

# RULE 8 ANNUAL REPORT

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

## Reporting Deadlines

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

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

## Instructions

Instructions for filling out this form may be found at:

<http://VermontAccess.Net/documents/rule-8-am0-reporting-instructions/>

## Attachments

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

## Filing

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

### **Clerk of the Commission**

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

### **Vermont Public Service Department**

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

### **Vermont Access Network**

PO Box 4041  
Burlington, VT 05406-4041

### **Cable Operator(s)**

See your PEG Access Agreement for Mailing information.

- *If all Attachments are digital, also e-mail electronic copies to:*  
[Info@VermontAccess.net](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:** December 31, 2021

(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	<u>Comcast</u>
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Channel Number (and Call Letters or Name)	SD or HD	Type of Access (Public, Educational, Governmental)
LCATV 1075	SD	Public
LCATV 1095	SD	Educational
LCATV 1085	SD	Government

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

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, subscribes to Comcast Business Class Deluxe 25 broadband service, 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.

## 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	2	<input type="checkbox"/>
Online Ad Placements		<input checked="" type="checkbox"/>
Newsletters (print or email)	12	<input type="checkbox"/>
Events at your AMO (open house, gallery openings, etc.)		<input checked="" type="checkbox"/>
AMO participation in community events (parades, booths, etc)		<input checked="" type="checkbox"/>
Presentations at community meetings (Chamber, clubs, etc)		<input checked="" type="checkbox"/>
Video contests/competitions held	1	<input type="checkbox"/>
Self-promotional PSAs, Bumpers, etc.	1	<input type="checkbox"/>
Social Media Postings	193	<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: distribution of a monthly e-newsletter; and informative postings on both our website and our Facebook page.

The above number for social media posts represents those which specifically reference LCATV and were not shared from other sites. Additionally, LCATV continues to share many pandemic-related posts throughout the year from outside organizations.

In addition to a (pandemic-related) limited number of our usual camp, workshop, and class offerings, LCATV participated in Crowdsourced Cinema Vermont, a collaborative project with several other AMOs that featured teams from around the state working individually to create a feature-length project. LCATV's participation included working with Burlington's Media Factory to assist teams during the process, and working with Media Factory and MMCTV to host a regional outdoor screening event which attracted between 100-150 attendees.

**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	34	<input type="checkbox"/>

**Comments:**

The above estimated Volunteer/User number includes Board of Directors members and numerous Community Producers. The number is less than usual due to pandemic-related closures.

**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	2	<input type="checkbox"/>
Orientation to Organizations	5	<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>
Summer Video Camps	38	<input type="checkbox"/>
Virtual Video Camp	2	<input type="checkbox"/>
Crowdsourced Cinema Vermont Webinars (live participants)	3	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
<b>GRAND TOTAL:</b>	43	<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 provided ongoing support for 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. LCATV staff also served as one of the administrators of the Crowdsourced Cinema Vermont collaborative project. We also provided streaming equipment and training to facilitate live-streaming of sporting events for a local middle school.

**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)	36	<input type="checkbox"/>
Studio Production Use	(number represents hours of usage)	103	<input type="checkbox"/>
Editing Systems Use	(number represents hours of usage)	28	<input type="checkbox"/>
Other Lendings (specify)			<input checked="" type="checkbox"/>

**NOTES:**

LCATV tracks community usage of facilities and equipment by hours rather than instances. Usage numbers are lower than usual due to pandemic-related closures.

**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> )	859	1,111.0
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> )	1,093	1,073.0
“Imported” from other sources ( <i>e.g. satellite programming</i> )	466	466.0
<b>COLUMN TOTAL</b>	<b>2,418</b>	<b>2,650.0</b>

**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	655	923.0
Produced by clients/users/volunteers	204	187.0

**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	11
Number of unique “pages” submitted & shown	49

**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 saw significant reductions due to pandemic-related closures but did include some live and recorded volunteer series and special programming. LCATV also produced virtual and in-person Town Meeting programming and worked with three local high schools to produce special graduation coverage to compensate for decreased spectator numbers.

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 133 public meetings, 106 school sporting event, and 13 other community events.

Public meeting coverage (select boards, school boards, planning commissions, development review boards, annual town/school meetings, etc.) included 198 virtual meetings and 126 in-person meeting.

