

# RULE 8 ANNUAL REPORT

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

## Reporting Deadlines

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

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

## Instructions

Instructions for filling out this form may be found at:

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

## Attachments

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

## Filing

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

### Clerk of the Commission

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

### Vermont Public Service Department

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

### Vermont Access Network

PO Box 4041  
Burlington, VT 05406-4041

### Cable Operator(s)

See your PEG Access Agreement for Mailing information.

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

The FISCAL YEAR REPORTING: 12/31/2017

(Please enter the date your Fiscal Year ENDED)

## 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)

www.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

Email Address

### 2b. Executive Director/Manager/CEO

Kevin Christopher

Name

802-862-5724

Phone

802-871-5583

Fax Number

info@lcatv.org

Email Address

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

- Is the AMO recognized by the IRS as a 501 (c)(3) Non-Profit Corporation?  YES  NO
- Year Incorporated in State of Vermont: 1993
- Is the AMO current with its biennial Secretary of State nonprofit corporate registration?  
 YES  NO
- Does AMO comply with applicable parts of VT's Open Meeting Law?   
     Warns Board Meetings?  Posts Board Minutes?

### 4. Service Territories/Communities Served

Service Territory	Name of Cable Operator	Communities (Municipalities) Served	Changes from Previous Fiscal Year
1	Comcast	Colchester, Milton, Georgia, Fairfax, Westford, South Hero, Grand Isle, North Hero	none
2			
3			

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

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

Name of Cable Operator 1	Comcast
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Channel Number (and Call Letters or Name)	SD or HD	Type of Access (Public, Educational, Governmental)
LCATV 15	SD	Public
LCATV 16	SD	Educational
LCATV 17	SD	Governmental

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

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

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

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

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 of these additional applications are at the expense of the AMO. The AMO also upgraded to Business Class Deluxe 25 broadband service in 2017 at its own expense.

## 6. Outreach Strategies – 8.422(C)

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

### 6a. Outreach/Marketing: Activities

Activity	Number Done	N/A (✓)
Print Ad Placements	7	<input type="checkbox"/>
Online Ad Placements		<input checked="" type="checkbox"/>
Newsletters (print or email)	16	<input type="checkbox"/>
Events at your AMO (open house, gallery openings, etc.)	4	<input type="checkbox"/>
AMO participation in community events (parades, booths, etc)	6	<input type="checkbox"/>
Presentations at community meetings (Chamber, clubs, etc)		<input checked="" type="checkbox"/>
Video contests/competitions held		<input checked="" type="checkbox"/>
Self-promotional PSAs, Bumpers, etc.		<input checked="" type="checkbox"/>
Social Media Postings	22	<input type="checkbox"/>

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

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

Included among LCATV's Marketing & Outreach activities: various instances of advertising programs and events in our local newspapers; distribution of quarterly programming and information guides to a variety of public locations; distribution of a monthly e-newsletter; hosting an annual holiday open house including a live programming component; mostly numerous public gallery receptions through the year; informative postings on both our website and our Facebook page; and our participation in six community events via booths and/or demonstration of services. We also provided assistance to local institutions, including: technical trouble-shooting visits to several local government offices; classroom technical support for high school production courses; and the facilitation of remote presentations of three high school graduations for overflow seating and two local events for backstage monitoring.

**6c. (OPTIONAL) Volunteerism & Users**

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

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

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

<b>Total, all unpaid, non-staff</b>	<b>Number</b>	<b>N/A (✓)</b>
Volunteers, Board, Community Producers, Student Interns & Other Users	50	<input type="checkbox"/>

**Comments:**

The above estimated Volunteer/User number includes 9 Board of Directors members, 3 student interns, and numerous Community Producers.

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

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

**7a. Orientations**

<b>Activity</b>	<b>Number Oriented</b>	<b>N/A (✓)</b>
Orientation to Individuals	14	<input type="checkbox"/>
Orientation to Organizations	12	<input type="checkbox"/>

**7b. Structured Training**

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

<b>Types of <u>Structured</u> Training Provided (Your classifications of types)</b>	<b>Number Trained</b>	<b>N/A (✓)</b>
Camps	51	<input type="checkbox"/>
Workshops	39	<input type="checkbox"/>
Classes	12	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>GRAND TOTAL:</b>	102	<input type="checkbox"/>

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

**UNSTRUCTURED Training:**

We provide ongoing support for all Community Producers in the production of content, including studio production, editing, and audio/video support in the field. This support varies from basic editing guidance or camera training to directing studio productions for users.

**7c. (OPTIONAL) Community Use of Facilities**

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

Type of Facilities Usage	If applicable, provide detail here, or in Notes, below.	# of Checkouts / Usages.	N/A (✓)
Field Gear Checkouts (specify)	(number represents hours of usage)	48	<input type="checkbox"/>
Studio Production Use	(number represents hours of usage)	292	<input type="checkbox"/>
Editing Systems Use	(number represents hours of usage)	180	<input type="checkbox"/>
Other Lendings (specify)			<input checked="" type="checkbox"/>

**NOTES:**

We track community usage of facilities and equipment by hours rather than instances.

**8. Programming Data - Rule 8.422 (C)**

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

**8a. Programming Information**

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

Type of Programming	# of Programs	# of Hours
Locally-Produced, First-Run Programs <i>(produced by, for or at your AMO)</i>	654	825.0
AMO-Produced PSAs, Bumpers, etc. <i>(if tracked &amp; not included above)</i>		
“Imported” via VMX or other Vermont sources <i>(e.g., AMOs, local producers)</i>	759	745.0
“Imported” from other sources <i>(e.g. satellite programming)</i>	454	435.0
<b>COLUMN TOTAL</b>	1,867	2,005.0

**8b. (OPTIONAL) Local Programming Breakdown**

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

Locally-Produced, first-run Programs	# of Programs	# of Hours
Produced by your AMO Staff	519	751.0
Produced by clients/users/volunteers	135	74.0

**8c. (OPTIONAL) Bulletin Board**

If you offer an on-screen Community Bulletin Board, you might track the total number of individuals and/or entities that have submitted one or more messages, or you may count the total annual number of unique “pages” of bulletin board information. Or both. In this Optional section, if the exact numbers are unknown, estimate. If you do not track any of this data, you may leave the entire section blank.

Community Bulletin Board Data	Total Number
Number of individuals or entities who have submitted one or more “pages” over the course of the year	16
Number of unique “pages” submitted & shown	125

**8d. Remote Origination Sites**

Site Location (Entity Name, Town)	Frequency of Use (# of uses per month or per year)	Type of Use (e.g., P, E or G)	Cable Operator Providing Site	RF Modulator? Optical Xmtr? Video over IP? (please specify)



## 8e. Additional Information

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

Programming produced at the LCATV Studio included: live and recorded volunteer series programming; candidate forums, budget presentations, and live election coverage; video production camp projects; live concerts and theatrical presentations. In addition to distribution via one of our three channels, much of this studio content was also streamed live using video-over-IP technology.

LCATV has no activated traditional remote origination sites. However, we regularly stream content live from remote locations using video-over-IP technology and at our expense. During the reporting year, we live-streamed 77 meetings and events.

Other LCATV-produced programming includes: 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; local library and historical society speakers and presentations; regular coverage of speakers and events for the Colchester-Milton Rotary Club; promotional videos for artists displaying work at the Gallery at LCATV; several regular concert series and other community arts presentations.

## 9. Complaint Tracking – Rule 8.422(D)

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

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

**10. Service Quality Issues – Rule 8.422(L)**

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

There were no reported service quality issues.

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

**11a. Depreciation Schedule**

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

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

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

Routine capital purchases included: two HD field camera kits with tripod systems; a desktop PC; licensing of post-production software suite for a number of PCs; Microsoft Office licensing for a number of PCs; website upgrades; and new audio equipment.

LCATV also used capital reserve funding for the installation of a multi-viewer system and operating and capital reserve funding for studio upgrades, including sound mitigation work, a new audio system, additional lighting, and additional drapes.

