008	2,503	SL	5	
PRG	1	IN FOCUS IN24 PROJ-BURN	04262008	598	SL	5	
PRG	1	SONY 3CCD CAMCORDER-MILT	06302008	3,143	SL	5	
PRG	1	DELL M6300 PC MILTON	08022008	2,221	SL	5	
PRG	1	BOGEN TRIPOD SYSTEM	06302008	509	SL	5	
PRG	1	PORTABLE FIRESTORE HARD	02272009	1,898	SL	5	
PRG	1	LOWEL LIGHT DV CREATOR	02272009	1,525	SL	5	
PRG	1	2 BLONDER TONGUE SUBBAND	02272009	1,560	SL	5	
PRG	1	2 LINK VIDEO PROCESSING	03272009	4,700	SL	5	
PRG	1	SYMETRIX 322 AUDIO PROCE	05292009	1,480	SL	5	
PRG	1	BOGEN TRIPOD W/CASE	05202009	489	SL	5	
PRG	1	SONY DV CAMCORDER DSR PD	05202009	3,065	SL	5	
PRG	1	DELL LAPTOP GEORGIA LIBR	06012009	2,031	SL	5	
PRG	1	STORAGE CABINET GEORGIA	06012009	573	SL	7	
PRG	1	FIIC EQUIP XPS 420 INTEL	02162009	2,029	SL	5	

Next Year's Depreciation Worksheet

(Keep for your records)

2016

Name(s) as shown on return

Tax ID Number

LAKE CHAMPLAIN ACCESS TV

03-0340350

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	PC AND SPEAKERS STUDIO X	04172009	2,389	SL	5	
PRG	1	SYSTEM UPGRADE/AZIMUTH/S	03192010	1,337	SL	5	
PRG	1	3 ENG 75/2 D TRIPODS	04022010	6,104	SL	5	
PRG	1	5 SHORT SHOTGUN MICROPHO	04022010	990	SL	5	
PRG	1	6 BOGEN LANC ZOOM CONTRO	04022010	1,440	SL	5	
PRG	1	CAMCORDER SER#S01-011246	04022010	5,612	SL	5	
PRG	1	UPS XL 3000VA RM 3U 120V	08202010	1,472	SL	5	
PRG	1	TELEX 5 COACH WIRELESS I	08202010	3,198	SL	5	
PRG	1	5 TELEX HEADPHONES W/CON	08202010	975	SL	5	
PRG	1	120V SURGE PROT BATTERY	01042011	1,406	SL	5	
PRG	1	DUAL RACKMOUNT COLOR MON	01282011	2,144	SL	5	
PRG	1	3 SONY SXCAM VIDEO CAMER	02252011	11,997	SL	5	
PRG	1	DESK SIDE RACK	07292011	929	SL	5	
PRG	1	PIX SD SWITCHER AND OPTI	09022011	20,505	SL	5	
PRG	1	BASE STATION BELT PACKS	09022011	1,049	SL	5	
PRG	1	AAMSUNG 46 INCH LCD MONI	09232011	889	SL	5	
PRG	1	TRIPOD KIT	09232011	5,550	SL	5	
PRG	1	SACHTLER DOLLY	09232011	1,699	SL	5	
PRG	1	3 77 INCH RACKS	11182011	4,256	SL	5	
PRG	1	MONITOR PRINTER SOFTWARE	02172011	1,532	SL	5	
PRG	1	4 SMART BUY ELITEBOOKS	03262013	6,274	SL	5	1,255
PRG	1	SMART BUY Z220 SFF WORKS	03262013	824	SL	5	165
PRG	1	SONY DIGITAL HD VIDEO CA	04192013	3,826	SL	5	765
PRG	1	SONY FLASH MEMORY RECORD	04192013	669	SL	5	134
PRG	1	SACHTLER TRIPOD SYSTEM	04192013	1,075	SL	5	215
PRG	1	VIDEO EDITING COMPUTER	06202013	1,542	SL	5	308
PRG	1	HXR-NX5U USED CAMERA	01012013	3,000	SL	5	300
PRG	1	EQUIPMENT RACKS	01012013	6,731	SL	5	674
PRG	1	2 Z210 EDITING COMPUTER	01012013	2,852	SL	5	287
PRG	1	Z210 COMPUTER-BUDDY	01012013	1,311	SL	5	132
PRG	1	4300 SPFF133 4GD DVDR	01012013	1,050	SL	5	105
PRG	1	LHI CREEK FARM BLDG	07012013	180,118	SL	5	36,024
PRG	1	LEIGHTRONIX NEXUS VIDOR	01222014	1,213	SL	5	243
PRG	1	OPTICAL TRANSPORT EQUIP	01302014	5,605	SL	5	1,121
PRG	1	STUDIO CURTAIN	02132014	2,235	SL	5	447
PRG	1	AS WALL HANGING SYSTEM	03172014	2,764	SL	5	553
PRG	1	LINK ELECTRONICS VIDEO P	03202014	2,527	SL	5	505
PRG	1	APC SMART UPS X3000VA	03202014	1,499	SL	5	300
PRG	1	SYMETRIX APP CONFIGURABL	03202014	979	SL	5	196
PRG	1	RK WORKSTATION	05152014	1,063	SL	5	213
PRG	1	ROSE BRAND IFR STUDIO CY	03262015	2,190	SL	5	438
PRG	1	2 SONY WIRELESS MIC SYST	03262015	1,694	SL	5	339
PRG	1	2 SHURE 4 CHANNEL MISERS	03262015	1,397	SL	5	279
PRG	1	4 CANON PRO HD CAMCORDER	05072015	5,956	SL	5	1,191
PRG	1	4 THINKSTATION P300 HARD	05142015	3,743	SL	5	749
PRG	1	LIVESTREAM PRODUCTION ST	01072016	7,646	SL	5	1,529
PRG	1	PORTABLE STUDIO	06092016	7,639	SL	5	1,528
PRG	1	STUDIO CAMERAS AND CONTR	05262016	36,374	SL	5	7,275
PRG	1	MASTER CONTROL SYSTEM	10202016	37,032	SL	5	7,406
		TOTAL					64,676