LCATV also worked with numerous community organization to produce and/or distribute content during closures due to COVID-19.

**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.*

2021 SERVICE QUALITY ISSUES INCLUDE:

TICKET JB36530266-

- All three channels down- no audio or video from headend.
- Reported 02/17/2021 at 12:10 PM.
- Resolution: A Comcast representative indicated that a local technician would check on problem at the headend. The technician called the same afternoon to confirm that a connection error issue was resolved. All three channels back with audio and video.

NO TICKET AVAILABLE-

On August 31, LCATV staff noticed sudden video issues with all three channels. The return video signals were now pillarboxed and compressed vertically. No settings or equipment had been changed by LCATV that would explain this sudden degradation of video signal.

Comcast’s Manager of Government and Regulatory Affairs was contacted to provide guidance as to the best process in addressing this issue. There were several weeks of intermediary exchanges between LCATV and Comcast’s headend team that did not result in resolution of the issues.

A final email from LCATV on November 2 asking for clarification on several points made by the headend team did not receive a response from Comcast. LCATV was ultimately able to reconfigure some settings on our HD-to-SD converters to improve signal quality but the video image is still altered and LCATV is without explanation as to the origin of the 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 and special capital purchases included: vehicle leasing and maintenance; two field camera kits; wireless microphone kits; desktop PCs; licensing of post-production software suite for a number of PCs; and website upgrades.

## 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 & Education 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)
Greg Drew	802-862-5724 / info@lcatv.org	Georgia
Jeffrey Hathaway	802-862-5724 / info@lcatv.org	Georgia
Dirk Reith	802-862-5724 / info@lcatv.org	Colchester
Kenneth Rocheleau	802-862-5724 / info@lcatv.org	South Hero
Curt Taylor	802-862-5724 / info@lcatv.org	Colchester
Richard Pecor	802-862-5724 / info@lcatv.org	Member Emeritus
Carol Jones	802-862-5724 / info@lcatv.org	Member Emeritus
Samuel Conant	802-862-5724 / info@lcatv.org	Member Emeritus

**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.*

None.

**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
\$ 590,324.00	\$ 59,013.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
OTHER SOURCES OF REVENUE (Identify)					
Media Sales	Interest Income	Other	Non-PEG Related	TOTAL	
\$ 1,628.00	\$ 4,136.00	\$ 1,613.00	\$ 0.00	\$ 656,714.00	

### 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	\$ 487,241.00	\$ 95,956.00	\$ 583,197.00
Non PEG-related Services	\$ 0.00	\$ 0.00	\$ 0.00
<b>Total PEG &amp; Non-PEG Expenses</b>	<b>\$ 487,241.00</b>	<b>\$ 95,956.00</b>	<b>\$ 583,197.00</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: 2022.05.25 14:29:25 -04'00'

**SIGNATURE OF PERSON COMPLETING FORM**

5/25/22

**DATE**

Buddy Meilleur

Digitally signed by Buddy Meilleur  
Date: 2022.05.25 14:33:59 -04'00'

**SIGNATURE OF WITNESS**

Buddy A. Meilleur

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



# **PLANNING CONSIDERATIONS 2022 – 2024**

*Per Vermont Public Service Board Rule 8.000 – Section 8.422(K)*

## **COMMUNITY NEEDS – 2022 - 2024**

*The following is a summary of community needs based upon both a multi-year Community Needs Assessment conducted by LCATV and an independent consultant and the resulting long-term Access Plan. Also included are approved Fiscal Year 2022 Operating and Capital Budgets, anticipated 2023 and 2024 Budgets, and a six-year Goals & Objectives summary which resulted from our Community Needs Assessment work.*

### **ANTICIPATED COMMUNITY NEEDS**

- Increased partnerships with local organizations, governments, libraries, and schools and the facilitation of the telling of their stories through short- and long-form content.
- Maintenance of streaming of newer content for schools, municipalities, and other community organizations in a post-pandemic environment, including the ongoing research of emerging technologies and exploration of new partnerships.
- Increase production capabilities through staffing, reorganization of workflow, and redistribution of responsibilities and resources to better meet growing requests for coverage.
- Concluding the transfer of LCATV's legacy content (currently only existing as physical media) to a digital format and the availability of that content via our website.
- Exploration of the sustainability of LCATV's services in the face of changing technology, consumer trends, and regulatory challenges both current and future.
- Increasing awareness by individual and organizational members of LCATV of the equipment, services, and other resources that we offer beyond coverage of community meetings and events.
- Reflect the diversity of our communities through content, volunteerism, and personnel.
- Development of current and future budgets and financial plans to best respond to our changing communities and our state and national regulatory and technical environments.