## 12. Organizational Leadership: Rosters of Key Staff & Board – Rule 8.422(F)

### 12a. 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

### 12b. Board Members as of the end of Fiscal Year

Director's Name	Phone Number/ Email Address	Community Affiliation (if stated)
Samuel Conant	802-598-4689/samcvt@gmail.com	Milton
Greg Drew	401-862-4709/personalwoodsmythe@yahoo.com	Georgia
Jeffrey Hathaway	802-343-9507/jahathaway@gmail.com	Georgia
Carol Jones	802-524-5156/dynagirl38@yahoo.com	Georgia
Richard Pecor	802-238-2189/rpecor@myfairpoint.net	Colchester
Kenneth Rocheleau	802-372-8235/kdrocheleau@gmail.com	South Hero
Robert Shea	802-524-4279/robertshea@myfairpoint.net	Fairfax
Curt Taylor	802-324-7188/CurtDTaylor@comcast.net	Colchester

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

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

Board of Directors- Resignation of Robert Sekerak from the Board. Adoption of an Employee Handbook in replacement of a Human Resources policy.

**14. Planning Considerations – Rule 8.422(K)**

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

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

Please see attached Planning Considerations document.

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

### 15a. AMO Revenue Report

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

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

CABLE OPERATOR FUNDING					
Cable Operator 1:			Cable Operator 2:		
Operating	Capital	Spike	Operating	Capital	Spike
\$ 597,390.00	\$ 59,739.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
OTHER SOURCES OF REVENUE (Identify)					
Dubbing	Interest Income		Non-PEG Related	TOTAL	
\$ 3,386.00	\$ 2,954.00	\$ 0.00	\$ 0.00	\$ 663,469.00	

### 15b. AMO Expense Report

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

AMO Services	Operating Expenses	Capital Expenses	Total Expenses
PEG Access Services	\$ 475,321.00	\$ 96,450.00	\$ 571,771.00
Non PEG-related Services	\$ 0.00	\$ 0.00	\$ 0.00
<b>Total PEG &amp; Non-PEG Expenses</b>	<b>\$ 475,321.00</b>	<b>\$ 96,450.00</b>	<b>\$ 571,771.00</b>

### 15c. Statement of Cable Operator Funds

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

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

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

**NOTES:**

Please see attached Planning Considerations document for information on planned spending of earmarked reserve funds.

**Statement of Certification**

I,

(print / type name):  
Kevin Christopher

hereby certify that

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

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

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

Kevin Christopher

Digitally signed by Kevin Christopher  
Date: 2018.05.23 15:43:44 -04'00'

**SIGNATURE OF PERSON COMPLETING FORM**

5/23/18

**DATE**

Buddy Meilleur

Digitally signed by Buddy Meilleur  
Date: 2018.05.23 15:42:30 -04'00'

**SIGNATURE OF WITNESS**

Buddy A. Meilleur

**NAME OF WITNESS (print/type)**



# PLANNING CONSIDERATIONS - 2018-2020

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

## 2018

### ANTICIPATED COMMUNITY NEEDS

- Conclude special capital projects including the second stage of LCATV's studio fit-up and the replacement of staff field production equipment for the production of community meetings and events.
- Begin research and acquisition of resources for an archiving project to digitize LCATV's analog content, including exploration of required staffing.
- Explore the need for additional staffing based upon findings of our community needs assessment.
- Explore need to a small staff vehicle for field production usage and acquire based upon findings.
- Continue to explore increase coverage in service area to include new meetings and additional community events and maintain the percentage of LCATV volunteer-produced programming and increase in-studio live and recorded programming.
- Engage in new collaborations with St. Michael's College, Elley-Long Music Center, 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 continue to refine our 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.
- Analysis of the recent community needs assessment, revised PEG Access Plan, and renewed cable operator contract to determine what the priorities and capacities of the organization are in the coming years.
- 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.

### 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, including a review of LCATV's website capabilities.
- Further explore new LCATV coverage opportunities and explore methods of promoting volunteer involvement and increasing producer-driven content.
- Explore the need for additional staffing based upon findings of our community needs assessment.
- Control budget and expenditures to facilitate long-term goals for maintaining our Operating Reserve and funding special capital projects; determine what the capital projects are and how best to structure them in terms of community need, organizational capacity, and financial planning.
- Evaluate achievement of previous year's objectives and 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:**

<b>EXPENSE</b>	<b>2018 BUDGET</b>
Labor Compensation	\$293,310.00
Payroll Taxes	\$ 22,325.00
Unemployment Taxes	\$ 2,250.00
Health/Dental Insurance	\$ 41,100.00
Workers Comp. Insurance	\$ 2,500.00
Accounting Fees	\$ 7,500.00
Legal/Professional Fees	\$ 15,000.00
Telephone	\$ 2,200.00
Internet & Website	\$ 7,500.00
Utilities	\$ 10,000.00
Bank Fees	\$ 50.00
Office Supplies	\$ 8,000.00
Dues & Subscriptions	\$ 10,000.00
Postage & Shipping	\$ 1,250.00
Advertising & Promotion	\$ 5,500.00
Meals & Entertainment	\$ 1,750.00
Travel	\$ 10,000.00
Printing & Copying	\$ 600.00
Contributions	\$ 12,000.00
Education & Conferences	\$ 5,000.00
Pension Expense	\$ 6,500.00
Business Insurance	\$ 5,000.00
Facilities Rent	\$ 46,750.00
Facilities Maintenance	\$ 4,200.00
Blank Video Media	\$ 1,250.00
<b>Total Expenses</b>	<b>\$521,535.00</b>

**FY 2018 CAPITAL BUDGET:**

<b>EXPENSE</b>	<b>2018 BUDGET</b>
Auto Insurance	\$ 1,400.00
Auto Maintenance & Repairs	\$ 1,250.00
Equipment Maintenance/Repairs	\$ 2,500.00
Technical Supplies	\$ 7,000.00
Field Production Equipment	\$14,700.00
System Upgrades	\$22,600.00
Website Upgrade	\$10,000.00
<b>Total Expenses</b>	<b>\$59,450.00</b>

**CAPITAL EXPENDITURES**

Equipment, facility and vehicle maintenance and repairs; purchase of routine technical items; routine hardware and software purchases; multiple personal computer replacements; field audio kits; website work.



# 2019

## **ANTICIPATED COMMUNITY NEEDS**

- Based upon finding of the community needs assessment in relation to additional staffing, complete the needed work to create a fulltime position and conduct a job search to fill said position.
- Complete acquisition of material for an analog-to-digital archive project and begin to explore temporary staffing needs to begin archiving.
- Continue to explore increase coverage in service area to include new meetings and additional community events and maintain the percentage of LCATV volunteer-produced programming and increase in-studio live and recorded programming.
- Engage in new collaborations with St. Michael's College, Elley-Long Music Center, 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 continue to refine our Temporarily Restricted Fund Balance Budget plan.

## **MEASUREMENT OF COMMUNITY NEEDS**

- Conclude AMO contract renewal process with cable operator and continue to refer to our community needs assessment and revised PEG Access Plan to determine what the priorities and capacities of the organization are in the coming years.
- 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.