990

**Tax Exempt
Diagnostic Summary**

2016

Name
LAKE CHAMPLAIN ACCESS TV

Employer Identification #
03-0340350

Demographics

Mailing Address:
63 CREEK FARM PLAZA SUITE 3
COLCHESTER, VT 05446

Phone: (802) 862-5724

Resident State: VT

Diagnostics

Preparer: KEVIN MARCHAND

Invoice:

Date: 02-06-2017

Return Information

Item on Return	2016 Federal	2015 Federal (If available)
Total Revenue	634,092	600,916
Total Expenses	549,539	519,531
Net Excess (Deficit)	84,553	81,385
Net Assets or Fund Balances	724,413	639,860

State/City Information

<u>State/City</u>	<u>Taxable Revenue</u>	<u>Total Expenses</u>	<u>Change Fund Balance</u>	<u>UBIT</u>	<u>Total Tax</u>	<u>Refund/ (Balance Due)</u>
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Lake Champlain Access TV
Balance Sheet
December 31, 2016

ASSETS

Current Assets		
Capital Money Market Account	\$	113,038.95
Operating Checking Account		16,246.85
Operating Money Market Account		239,991.79
Power Acct & CD's		146,706.85
Savings & Other Cash Accounts		3,149.93
		<hr/>
Total Cash Accounts		519,134.37
		<hr/>
Total Current Assets		519,134.37
Property and Equipment		
Equipment		493,147.43
Accum.Depr-Equipment		(387,034.26)
Leasehold Improvements		180,117.50
Amort-Leasehold Improvements		(126,083.75)
Vehicles		68,643.52
AccumDeprec/Vehicles		(68,643.52)
		<hr/>
Total Property and Equipment		160,146.92
Other Assets		
Security Deposit		2,406.00
		<hr/>
Total Other Assets		2,406.00
		<hr/>
Total Assets	\$	<u><u>681,687.29</u></u>