### **MEASUREMENT OF COMMUNITY NEEDS**

- Continued referral to the results of our Community Needs assessment, which included a phone survey of community leaders, a public online survey, and one-on-one interviews to inform LCATV's future planning.
- 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.
- Begin a new community needs assessment process, potentially with the assistance of an independent firm or contractor.



## **MEETING COMMUNITY NEEDS**

- Creation of the fulltime position of Creative Content Producer, tasked with collaborating with our member organizations to produce content which furthers our collective mission, to be filled upon determination of the financial capacity to do so.
- Reorganization of field production staffing and processes to capture and produce content more efficiently, more cost-effectively, and in greater volume.
- Complete the process of an analog-to-digital archive project.
- In concert with LCATV's Board of Directors, examine potential changes in structure and delivery of services to ensure the organization's sustainability through regulatory, technological, and consumer changes.
- Consider service-for-hire work to maintain funding of LCATV services at the current level regardless of the impact of technological trends and legislative/regulatory actions.
- Begin work with an outside firm or consultant on a strategic marketing plan to raise awareness of LCATV within its member communities and which could be integrated with other outreach initiatives.
- Control budget and expenditures to facilitate long-term goals for maintaining our Operating Reserve and funding special projects; determine what those 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 other Board of Directors and staffing needs which will help achieve future goals and better reflect the diverse voices of our member communities.

## BUDGETING – 2022 - 2024

### FY 2022 OPERATING BUDGET:

EXPENSE	2022 BUDGET
Labor Compensation	\$ 311,875.00
Payroll Taxes	\$ 23,400.00
Unemployment Taxes	\$ 2,150.00
Health/Dental Insurance	\$ 44,100.00
Workers Comp. Insurance	\$ 3,100.00
Accounting Fees	\$ 7,000.00
Legal/Professional Fees	\$ 4,000.00
Telephone	\$ 2,200.00
Internet/Website/Data	\$ 9,750.00
Utilities	\$ 10,500.00
Bank Fees	\$ 50.00
Office Supplies	\$ 5,000.00
Dues & Subscriptions	\$ 12,750.00
Postage & Shipping	\$ 500.00
Advertising & Promotion	\$ 2,500.00
Meals & Entertainment	\$ 2,000.00
Travel	\$ 6,000.00
Printing & Copying	\$ 250.00
Contributions	\$ 2,500.00
Education & Conferences	\$ 3,000.00
Pension Expense	\$ 6,625.00
Business Insurance	\$ 4,250.00
Facilities Rent	\$ 49,850.00
Facilities Maintenance	\$ 3,500.00
Blank Video Media	\$ 500.00
Equipment Rental	\$ 500.00
OP to CAP Transfer	\$ 2,000.00
<b>TOTAL EXPENSES</b>	<b>\$ 519,850.00</b>

### FY 2022 CAPITAL BUDGET:

EXPENSE	2021 BUDGET
Vehicle Expense	\$ 10,420.00
Equipment Maintenance/Repairs	\$ 2,000.00
Technical Supplies	\$ 5,000.00
Field Production Equipment	\$ 2,680.00
Facility Upgrades	\$ 0.00
Studio Upgrades	\$ 0.00
System Upgrades	\$ 29,800.00
Website Upgrade & File Storage	\$ 9,900.00
<b>TOTAL EXPENSES</b>	<b>\$ 59,800.00</b>

### 2022 CAPITAL EXPENDITURES

- Equipment maintenance and repairs
- Vehicle leasing and maintenance
- Purchase of routine technical items
- Audio equipment
- PCs and laptops
- Routine hardware and software purchases
- Website work