## **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, including a review of LCATV's website capabilities.
- Further explore new LCATV coverage opportunities and explore methods of promoting volunteer involvement and increasing producer-driven content.
- Explore the need for additional staffing based upon findings of our community needs assessment.
- Control budget and expenditures to facilitate long-term goals for maintaining our Operating Reserve and funding special capital projects; determine what the capital projects are and how best to structure them in terms of community need, organizational capacity, and financial planning.
- Evaluate achievement of previous year's objectives and 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 2019 OPERATING BUDGET:**

<b>EXPENSE</b>	<b>2019 BUDGET</b>
Labor Compensation	\$337,700.00
Payroll Taxes	\$ 25,665.00
Unemployment Taxes	\$ 2,560.00
Health/Dental Insurance	\$ 50,400.00
Workers Comp. Insurance	\$ 2,600.00
Accounting Fees	\$ 7,650.00
Legal/Professional Fees	\$ 12,000.00
Telephone	\$ 2,250.00
Internet & Website	\$ 7,500.00
Utilities	\$ 10,200.00
Bank Fees	\$ 60.00
Office Supplies	\$ 8,100.00
Dues & Subscriptions	\$ 10,100.00
Postage & Shipping	\$ 1,300.00
Advertising & Promotion	\$ 5,600.00
Meals & Entertainment	\$ 1,750.00
Travel	\$ 8,000.00
Printing & Copying	\$ 625.00
Contributions	\$ 500.00
Education & Conferences	\$ 5,000.00
Pension Expense	\$ 8,300.00
Business Insurance	\$ 5,100.00
Facilities Rent	\$ 47,750.00
Facilities Maintenance	\$ 4,300.00
Blank Video Media	\$ 1,100.00
<b>Total Expenses</b>	<b>\$566,110.00</b>

**FY 2019 CAPITAL BUDGET:**

<b>EXPENSE</b>	<b>2019 BUDGET</b>
Auto Insurance	\$ 1,450.00
Auto Expense	\$ 5,300.00
Equipment Maintenance/Repairs	\$ 3,000.00
Technical Supplies	\$ 8,000.00
Field Production Equipment	\$12,500.00
System Upgrades	\$20,000.00
Website Upgrade	\$ 4,000.00
<b>Total Expenses</b>	<b>\$54,250.00</b>

**ANTICIPATED CAPITAL EXPENDITURES**

Equipment, facility and vehicle maintenance and repairs; possible vehicle leasing; purchase of routine technical items; routine hardware and software purchases; field audio and office PC replacements/upgrades; UAV purchase.

## 2020

### **ANTICIPATED COMMUNITY NEEDS**

- Continue/conclude archiving project to digitize LCATV's analog content.
- Continue to explore increase coverage in service area to include new meetings and additional community events and maintain the percentage of LCATV volunteer-produced programming and increase in-studio live and recorded programming.
- Engage in new collaborations with St. Michael's College, Elley-Long Music Center, 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 continue to refine our 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.
- Begin acquisition of new community production equipment to replace faulty or outdated gear.
- 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 2020 OPERATING BUDGET:**

<b>EXPENSE</b>	<b>2020 BUDGET</b>
Labor Compensation	\$362,770.00
Payroll Taxes	\$ 27,570.00
Unemployment Taxes	\$ 2,800.00
Health/Dental Insurance	\$ 50,800.00
Workers Comp. Insurance	\$ 2,650.00
Accounting Fees	\$ 7,800.00
Legal/Professional Fees	\$ 3,000.00
Telephone	\$ 2,300.00
Internet & Website	\$ 7,650.00
Utilities	\$ 10,400.00
Bank Fees	\$ 65.00
Office Supplies	\$ 8,200.00
Dues & Subscriptions	\$ 10,200.00
Postage & Shipping	\$ 1,350.00
Advertising & Promotion	\$ 5,600.00
Meals & Entertainment	\$ 1,800.00
Travel	\$ 7,500.00
Printing & Copying	\$ 650.00
Contributions	\$ 500.00
Education & Conferences	\$ 5,000.00
Pension Expense	\$ 8,500.00
Business Insurance	\$ 5,200.00
Facilities Rent	\$ 48,725.00
Facilities Maintenance	\$ 4,100.00
Blank Video Media	\$ 1,100.00
<b>Total Expenses</b>	<b>\$586,230.00</b>

**FY 2020 CAPITAL BUDGET:**

<b>EXPENSE</b>	<b>2020 BUDGET</b>
Auto Insurance	\$ 1,550.00
Auto Expense	\$ 5,500.00
Equipment Maintenance/Repairs	\$ 3,500.00
Technical Supplies	\$ 8,500.00
Field Production Equipment	\$12,000.00
System Upgrades	\$15,000.00
Website Upgrade	\$ 3,000.00
Facility Upgrades	\$ 8,000.00
<b>Total Expenses</b>	<b>\$57,050.00</b>

**ANTICIPATED CAPITAL EXPENDITURES**

Equipment, facility and vehicle maintenance and repairs; purchase of routine technical items; routine hardware and software purchases; NAS storage system; public field production equipment; possible facility upgrades.

**LCATV TEMPORARILY RESTRICTED FUND BALANCE BUDGET GOALS**  
**2018 - 2020**

*Represents some planned and anticipated uses for the current Temporarily Restricted Fund Balance and any future Fund Balance accumulation.*

*More categories will be identified within the results of our current community needs assessment, expected to be finalized in summer, 2018.*

<b>CATEGORY</b>	<b>AMOUNT</b>
Operating Reserve	\$300,000.00
Outreach Programs <ul style="list-style-type: none"> <li>• Digital Media Program library partnerships</li> <li>• Others to be identified</li> </ul>	\$ 75,000.00
Analog-to-Digital Archiving Project	\$ 60,000.00
Cargo Van	\$ 35,000.00
<b>TOTAL</b>	<b>\$545,000.00</b>

# Return of Organization Exempt From Income Tax

**2017**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization <b>LAKE CHAMPLAIN ACCESS TV</b></p> <p>Doing business as _____</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite  <b>63 CREEK FARM PLAZA SUITE 3</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>COLCHESTER, VT 05446</b></p>	<p><b>D</b> Employer identification no. <b>03-0340350</b></p> <p><b>E</b> Telephone number <b>(802) 862-5724</b></p> <p><b>G</b> Gross receipts \$ <b>663,469</b></p>
<p><b>F</b> Name and address of principal officer: <b>RICHARD PECOR</b>  <b>2808 MIDDLE RD, COLCHESTER, VT 05446</b></p>		<p><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," attach a list. (see instructions)</p> <p><b>H(c)</b> Group exemption number ▶ _____</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p><b>J</b> Website: ▶ <b>WWW.LCATV.ORG</b></p>		
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p><b>L</b> Year of formation: <b>1993</b>      <b>M</b> State of legal domicile: <b>VT</b></p>

**Part I Summary**

	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <u>PUBLIC EDUCATION AND GOVERNMENT ACCESS TV</u></p>			
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>8</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>		<b>15</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		<b>0</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	623,667		657,129
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,302		2,954
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,123		3,386
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	634,092		663,469
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		342,063		349,353
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)				0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0				
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		207,476		222,419
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	549,539		571,772	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	84,553		91,697	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	724,557	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	144		823,749
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	724,413		7,639

**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.

<b>Sign Here</b>	<p><b>KEVIN CHRISTOPHER</b> Signature of officer</p>	Date
	<p><b>KEVIN CHRISTOPHER, EXECUTIVE DIRECTOR</b> Type or print name and title</p>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KEVIN MARCHAND</b>	Preparer's signature <i>Kevin Marchand</i>	Date <b>02-14-2018</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P01204503</b>
	Firm's name ▶ <b>MGV ASSOCIATES</b>	Firm's EIN ▶		Phone no.	
	Firm's address ▶ <b>382 HERCULES DR SUITE 6 COLCHESTER VT 05446</b>			<b>802-655-3477</b>	

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

**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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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 \$ 525,376 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 **▶ 525,376**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and reporting.