LIABILITIES AND FUND BALANCE

Current Liabilities		
VT Unemp Taxes Payable	\$	117.79
SIMPLE Payable		26.10
		<hr/>
Total Current Liabilities		143.89
Long-Term Liabilities		
		<hr/>
Total Long-Term Liabilities		0.00
		<hr/>
Total Liabilities		143.89
Fund Balance		
Fund Balance-Operating		321,601.22
Fund Balance-Capital		113,038.95
Operating Reserve		147,350.00
Digital Media Program Reserve		15,000.00
Net Income		84,553.23
		<hr/>
Total Fund Balance		681,543.40
		<hr/>
Total Liabilities & Fund Balance	\$	<u><u>681,687.29</u></u>

Lake Champlain Access TV
Balance Sheet
December 31, 2016

	This Year		Last Year	Difference
ASSETS				
Current Assets				
Operating Checking Account	\$ 16,246.85	\$	16,766.59	(519.74)
Capital Money Market Account	113,038.95		23,023.75	90,015.20
Operating Money Market Account	239,991.79		318,058.61	(78,066.82)
NEFCU/Power Savings Acct	40,803.86		40,671.54	132.32
Opportunities/12 mo CD-8/21/13	105,902.99		105,637.92	265.07
TD Bank/savings	2,893.77		2,596.17	297.60
NCFCU Oper. Savings Account	50.02		101.06	(51.04)
Petty Cash	150.00		150.00	0.00
Petty Cash/Dubbing/Video	50.00		50.00	0.00
Opportunities CU/Savings	6.14		6.14	0.00
Total Current Assets	519,134.37		507,061.78	12,072.59
Property and Equipment				
Equipment	493,147.43		404,456.91	88,690.52
Accum.Depr-Equipment	(387,034.26)		(360,736.35)	(26,297.91)
Accum. Deprec-Office Equipment	0.00		(892.91)	892.91
Leasehold Improvements	180,117.50		180,117.50	0.00
Amort-Leasehold Improvements	(126,083.75)		(90,059.75)	(36,024.00)
Vehicles	68,643.52		68,643.52	0.00
AccumDeprec/Vehicles	(68,643.52)		(68,643.52)	0.00
Total Property and Equipment	160,146.92		132,885.40	27,261.52
Other Assets				
Security Deposit	2,406.00		2,406.00	0.00
Total Other Assets	2,406.00		2,406.00	0.00
Total Assets	\$ 681,687.29	\$	642,353.18	39,334.11

LIABILITIES AND CAPITAL

Current Liabilities				
State W/H Payable	\$ 0.00	\$	2,271.79	(2,271.79)
VT Unemp Taxes Payable	117.79		221.02	(103.23)
SIMPLE Payable	26.10		0.00	26.10
Total Current Liabilities	143.89		2,492.81	(2,348.92)
Long-Term Liabilities				
Total Long-Term Liabilities	0.00		0.00	0.00
Total Liabilities	143.89		2,492.81	(2,348.92)
Capital				
Fund Balance-Operating	321,601.22		217,530.99	104,070.23
Fund Balance-Capital	113,038.95		178,594.41	(65,555.46)
Operating Reserve	147,350.00		147,350.00	0.00
Digital Media Program Reserve	15,000.00		15,000.00	0.00
Net Income	84,553.23		81,384.97	3,168.26
Total Capital	681,543.40		639,860.37	41,683.03

Unaudited - For Management Purposes Only

Lake Champlain Access TV
Balance Sheet
December 31, 2016

	This Year	Last Year	Difference
Total Liabilities & Capital	\$ <u>681,687.29</u>	\$ <u>642,353.18</u>	<u>39,334.11</u>