**FY 2023 OPERATING BUDGET:**

<b>EXPENSE</b>	<b>2023 BUDGET</b>
Labor Compensation	\$ 355,140.00
Payroll Taxes	\$ 26,640.00
Unemployment Taxes	\$ 2,450.00
Health/Dental Insurance	\$ 52,920.00
Workers Comp. Insurance	\$ 3,150.00
Accounting Fees	\$ 7,000.00
Legal/Professional Fees	\$ 4,000.00
Telephone	\$ 2,250.00
Internet/Website/Data	\$ 9,800.00
Utilities	\$ 10,600.00
Bank Fees	\$ 50.00
Office Supplies	\$ 5,000.00
Dues & Subscriptions	\$ 13,000.00
Postage & Shipping	\$ 500.00
Advertising & Promotion	\$ 3,000.00
Meals & Entertainment	\$ 2,000.00
Travel	\$ 6,000.00
Printing & Copying	\$ 350.00
Contributions	\$ 2,500.00
Education & Conferences	\$ 4,000.00
Pension Expense	\$ 8,250.00
Business Insurance	\$ 4,300.00
Facilities Rent	\$ 50,600.00
Facilities Maintenance	\$ 3,500.00
Blank Video Media	\$ 300.00
Equipment Rental	\$ 500.00
OP to CAP Transfer	\$ 2,000.00
<b>TOTAL EXPENSES</b>	<b>\$ 579,800.00</b>

**FY 2023 CAPITAL BUDGET:**

<b>EXPENSE</b>	<b>2022 BUDGET</b>
Vehicle Expense	\$ 10,500.00
Equipment Maintenance/Repairs	\$ 2,500.00
Technical Supplies	\$ 5,000.00
Field Production Equipment	\$ 3,000.00
Facility Upgrades	\$ 1,000.00
Studio Upgrades	\$ 25,000.00
System Upgrades	\$ 6,000.00
Website Upgrade	\$ 7,500.00
<b>TOTAL EXPENSES</b>	<b>\$ 60,500.00</b>

**2023 ANTICIPATED CAPITAL EXPENDITURES**

- Equipment maintenance and repairs
- Vehicle leasing and maintenance
- Purchase of routine technical items
- Studio control upgrades
- Routine hardware and software purchases
- Possible facilities and/or system upgrades
- Routine equipment replacement
- Website work

**FY 2024 OPERATING BUDGET:**

<b>EXPENSE</b>	<b>2024 BUDGET</b>
Labor Compensation	\$ 373,000.00
Payroll Taxes	\$ 28,000.00
Unemployment Taxes	\$ 2,575.00
Health/Dental Insurance	\$ 54,500.00
Workers Comp. Insurance	\$ 3,250.00
Accounting Fees	\$ 7,250.00
Legal/Professional Fees	\$ 4,000.00
Telephone	\$ 2,300.00
Internet/Website/Data	\$ 9,900.00
Utilities	\$ 10,750.00
Bank Fees	\$ 50.00
Office Supplies	\$ 5,000.00
Dues & Subscriptions	\$ 13,500.00
Postage & Shipping	\$ 500.00
Advertising & Promotion	\$ 3,500.00
Meals & Entertainment	\$ 2,000.00
Travel	\$ 6,000.00
Printing & Copying	\$ 500.00
Contributions	\$ 2,500.00
Education & Conferences	\$ 5,000.00
Pension Expense	\$ 8,700.00
Business Insurance	\$ 4,500.00
Facilities Rent	\$ 51,400.00
Facilities Maintenance	\$ 3,750.00
Blank Video Media	\$ 250.00
Equipment Rental	\$ 500.00
OP to CAP Transfer	\$ 2,000.00
<b>TOTAL EXPENSES</b>	<b>\$ 605,175.00</b>

**FY 2024 CAPITAL BUDGET:**

<b>EXPENSE</b>	<b>2023 BUDGET</b>
Vehicle Expense	\$ 12,000.00
Equipment Maintenance/Repairs	\$ 3,000.00
Technical Supplies	\$ 5,000.00
Field Production Equipment	\$ 3,000.00
Facility Upgrades	\$ 1,000.00
Studio Upgrades	\$ 1,000.00
System Upgrades	\$ 30,500.00
Website Upgrade	\$ 7,500.00
<b>TOTAL EXPENSES</b>	<b>\$ 63,000.00</b>