Part IV Checklist of Required Schedules (continued)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

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

Input box for Schedule O

Main table with columns for question number, description, and Yes/No responses. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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 3 columns: Question, 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... 8 Did the organization contemporaneously document... 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 3 columns: Question, 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... 15 Did the process for determining compensation... 15a The organization's CEO... 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

Table with 2 columns: Question, Answer. Rows include: 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... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 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			77,729	0	9,749	
(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) -----										
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							77,729	0	9,749	

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	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? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	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

**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 . . . . .						
	b	Membership dues . . . . .						
	c	Fundraising events . . . . .						
	d	Related organizations . . . . .						
	e	Government grants (contributions) . .						
	f	All other contributions, gifts, grants, and similar amounts not included above						
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶						
Program Service Revenue	Business Code							
	2a	GOVERNMENT ACCESS ADMIN	515100	657,129	657,129			
	b							
	c							
	d							
	e							
	g	<b>Total.</b> Add lines 2a-2f . . . . . ▶		657,129				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,954		2,954		
	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	3,386	3,386				
b								
c								
d	All other revenue . . . . .							
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		3,386					
12	<b>Total revenue.</b> See instructions . . . . . ▶		663,469	660,515	0	2,954		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(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 . . . . .	77,729	77,729		
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 . . . . .	205,725	205,725		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .	5,950	5,950		
9	Other employee benefits . . . . .	36,852	36,852		
10	Payroll taxes . . . . .	23,097	23,097		
11	Fees for services (non-employees):				
a	Management . . . . .				
b	Legal . . . . .	11,778		11,778	
c	Accounting . . . . .	6,281		6,281	
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.) . .	26,039	26,039		
12	Advertising and promotion . . . . .	2,696		2,696	
13	Office expenses . . . . .	6,694		6,694	
14	Information technology . . . . .	18,947		18,947	
15	Royalties . . . . .				
16	Occupancy . . . . .	54,615	54,615		
17	Travel . . . . .	11,094	11,094		
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 . . . . .	70,243	70,243		
23	Insurance . . . . .	7,804	7,804		
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	<b>TECHNICAL SUPPLIES</b>	5,426	5,426		
b	<b>EQUIPMENT REPAIR</b>	238	238		
c	<b>CONTRIBUTIONS</b>	523	523		
d	<b>BANK CHARGES</b>	41	41		
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e .	571,772	525,376	46,396	0
26	<b>Joint costs.</b> 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	3,149	1	12,741	
	2	Savings and temporary cash investments	558,856	2	521,945	
	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	938,662			
	b	Less: accumulated depreciation	652,005	160,146	10c	286,657
	11	Investments - publicly traded securities		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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	724,557	16	823,749		
Liabilities	17	Accounts payable and accrued expenses	144	17	7,639	
	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	<b>Total liabilities.</b> Add lines 17 through 25	144	26	7,639	
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	724,413	27	816,110	
	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	<b>Total net assets or fund balances</b>	724,413	33	816,110	
	34	<b>Total liabilities and net assets/fund balances</b>	724,557	34	823,749	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	663,469
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	571,772
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	91,697
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	724,413
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	816,110

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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
<b>2b</b>	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
<b>2c</b>	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.		
<b>3a</b>	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
<b>3b</b>	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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**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)						
<b>Total</b>						

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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %; 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %; 16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	634	118				752
<b>2</b> 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 . . . . .	510,001	547,205	590,698	623,667	657,129	2,928,700
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .	4,163	4,627	8,945	8,123	3,386	29,244
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	514,798	551,950	599,643	631,790	660,515	2,958,696
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						2,958,696

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 . . . . .	514,798	551,950	599,643	631,790	660,515	2,958,696
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,030	1,376	1,273	2,302	2,954	8,935
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	1,030	1,376	1,273	2,302	2,954	8,935
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	709	1,247				1,956
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	516,537	554,573	600,916	634,092	663,469	2,969,587

**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** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	99.63	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.62	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> 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>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	
<b>2</b> 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>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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>	<b>2</b>	
<b>3</b> 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>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>	Yes	No
<b>a</b> 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>	<b>2a</b>	
<b>b</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>	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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>	<b>3a</b>	
<b>b</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>	<b>3b</b>	

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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 <b>Total annual distributions.</b> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013 . . . . .			
c From 2014 . . . . .			
d From 2015 . . . . .			
e From 2016 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013 . . . .			
b Excess from 2014 . . . .			
c Excess from 2015 . . . .			
d Excess from 2016 . . . .			
e Excess from 2017 . . . .			



**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.)

Lined area for providing 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.

2017

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

LAKE CHAMPLAIN ACCESS TV

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, grants, and end of year, and two yes/no questions about donor information.

Part II Conservation Easements.

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

Form with multiple questions (1-9) regarding conservation easements, including purpose, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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 with questions 1a, 1b, and 2 regarding reporting of art and historical treasures. Includes dollar amounts for revenue 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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 on 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:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 286,657

**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) _____		
<b>Total.</b> (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) _____		
<b>Total.</b> (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) _____	
<b>Total.</b> (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) _____		
<b>Total.</b> (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.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

LAKE CHAMPLAIN ACCESS TV

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.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>LAKE CHAMPLAIN ACCESS TV</b>	Business or activity to which this form relates <b>FORM 990 - 1</b>	Identifying number <b>03-0340350</b>
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) . . . . .	<b>1</b>	
2 Total cost of section 179 property placed in service (see instructions) . . . . .	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	<b>3</b>	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	<b>5</b>	
<b>6</b>	<b>(a)</b>	<b>(b)</b>
	Description of property	Cost (business use only)
		<b>(c)</b>
		Elected cost
7 Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 . . . . .	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .	<b>12</b>	
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶ . . . . .	<b>13</b>	

**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) . . . . .	<b>14</b>	
15 Property subject to section 168(f)(1) election . . . . .	<b>15</b>	
16 Other depreciation (including ACRS) . . . . .	<b>16</b>	64,676

**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 2017 . . . . .	<b>17</b>	
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 2017 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 <b>Statement</b>						5,567
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 2017 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 . . . . .	<b>21</b>	
22 <b>Total.</b> 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 . . . . .	<b>22</b>	70,243
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	

LAKE CHAMPLAIN ACCESS TV  
 FEDERAL DEPRECIATION SCHEDULE  
 Tax Year End : 12-31-2017  
 ID Number : 03-0340350  
 Department Number:

Description	Date Acq'd	Cost	Depr. Basis	Method	Life	179 Allowed	CY Bonus	Accum Depr	CY Depr
CHANNEL 16 EQUIPMENT	VARIOUS	34,049	0		5	0	0	34,049	0
EQUIP PRIOR TO 10/31/01	VARIOUS	31,829	0		5	0	0	31,829	0
STATION SIGN	11-21-2000	403	403		5	0	0	403	0
EQUIPMENT	11-19-2001	17,421	17,421		5	0	0	17,421	0
OFFICE EQUIPMENT	11-19-2001	525	525		5	0	0	525	0
EQUIPMENT	03-18-2002	1,301	1,301		5	0	0	1,301	0
EQUIPMENT	04-01-2002	411	411		5	0	0	411	0
EQUIPMENT	09-30-2003	12,358	12,358		5	0	0	12,358	0
OFFICE EQUIPMENT	09-30-2003	11,246	11,246		5	0	0	11,246	0
EQUIPMENT	09-30-2004	23,145	23,145		5	0	0	23,145	0
OFFICE EQUIPMENT	09-30-2004	2,942	2,942		5	0	0	2,942	0
APPLE COMPUTER	10-28-2004	3,147	3,147		5	0	0	3,147	0
4 MIC CARDIOD	02-14-2005	964	964		5	0	0	964	0
PANASONIC CAMCORDER	02-14-2005	5,176	5,176		5	0	0	5,176	0
DELL MONITOR	03-01-2005	450	450		5	0	0	450	0
VIDEO MIXER	05-06-2005	1,848	1,848		5	0	0	1,848	0
DELL COMPUTER	05-27-2005	1,516	1,516		5	0	0	1,516	0
PRO DVD	05-27-2005	1,736	1,736		5	0	0	1,736	0
DV CAMCORDER	09-30-2005	7,778	7,778		5	0	0	7,778	0
EQUIPMENT	09-30-2006	40,008	40,008		5	0	0	40,008	0
VIDEO CONTROL SYSTEM	11-13-2006	6,144	6,144		5	0	0	6,144	0
ADOBE SOFTWARE	01-26-2007	715	715		3	0	0	715	0
DELL COMPUTER	01-26-2007	1,880	1,880		5	0	0	1,880	0
3 ALUM TRIPODS	03-02-2007	1,935	1,935		5	0	0	1,935	0
PORTABLE DISC RECORDER	03-02-2007	1,635	1,635		5	0	0	1,635	0
WORKSPACE SYSTEM	03-16-2007	1,166	1,166		7	0	0	1,166	0
APPLE MAC TIGER FAMILY PA	03-31-2007	1,484	1,484		3	0	0	1,484	0
NEXUS DIGITAL SERVER/VIDEO CONTROL SYSTEM	04-06-2007	8,575	8,575		5	0	0	8,575	0
SONY DVCAM PORTABLE VTR	04-27-2007	4,586	4,586		5	0	0	4,586	0
SHURE AUDIO MIXED	02-01-2008	1,216	1,216		5	0	0	1,216	0
U 851R BOUNDARY MIKES-2	02-08-2008	459	459		5	0	0	459	0
SONY WIRELESS MIKE ADAPTOR	02-22-2008	488	488		5	0	0	488	0
DELL LATTITUDE-BURNHAM LIBR	03-10-2008	2,503	2,503		5	0	0	2,503	0
DELL PC & EDIT SOFTWARE	03-21-2008	2,510	2,510		3	0	0	2,510	0
SONY MINI-DVCAM CAMCORDER-BURN LIB	03-25-2008	2,967	2,967		5	0	0	2,967	0
SONY WIRELESS MIKE ADAPTER	04-18-2008	492	492		5	0	0	492	0
IN FOCUS IN24 PROJ-BURN LIBR	04-26-2008	598	598		5	0	0	598	0
BOGEN TRIPOD SYSTEM	06-30-2008	509	509		5	0	0	509	0
SONY 3CCD CAMCORDER-MILTON	06-30-2008	3,143	3,143		5	0	0	3,143	0
DELL M6300 PC MILTON	08-02-2008	2,221	2,221		5	0	0	2,221	0
EDITING SOFTWARE-CS3 PREMPRO WIN	10-24-2008	3,024	3,024		3	0	0	3,024	0
FLAT SCREEN MONITOR	10-24-2008	349	349		5	0	0	349	0