Lake Champlain Access TV
Income Statement-Total Station
 For the Twelve Months Ending December 31, 2016

	Year to Date Actual	Year to Date Budget	Variance
<u>Revenues</u>			
Oper. Revenue-Cable TV	566,969.66	\$ 550,000.00	16,969.66
Capital Revenue-Cable TV	56,697.00	55,425.00	1,272.00
Dubbing/DVD's Income	5,071.76	3,800.00	1,271.76
Other Income	2,474.46	0.00	2,474.46
Donation Income	577.00	250.00	327.00
Summer/Winter Camp Income	0.00	700.00	(700.00)
Interest Income	2,302.46	800.00	1,502.46
Total Revenues	634,092.34	610,975.00	23,117.34
<u>Operating Expenses</u>			
Compensation	277,669.24	283,550.00	(5,880.76)
Employer FICA Expense	21,241.58	21,850.00	(608.42)
Unemployment Taxes	1,553.64	2,400.00	(846.36)
Health & Dental Insurance	35,873.65	28,450.00	7,423.65
Pension Expense	5,725.26	5,500.00	225.26
Legal & Other Professional Fees	2,222.50	2,500.00	(277.50)
Accounting Fees	5,451.32	8,500.00	(3,048.68)
Bank Fees	15.90	100.00	(84.10)
Office Rent	44,612.24	44,855.00	(242.76)
Facilities Maintenance	3,466.08	3,000.00	466.08
Equipment Maintenance & Repa	2,711.25	2,000.00	711.25
Mobile Video Lab Expense	3,748.77	7,700.00	(3,951.23)
Equipment Lease	283.55	0.00	283.55
Technical Supplies	5,416.26	7,000.00	(1,583.74)
Printing & Copying Expense	593.70	500.00	93.70
Office Supplies	7,459.20	4,000.00	3,459.20
Blank Video Media	623.66	1,250.00	(626.34)
Copying Expense	73.60	0.00	73.60
Dues & Subscriptions	7,607.00	8,500.00	(893.00)
Postage & Shipping	1,214.31	1,000.00	214.31
Telephone Expense	1,693.87	2,250.00	(556.13)
Utilities	8,243.36	12,000.00	(3,756.64)
Workers Comp Insurance	2,104.00	2,800.00	(696.00)
Vehicle Insurance	1,253.00	1,400.00	(147.00)
Business Insurance	4,148.00	5,000.00	(852.00)
Internet Access Fees	4,800.13	6,500.00	(1,699.87)
Advertising Expense	3,692.81	5,500.00	(1,807.19)
Educational Development	470.00	5,000.00	(4,530.00)
Meals & Entertainment	1,174.89	1,750.00	(575.11)
Travel Expense	7,358.42	8,000.00	(641.58)
Depreciation Expense	61,429.00	0.00	61,429.00
Contribution	600.00	300.00	300.00
Field Production Equipment	2,244.12	17,000.00	(14,755.88)
Facility Upgrades	635.25	0.00	635.25
System Upgrades	5,563.66	5,500.00	63.66
HD Upgrades	13,000.39	149,750.00	(136,749.61)
Website Upgrade	3,565.50	0.00	3,565.50
Total Operating Expenses	549,539.11	655,405.00	(105,865.89)
Net Income	84,553.23	\$ (44,430.00)	128,983.23

Lake Champlain Access TV
Income Statement-Operations
 For the Twelve Months Ending December 31, 2016