2 BLONDER TONGUE SUBBAND MODULATOR W BNC I	02-27-2009	1,560	1,560			5	0	0	1,560	0
LOWEL LIGHT DV CREATOR	02-27-2009	1,525	1,525			5	0	0	1,525	0
PORTABLE FIRESTORE HARD D	02-27-2009	1,898	1,898			5	0	0	1,898	0
2 LINK VIDEO PROCESSING A	03-27-2009	4,700	4,700			5	0	0	4,700	0
PC AND SPEAKERS STUDIO XP	04-17-2009	2,389	2,389			5	0	0	2,389	0
BOGEN TRIPPOD W/CASE	05-20-2009	489	489			5	0	0	489	0
SONY DV CAMCORDER DSR PDI	05-20-2009	3,065	3,065			5	0	0	3,065	0
SYMETRIX 322 AUDIO PROCES	05-29-2009	1,480	1,480			5	0	0	1,480	0
DELL LAPTOP GEORGIA LIBRA	06-01-2009	2,031	2,031			5	0	0	2,031	0
STORAGE CABINET GEORGIA L	06-01-2009	573	573			7	0	0	573	0
SYSTEM UPGRADE/AZIMUTH/SONY NOTEBOOK	03-19-2010	1,337	1,337			5	0	0	1,337	0
3 ENG 75/2 D TRIPPODS	04-02-2010	6,104	6,104			5	0	0	6,104	0
5 SHORT SHOTGUN MICROPHONES	04-02-2010	990	990			5	0	0	990	0
6 BOGEN LANC ZOOM CONTROLS	04-02-2010	1,440	1,440			5	0	0	1,440	0
CAMCORDER SER#S01-0112463-3 AND ACCESSORIE	04-02-2010	5,612	5,612			5	0	0	5,612	0
5 TELEX HEADPHONES W/CONNECTOR	08-20-2010	975	975			5	0	0	975	0
TELEX 5 COACH WIRELESS INTERCOM SYSTEM	08-20-2010	3,198	3,198			5	0	0	3,198	0
UPS XL 3000VA RM 3U 120V SURGE PROTECTOR	08-20-2010	1,472	1,472			5	0	0	1,472	0
120V SURGE PROT BATTERY BACKUP	01-04-2011	1,406	1,406			5	0	0	1,406	0
DUAL RACKMOUNT COLOR MONITOR	01-28-2011	2,144	2,144			5	0	0	2,144	0
MONITOR PRINTER SOFTWARE	02-17-2011	1,532	1,532			5	0	0	1,532	0
3 SONY SXCAM VIDEO CAMERAS	02-25-2011	11,997	11,997			5	0	0	11,997	0
DESK SIDE RACK	07-29-2011	929	929			5	0	0	929	0
BASE STATION BELT PACKS	09-02-2011	1,049	1,049			5	0	0	1,049	0
PIX SD SWITCHER AND OPTONS	09-02-2011	20,505	20,505			5	0	0	20,505	0
AAMSUNG 46 INCH LCD MONITOR	09-23-2011	889	889			5	0	0	889	0
SACHTLER DOLLY	09-23-2011	1,699	1,699			5	0	0	1,699	0
TRIPPOD KIT	09-23-2011	5,550	5,550			5	0	0	5,550	0
3 77 INCH RACKS	11-18-2011	4,256	4,256			5	0	0	4,256	0
2 Z210 EDITING COMPUTER	01-01-2013	2,852	2,852			5	0	0	2,852	287
4300 SPFI33 4GD DVDR	01-01-2013	1,050	1,050			5	0	0	1,050	105
EQUIPMENT RACKS	01-01-2013	6,731	6,731			5	0	0	6,731	674
HXR-NX5U USED CAMERA	01-01-2013	3,000	3,000			5	0	0	3,000	300
Z210 COMPUTER-BUDDY	01-01-2013	1,311	1,311			5	0	0	1,311	132
4 SMART BUY ELITEBOOKS	03-26-2013	6,274	6,274			5	0	0	5,647	1,255
SMART BUY Z220 SF WORKSTATION	03-26-2013	824	824			5	0	0	742	165
SACHTLER TRIPPOD SYSTEM	04-19-2013	1,075	1,075			5	0	0	968	215
SONY DIGITAL HD VIDEO CAMERA	04-19-2013	3,826	3,826			5	0	0	3,443	765
SONY FLASH MEMORY RECORDING UNIT	04-19-2013	669	669			5	0	0	603	134
VIDEO EDITING COMPUTER	06-20-2013	1,542	1,542			5	0	0	1,386	308
LEIGHTRONIX NEXUS VIDOR SERVER CONTROLLER	01-22-2014	1,213	1,213			5	0	0	850	243
OPTICAL TRANSPORT EQUIP UPGRADE	01-30-2014	5,605	5,605			5	0	0	3,924	1,121
STUDIO CURTAIN	02-13-2014	2,235	2,235			5	0	0	1,565	447
AS WALL HANGING SYSTEM	03-17-2014	2,764	2,764			5	0	0	1,935	553
APC SMART UPS X3000VA	03-20-2014	1,499	1,499			5	0	0	1,050	300

SYMETRIX APP CONFIGURABLE 4X4 Dsp	03-20-2014	979	979	SL	HY	5	0	0	0	686	196
RK WORKSTATION	05-15-2014	1,063	1,063	SL	HY	5	0	0	0	745	213
2 SHURE 4 CHANNEL MISERS	03-26-2015	1,397	1,397	SL	HY	5	0	0	0	698	279
2 SONY WIRELESS MIC SYSTEMS	03-26-2015	1,694	1,694	SL	HY	5	0	0	0	847	339
ROSE BRAND IFR STUDIO CYC DRAPE	03-26-2015	2,190	2,190	SL	HY	5	0	0	0	1,095	438
4 CANON PRO HD CAMCORDERS	05-07-2015	5,956	5,956	SL	HY	5	0	0	0	2,978	1,191
4 THINKSTATION P300 HARD DRIVES	05-14-2015	3,743	3,743	SL	HY	5	0	0	0	1,872	749
LIVESTREAM PRODUCTION STREAMER	01-07-2016	7,646	7,646	SL	MQ	5	0	0	0	2,867	1,529
STUDIO CAMERAS AND CONTROL UPDATES	05-26-2016	36,374	36,374	SL	MQ	5	0	0	0	11,822	7,275
PORTABLE STUDIO	06-09-2016	7,639	7,639	SL	MQ	5	0	0	0	2,483	1,528
MASTER CONTROL SYSTEM	10-20-2016	37,032	37,032	SL	MQ	5	0	0	0	8,332	7,406
CAMCORDER	02-09-2017	4,990	4,990	SL	MQ	5	0	0	0	873	873
CAMCORDER	02-09-2017	4,990	4,990	SL	MQ	5	0	0	0	873	873
MULTI VIEWER PROJECT	10-05-2017	58,197	58,197	SL	MQ	5	0	0	0	1,455	1,455
HD UPGRADES-ONGOING	12-31-2017	22,951	0				0	0	0	0	0
NEW WEBSITE ONGOING	12-31-2017	10,972	0				0	0	0	0	0
**Total**		595,247	495,446				0	0	0	418,888	31,853

LAKE CHAMPLAIN ACCESS TV  
FEDERAL DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2017  
ID Number : 03-0340350  
Department Number: 2

LHI CREEK FARM BLDG	07-01-2013	180,118	180,118	SL	HY	5	0	0	0	162,108	36,024
STUDIO UPGRADE	12-07-2017	94,652	94,652	SL	MQ	5	0	0	0	2,366	2,366
**Total**		274,770	274,770				0	0	0	164,474	38,390

LAKE CHAMPLAIN ACCESS TV  
FEDERAL DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2017  
ID Number : 03-0340350  
Department Number: 3

VAN	09-30-2005	68,644	68,644			5	0	0	0	68,644	0
**Total**		68,644	68,644				0	0	0	68,644	0

LAKE CHAMPLAIN ACCESS TV  
FEDERAL DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2017  
ID Number : 03-0340350  
Grand total for all departments

**Grand Total**		938,661	838,860				0	0	0	652,006	70,243
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\* Item was disposed  
of during current year.

# Depreciation Detail Listing

Program Services

For your records only

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PAGE 1

Name(s) as shown on return

LAKE CHAMPLAIN ACCESS TV

Social security number/EIN  
03-0340350

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

\* Item was disposed  
of during current year.

## Depreciation Detail Listing

Program Services

For your records only

**2017**  
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Name(s) as shown on return

LAKE CHAMPLAIN ACCESS TV

Social security number/EIN

03-0340350

No.	Description	Date	Cost	Basis Adjustment	Business Percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	SHURE AUDIO MIXED	02012008	1,216		100.00			1,216	5		0	1,216		1,216	
32	J 851R BOUNDARY MIKES	02082008	459		100.00			459	5		0	459		459	
33	SONY WIRELESS MIKE AD	02222008	488		100.00			488	5		0	488		488	
34	DELL PC & EDIT SOFTWARE	03212008	2,510		100.00			2,510	3		0	2,510		2,510	
35	SONY WIRELESS MIKE AD	04182008	492		100.00			492	5		0	492		492	
36	EDITING SOFTWARE-CS3	10242008	3,024		100.00			3,024	3		0	3,024		3,024	
37	FLAT SCREEN MONITOR	10242008	349		100.00			349	5		0	349		349	
38	NERO MINI-BOX-EDIT	11212008	762		100.00			762	3		0	762		762	
39	SONY MINI-DV CAM CAMCO	03252008	2,967		100.00			2,967	5		0	2,967		2,967	
40	DELL LATITUDE-BURNHAM	03102008	2,503		100.00			2,503	5		0	2,503		2,503	
41	IN FOCUS IN24 PROJ-BU	04262008	598		100.00			598	5		0	598		598	
42	SONY 3CCD CAMCORDER-N	06302008	3,143		100.00			3,143	5		0	3,143		3,143	
43	DELL M6300 PC MILTON	08022008	2,221		100.00			2,221	5		0	2,221		2,221	
44	BOGEN TRIPOD SYSTEM	06302008	509		100.00			509	5		0	509		509	
45	PORTABLE FIRESTORE HA	02272009	1,898		100.00			1,898	5		0	1,898		1,898	
46	LOWEL LIGHT DV CREATO	02272009	1,525		100.00			1,525	5		0	1,525		1,525	
47	2 BLONDER TONGUE SUBE	02272009	1,560		100.00			1,560	5		0	1,560		1,560	
48	2 LINK VIDEO PROCESSI	03272009	4,700		100.00			4,700	5		0	4,700		4,700	
49	SYMETRIX 322 AUDIO PR	05292009	1,480		100.00			1,480	5		0	1,480		1,480	
50	BOGEN TRIPOD W/CASE	05202009	489		100.00			489	5		0	489		489	
51	SONY DV CAMCORDER DSH	05202009	3,065		100.00			3,065	5		0	3,065		3,065	
52	DELL LAPTOP GEORGIA I	106012009	2,031		100.00			2,031	5		0	2,031		2,031	
53	STORAGE CABINET GEOR	06012009	573		100.00			573	7		0	573		573	
54	ETIC EQUIP XPS 420 IN	02162009	2,029		100.00			2,029	5		0	2,029		2,029	
55	PC AND SPEAKERS STUD	04172009	2,389		100.00			2,389	5		0	2,389		2,389	
56	SYSTEM UPGRADE/AZIMOT	03192010	1,337		100.00			1,337	5		0	1,337		1,337	
57	3 ENG 75/2 D TRIPODS	04022010	6,104		100.00			6,104	5		0	6,104		6,104	
58	5 SHORT SHOTGUN MICRO	04022010	990		100.00			990	5		0	990		990	
59	6 BOGEN IANC ZOOM CON	04022010	1,440		100.00			1,440	5		0	1,440		1,440	
60	CAMCORDER SER#S01-011	04022010	5,612		100.00			5,612	5		0	5,612		5,612	

\* Item was disposed  
of during current year.

## Depreciation Detail Listing

Program Services

For your records only

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PAGE 3

Name(s) as shown on return

LAKA CHAMPAIN ACCESS TV

Social security number/EIN  
03-0340350

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
61	JPS XL 3000VA RM 3U 108202010		1,472		100.00			1,472	5		0	1,472		1,472	
62	TELEX 5 COACH WIRES08202010		3,198		100.00			3,198	5		0	3,198		3,198	
63	5 TELEX HEADPHONES W/08202010		975		100.00			975	5		0	975		975	
64	120V SURGE PROT BATT01042011		1,406		100.00			1,406	5		0	1,406		1,406	
65	DUAL RACKMOUNT COLOR 01282011		2,144		100.00			2,144	5		0	2,144		2,144	
66	3 SONY SXCAM VIDEO CA02252011		11,997		100.00			11,997	5		0	11,997		11,997	
67	DESK SIDE RACK	07292011	929		100.00			929	5		0	929		929	
68	PIX SD SWITCHER AND 009022011		20,505		100.00			20,505	5		0	20,505		20,505	
69	BASE STATION BELT PAC09022011		1,049		100.00			1,049	5		0	1,049		1,049	
70	RAMSUNG 46 INCH LCD M09232011		889		100.00			889	5		0	889		889	
71	TRIPOD KIT	09232011	5,550		100.00			5,550	5		0	5,550		5,550	
72	SACHTLER DOLLY	09232011	1,699		100.00			1,699	5		0	1,699		1,699	
73	3 77 INCH RACKS	11182011	4,256		100.00			4,256	5		0	4,256		4,256	
74	MONITOR PRINTER SOFTW02172011		1,532		100.00			1,532	5		0	1,532		1,532	
75	4 SMART BUY ELITEBOO03262013		6,274		100.00			6,274	5	HY	20	4,392	1,255	5,647	1,255
76	SMART BUY Z220 SFF W003262013		824		100.00			824	5	HY	20	577	165	742	165
77	SONY DIGITAL HD VIDEO04192013		3,826		100.00			3,826	5	HY	20	2,678	765	3,443	765
78	SONY FLASH MEMORY REC04192013		669		100.00			669	5	HY	20	469	134	603	134
79	SACHTLER TRIPOD SYSTEM04192013		1,075		100.00			1,075	5	HY	20	753	215	968	215
80	VIDEO EDITING COMPUTE06202013		1,542		100.00			1,542	5	HY	20	1,078	308	1,386	308
81	HXR-NX5U USED CAMERA 01012013		3,000		100.00			3,000	5	HY	20	2,700	300	3,000	600
82	EQUIPMENT RACKS	01012013	6,731		100.00			6,731	5	HY	20	6,057	674	6,731	1,346
83	2 Z210 EDITING COMPUT01012013		2,852		100.00			2,852	5	HY	20	2,565	287	2,852	570
84	Z210 COMPUTER-BUDDY 01012013		1,311		100.00			1,311	5	HY	20	1,179	132	1,311	262
85	4300 SFF133 4GD DVDR01012013		1,050		100.00			1,050	5	HY	20	945	105	1,050	210
86	LHT CREEK FARM BLDG 07012013		180,118		100.00			180,118	5	HY	20	126,084	36,024	162,108	36,024
87	LEIGHTONIX NEXUS VID01222014		1,213		100.00			1,213	5	HY	20	607	243	850	243
88	OPTICAL TRANSPORT EQU01302014		5,605		100.00			5,605	5	HY	20	2,803	1,121	3,924	1,121
89	STUDIO CURTAIN	02132014	2,235		100.00			2,235	5	HY	20	1,118	447	1,565	447
90	AS WALL HANGING SYSTEM03172014		2,764		100.00			2,764	5	HY	20	1,382	553	1,935	553

\* Item was disposed of during current year.