	Current Month Actual	Year to Date Actual	Year to Date Budget	Variance
Revenues				
Oper. Revenue-Cable TV	\$ 0.00	566,969.66	\$ 550,000.00	16,969.66
Dubbing/DVD's Income	655.26	5,071.76	3,800.00	1,271.76
Other Income	0.00	2,474.46	0.00	2,474.46
Donation Income	0.00	577.00	250.00	327.00
Summer/Winter Camp Income	0.00	0.00	700.00	(700.00)
Interest Income	258.26	2,302.46	800.00	1,502.46
Total Revenues	913.52	577,395.34	555,550.00	21,845.34
Operating Expenses				
Compensation	30,057.46	277,669.24	283,550.00	(5,880.76)
Employer FICA Expense	2,299.48	21,241.58	21,850.00	(608.42)
Unemployment Taxes	53.22	1,553.64	2,400.00	(846.36)
Health & Dental Insurance	3,619.50	35,873.65	28,450.00	7,423.65
Pension Expense	605.21	5,725.26	5,500.00	225.26
Legal & Other Professional Fees	80.00	2,222.50	2,500.00	(277.50)
Accounting Fees	406.25	5,451.32	8,500.00	(3,048.68)
Bank Fees	0.00	15.90	100.00	(84.10)
Office Rent	3,749.77	44,612.24	44,855.00	(242.76)
Facilities Maintenance	185.00	3,466.08	3,000.00	466.08
Equipment Lease	0.00	283.55	0.00	283.55
Printing & Copying Expense	0.00	593.70	500.00	93.70
Office Supplies	247.00	7,459.20	4,000.00	3,459.20
Blank Video Media	248.30	623.66	1,250.00	(626.34)
Copying Expense	0.00	73.60	0.00	73.60
Dues & Subscriptions	680.29	7,607.00	8,500.00	(893.00)
Postage & Shipping	30.37	1,214.31	1,000.00	214.31
Telephone Expense	154.23	1,693.87	2,250.00	(556.13)
Utilities	648.08	8,243.36	12,000.00	(3,756.64)
Workers Comp Insurance	0.00	2,104.00	2,800.00	(696.00)
Business Insurance	0.00	4,148.00	5,000.00	(852.00)
Internet Access Fees	400.84	4,800.13	6,500.00	(1,699.87)
Advertising Expense	523.60	3,692.81	5,500.00	(1,807.19)
Educational Development	0.00	470.00	5,000.00	(4,530.00)
Meals & Entertainment	820.05	1,174.89	1,750.00	(575.11)
Travel Expense	1,320.86	7,358.42	8,000.00	(641.58)
Contribution	75.00	600.00	300.00	300.00
Total Operating Expenses	46,204.51	449,971.91	465,055.00	(15,083.09)
Net Income	\$ (45,290.99)	127,423.43	\$ 90,495.00	36,928.43

Lake Champlain Access TV
Income Statement-Capital Expenditures
 For the Twelve Months Ending December 31, 2016

	Current Month Actual	Year to Date Actual	Year to Date Budget	Variance
Revenues				
Capital Revenue-Cable TV	\$ 0.00	56,697.00	\$ 55,425.00	1,272.00
Total Revenues	0.00	56,697.00	55,425.00	1,272.00
Expenses				
Equipment Maintenance & Repair	0.00	2,711.25	2,000.00	711.25
Mobile Video Lab Expense	0.00	3,748.77	7,700.00	(3,951.23)
Technical Supplies	1,582.19	5,416.26	7,000.00	(1,583.74)
Vehicle Insurance	0.00	1,253.00	1,400.00	(147.00)
Depreciation Expense	61,429.00	61,429.00	0.00	61,429.00
Field Production Equipment	0.00	2,244.12	17,000.00	(14,755.88)
Facility Upgrades	635.25	635.25	0.00	635.25
System Upgrades	0.00	5,563.66	5,500.00	63.66
HD Upgrades	0.00	13,000.39	149,750.00	(136,749.61)
Website Upgrade	0.00	3,565.50	0.00	3,565.50
Total Expenses	63,646.44	99,567.20	190,350.00	(90,782.80)
Net Income	\$ (63,646.44)	(42,870.20)	\$ (134,925.00)	92,054.80