## Depreciation Detail Listing

Program Services

For your records only

**2017**  
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Name(s) as shown on return

LAKE CHAMPLAIN ACCESS TV

Social security number/EIN  
03-0340350

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
91	LINK ELECTRONICS VID	03202014	2,527		100.00			2,527	5	HY	20	1,263	505	1,768	505
92	APC SMART UPS X3000VA	03202014	1,499		100.00			1,499	5	HY	20	750	300	1,050	300
93	SYMETRIX APP CONFIGUR	03202014	979		100.00			979	5	HY	20	490	196	686	196
94	RK WORKSTATION	05152014	1,063		100.00			1,063	5	HY	20	532	213	745	213
95	ROSE BRAND IFR STUDIO	03262015	2,190		100.00			2,190	5	HY	20	657	438	1,095	438
96	2 SONY WIRELESS MIC	03262015	1,694		100.00			1,694	5	HY	20	508	339	847	339
97	2 SHURE 4 CHANNEL MIC	03262015	1,397		100.00			1,397	5	HY	20	419	279	698	279
98	4 CANON PRO HD CAMCOR	05072015	5,956		100.00			5,956	5	HY	20	1,787	1,191	2,978	1,191
99	4 THINKSTATION P300 H	05142015	3,743		100.00			3,743	5	HY	20	1,123	749	1,872	749
100	LIVESTREAM PRODUCTION	01072016	7,646		100.00			7,646	5	MQ	20	1,338	1,529	2,867	1,529
101	PORTABLE STUDIO	06092016	7,639		100.00			7,639	5	MQ	20	955	1,528	2,483	1,528
102	STUDIO CAMERAS AND CO	05262016	36,374		100.00			36,374	5	MQ	20	4,547	7,275	11,822	7,275
103	MASTER CONTROL SYSTEM	10202016	37,032		100.00			37,032	5	MQ	20	926	7,406	8,332	7,406
104	STUDIO UPDGRADE	12072017	94,652		100.00			94,652	5	MQ	2.5		2,366	2,366	2,366
105	HD UPGRADES-ONGOING	12312017	22,951	22,951	100.00			0	0		0				
106	NEW WEBSITE ONGOING	12312017	10,972	10,972	100.00			0	0		0				
107	CAMCORBER	02092017	4,990		100.00			4,990	5	MQ	17.5		873	873	873
108	CAMCORBER	02092017	4,990		100.00			4,990	5	MQ	17.5		873	873	873
109	MULTI VIEWER PROJECT	10052017	58,197		100.00			58,197	5	MQ	2.5		1,455	1,455	1,455
<b>Totals</b>			<b>938,661</b>					<b>838,860</b>				<b>581,763</b>	<b>70,243</b>	<b>652,006</b>	<b>71,733</b>

Land Amount 938,661  
Net Depreciable Cost 938,661  
CY 179 and CY Bonus 581,763  
TOTAL CY Depr including 179/bonus 70,243  
ST ADJ: 652,006 71,733

**Federal Supporting Statements**

**2017 PG01**

Name(s) as shown on return

FEIN

LAKE CHAMPLAIN ACCESS TV

03-0340350

FORM 4562 - LINE 19B

Statement #567

<u>BASIS</u>	<u>RP</u>	<u>CV</u>	<u>METHOD</u>	<u>DEDUCTION</u>
94,652	5	MQ	SL	2,366
4,990	5	MQ	SL	873
4,990	5	MQ	SL	873
58,197	5	MQ	SL	1,455
<b>TOTAL</b>				<u><u>5,567</u></u>

**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).

**LAKE CHAMPLAIN ACCESS TV  
CASH FLOW SUMMARY  
FISCAL YEAR 01/01/2017-12/31/17**

	Operating Account	Capital Account	Total Cash
Beginning Balance Before BOD Transfer	609,112.54	(47,107.97)	562,004.57
BOD Authorized Transfer	(47,107.97)	47,107.97	0.00
Adjust Beginning Balance	562,004.57	0.00	562,004.57
Revenue-Current Year	603,729.60	59,739.09	663,468.69
Expenses less Accrued Expenses	475,321.47	215,433.68	690,755.15
Security deposit Paid	0.00	0.00	0.00
Grant Refund-Georgia, Burl. Library	0.00	0.00	0.00
Accrued Expenses paid/(unpaid)	31.21	0.00	31.21
<b>Ending Balance</b>	<b>690,381.49</b>	<b>(155,694.59)</b>	<b>534,686.90</b>
Net Change in Cash	81,268.95	(108,586.62)	(27,317.67)

**Summary of Cash Accounts:**

Money Market Account-NCFCU	417,057.28	(42,478.64)	374,578.64
Checking Account-NCFCU	12,741.50	0.00	12,741.50
Certificates of Deposit	147,111.64	0.00	147,111.64
Other Cash & Savings Accounts	255.12	0.00	255.12
<b>TOTAL</b>	<b>577,165.54</b>	<b>(42,478.64)</b>	<b>534,686.90</b>

**SUMMARY OF ASSETS AND FUND BALANCES  
FISCAL YEAR 01/01/2017-12/31/17**

	Operating Account	Capital/Outreach Account	Total Operation
Cash	577,165.54	(42,478.64)	534,686.90
Net Property & Equipment	0.00	160,146.92	160,146.92
Bldg/Security Deposit	2,406.00	0.00	2,406.00
<b>Total Assets</b>	<b>579,571.54</b>	<b>117,668.28</b>	<b>697,239.82</b>
Current Liabilities	112.68	0.00	112.68
Fund Balance-Regular	449,024.65	113,038.95	562,063.60
Operating Reserve	147,350.00	0.00	147,350.00
Digital Media Reserve	15,000.00	0.00	15,000.00
Current Year Net Income	128,408.13	(155,694.59)	(27,286.46)
<b>Total Liabilities &amp; Fund Balance</b>	<b>739,895.46</b>	<b>(42,655.64)</b>	<b>697,239.82</b>



Lake Champlain Access TV  
Balance Sheet  
December 31, 2017

ASSETS

Current Assets		
Capital Money Market Account	\$ (42,478.64)	
Operating Checking Account	12,741.50	
Operating Money Market Account	417,057.28	
Power Acct & CD's	147,111.64	
Savings & Other Cash Accounts	255.12	
	<hr/>	
Total Cash Accounts	534,686.90	
		<hr/>
Total Current Assets		534,686.90
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>697,239.82</u></u>

LIABILITIES AND FUND BALANCE

Current Liabilities		
VT Unemp Taxes Payable	\$ 83.56	
SIMPLE Payable	29.12	
	<hr/>	
Total Current Liabilities		112.68
Long-Term Liabilities		
	<hr/>	
Total Long-Term Liabilities		0.00
		<hr/>
Total Liabilities		112.68
Fund Balance		
Fund Balance-Operating	449,024.65	
Fund Balance-Capital	113,038.95	
Operating Reserve	147,350.00	
Digital Media Program Reserve	15,000.00	
Net Income	(27,286.46)	
	<hr/>	
Total Fund Balance		697,127.14
		<hr/>
Total Liabilities & Fund Balance	\$	<u><u>697,239.82</u></u>

Lake Champlain Access TV  
**Income Statement-Capital Expenditures**  
 For the Twelve Months Ending December 31, 2017

	Current Month Actual	Year to Date Actual	Year to Date Budget	Variance
<u>Revenues</u>				
Capital Revenue-Cable TV	\$ 0.00	59,739.09	\$ 57,410.00	2,329.09
Total Revenues	<u>0.00</u>	<u>59,739.09</u>	<u>57,410.00</u>	<u>2,329.09</u>
<u>Expenses</u>				
Equipment Maintenance & Repair	0.00	238.21	2,500.00	(2,261.79)
Mobile Video Lab Expense	0.00	343.16	0.00	343.16
Technical Supplies	539.00	5,425.49	7,000.00	(1,574.51)
Vehicle Insurance	0.00	1,253.00	1,400.00	(147.00)
Multi Viewer-Cap Project	0.00	58,197.33	0.00	58,197.33
Vehicle Expenses	0.00	0.00	7,700.00	(7,700.00)
Field Production Equipment	0.00	21,359.73	19,960.00	1,399.73
Studio Upgrade	230.50	87,125.90	0.00	87,125.90
System Upgrades	0.00	7,567.60	10,660.00	(3,092.40)
HD Upgrades	6,253.84	22,950.78	0.00	22,950.78
Website Upgrade	292.50	10,972.48	8,000.00	2,972.48
Total Expenses	<u>7,315.84</u>	<u>215,433.68</u>	<u>57,220.00</u>	<u>158,213.68</u>
Net Income	<u>\$ (7,315.84)</u>	<u>(155,694.59)</u>	<u>\$ 190.00</u>	<u>(155,884.59)</u>

Lake Champlain Access TV  
**Income Statement-Operations**  
 For the Twelve Months Ending December 31, 2017

	Current Month Actual	Year to Date Actual	Year to Date Budget	Variance
<b>Revenues</b>				
Oper. Revenue-Cable TV	\$ 0.00	597,389.98	\$ 574,150.00	23,239.98
Dubbing/DVD's Income	54.00	3,385.99	4,000.00	(614.01)
Other Income	0.00	0.11	0.00	0.11
Donation Income	0.00	0.00	250.00	(250.00)
Summer/Winter Camp Income	0.00	0.00	700.00	(700.00)
Interest Income	300.26	2,953.52	1,000.00	1,953.52
<b>Total Revenues</b>	<b>354.26</b>	<b>603,729.60</b>	<b>580,100.00</b>	<b>23,629.60</b>
<b>Operating Expenses</b>				
Compensation	24,279.68	283,453.73	281,380.00	2,073.73
Employer FICA Expense	1,848.96	21,574.02	21,525.00	49.02
Unemployment Taxes	36.92	1,522.48	2,250.00	(727.52)
Health & Dental Insurance	(110.80)	36,852.05	40,505.00	(3,652.95)
Pension Expense	483.24	5,950.25	5,750.00	200.25
Legal & Other Professional Fees	0.00	11,778.00	15,000.00	(3,222.00)
Accounting Fees	565.00	6,281.25	7,500.00	(1,218.75)
Bank Fees	40.00	41.14	50.00	(8.86)
Office Rent	3,928.34	46,286.08	45,700.00	586.08
Facilities Maintenance	0.00	2,724.11	4,000.00	(1,275.89)
Printing & Copying Expense	0.00	301.33	600.00	(298.67)
Office Supplies	202.86	6,694.35	9,500.00	(2,805.65)
Blank Video Media	0.00	738.33	1,250.00	(511.67)
Copying Expense	0.00	125.38	0.00	125.38
Dues & Subscriptions	3,149.22	12,185.74	8,000.00	4,185.74
Postage & Shipping	0.00	1,086.73	1,250.00	(163.27)
Telephone Expense	0.00	1,842.09	2,200.00	(357.91)
Utilities	457.92	8,329.32	11,000.00	(2,670.68)
Workers Comp Insurance	0.00	2,201.00	2,500.00	(299.00)
Business Insurance	0.00	4,350.00	5,000.00	(650.00)
Internet Access Fees	380.89	5,106.09	6,500.00	(1,393.91)
Web Infrastructure	0.00	579.15	0.00	579.15
Advertising Expense	334.01	2,696.00	5,500.00	(2,804.00)
Educational Development	0.00	495.00	5,000.00	(4,505.00)
Meals & Entertainment	51.88	510.44	1,750.00	(1,239.56)
Travel Expense	2,644.84	11,094.01	9,250.00	1,844.01
Contribution	0.00	523.40	4,000.00	(3,476.60)
<b>Total Operating Expenses</b>	<b>38,292.96</b>	<b>475,321.47</b>	<b>496,960.00</b>	<b>(21,638.53)</b>
<b>Net Income</b>	<b>\$ (37,938.70)</b>	<b>128,408.13</b>	<b>\$ 83,140.00</b>	<b>45,268.13</b>

Lake Champlain Access TV  
**Income Statement-Total Station**  
 For the Twelve Months Ending December 31, 2017

	Year to Date Actual	Year to Date Budget	Variance
<b>Revenues</b>			
Oper. Revenue-Cable TV	597,389.98	\$ 0.00	597,389.98
Capitla Revenue-Cable TV	59,739.09	0.00	59,739.09
Dubbing/DVD's Income	3,385.99	0.00	3,385.99
Other Income	0.11	0.00	0.11
Interest Income	2,953.52	0.00	2,953.52
<b>Total Revenues</b>	<b>663,468.69</b>	<b>0.00</b>	<b>663,468.69</b>
<b>Operating Expenses</b>			
Compensation	283,453.73	0.00	283,453.73
Employer FICA Expense	21,574.02	0.00	21,574.02
Unemployment Taxes	1,522.48	0.00	1,522.48
Health & Dental Insurance	36,852.05	0.00	36,852.05
Pension Expense	5,950.25	0.00	5,950.25
Legal & Other Professional Fees	11,778.00	0.00	11,778.00
Accounting Fees	6,281.25	0.00	6,281.25
Bank Fees	41.14	0.00	41.14
Office Rent	46,286.08	0.00	46,286.08
Facilities Maintenance	2,724.11	0.00	2,724.11
Equipment Maintenance & Repa	238.21	0.00	238.21
Mobile Video Lab Expense	343.16	0.00	343.16
Technical Supplies	5,425.49	0.00	5,425.49
Printing & Copying Expense	301.33	0.00	301.33
Office Supplies	6,694.35	0.00	6,694.35
Blank Video Media	738.33	0.00	738.33
Copying Expense	125.38	0.00	125.38
Dues & Subscriptions	12,185.74	0.00	12,185.74
Postage & Shipping	1,086.73	0.00	1,086.73
Telephone Expense	1,842.09	0.00	1,842.09
Utilities	8,329.32	0.00	8,329.32
Workers Comp Insurance	2,201.00	0.00	2,201.00
Vehicle Insurance	1,253.00	0.00	1,253.00
Business Insurance	4,350.00	0.00	4,350.00
Multi Viewer-Cap Project	58,197.33	0.00	58,197.33
Internet Access Fees	5,106.09	0.00	5,106.09
Web Infrastructure	579.15	0.00	579.15
Advertising Expense	2,696.00	0.00	2,696.00
Educational Development	495.00	0.00	495.00
Meals & Entertainment	510.44	0.00	510.44
Travel Expense	11,094.01	0.00	11,094.01
Contribution	523.40	0.00	523.40
Field Production Equipment	21,359.73	0.00	21,359.73
Studio Upgrade	87,125.90	0.00	87,125.90
System Upgrades	7,567.60	0.00	7,567.60
HD Upgrades	22,950.78	0.00	22,950.78
Website Upgrade	10,972.48	0.00	10,972.48
<b>Total Operating Expenses</b>	<b>690,755.15</b>	<b>0.00</b>	<b>690,755.15</b>
<b>Net Income</b>	<b>(27,286.46)</b>	<b>\$ 0.00</b>	<b>(27,286.46)</b>