**2024 ANTICIPATED CAPITAL EXPENDITURES**

- Equipment maintenance and repairs
- Vehicle leasing and maintenance
- Purchase of routine technical items
- Video server upgrades
- Routine hardware and software purchases
- Possible facilities and/or system upgrades
- Routine equipment replacement
- Website work

**LCATV TEMPORARILY RESTRICTED FUND BALANCE BUDGET GOALS**  
**2022 - 2024**

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

<b>CATEGORY</b>	<b>AMOUNT</b>
Operating Reserve	\$400,000.00
Community Outreach & Engagement <ul style="list-style-type: none"> <li>• marketing</li> <li>• library partnerships</li> <li>• others to be identified</li> </ul>	\$150,000.00
Special Capital Projects <ul style="list-style-type: none"> <li>• facility improvements</li> <li>• others to be identified</li> </ul>	\$ 75,000.00
Emergency Capital Fund	\$ 75,000.00
<b>TOTAL</b>	<b>\$700,000.00</b>

# LCATV GOALS & OBJECTIVES

## 2018 - 2023

MAJOR GOAL	Objective Description LCATV will . . .	Physical Measure	Date Measure
<b>1.0 LCATV improves the quality, quantity, diversity and immediacy of programming and production.</b>			
1.01	...improve the capacity of the LCATV Studio to meet user demand and attract new volunteer production	increase in-studio live and recorded programming by 25% per year	by second quarter, 2018
1.02	... solicit for and publicize training sessions by bulletin board and ad placements and other means	at least <u>ONCE</u> quarterly	by first quarter, 2018
1.03	...digitally archive and catalog VHS/DVD programming for ease of access by users and ease of duplication by staff	all physical media digitized and places in a central storage area	by end of 2020
1.04	... offer live video-over-IP coverage to Condition 22 site users who do not currently utilize such	at least 1 site per year	beginning in 2018
1.05	... carry live and taped programs produced at St. Mike's-- including Elley-Long --	at the rate of at least two per quarter	by end of 2019
1.06	... Increase the percentage of all LCATV programming that is volunteer-produced	by 10% annually	beginning in 2018
1.07	...collaborate with area NPOs on production opportunities	at least 1 new collaboration per year per county served	beginning in 2018
1.08	... investigate need, mechanisms and procedures to enable two-way interactivity during field production...	using email, telephone, website, etc.	2018-19, then reevaluate
1.09	...upgrade staff field production equipment based upon usage and deterioration of existing equipment and production needs	6-7 complete A/V kits	beginning in 2018
1.10	...explore need for addition PT or FT production staffing to achieve the objectives herein	TBD	for FY 2019
<b>LCATV structures the nature and accessibility of its resources across its service territory such that each distinct community and entity therein has a fair and reasonable opportunity to collaborate and partner with LCATV.</b>			
2.01	...increase the capacity of the quality/delivery method of online content to ensure that "un-cabeled" portions of the service territory have reasonable access to content and to achieve parity with other online content	determined by periodic review	beginning in 2018
2.02	...determine need for renewed/expanded usage of LCATV's Mobile Video Lab to serve more rural areas or provide new services	any renewed efforts should average 2 uses per month	by end of January 2018
2.03	... determine need for continuation of the Digital Media Program partnership with community libraries and its nature going forward	measures to be determined in conjunction with libraries	by second quarter, 2018
2.04	... co-ordinate/collaborate with schools, youth centers, family centers, other orgs on educational and outreach activities...	at least 1 new collaboration per year per county served	beginning in 2018
2.05	... continue to integrate use of social media platforms and other appropriate communication technologies/applications	5 instances per month	beginning in 2018
2.06	... expand other capabilities of the LCATV website (in addition to video content)	determined by periodic review	ongoing
2.07	...conduct search for and hire addition PT or FT outreach staffing to achieve the objectives herein	TBD	by mid-2018

**3.0 To adapt with intellectual agility, LCATV continually redefines and re-imagines its services and resources as community needs change and emerge.**

<b>3.01</b>	...institute an ongoing outreach program	Review of community needs, interviews, surveys and meetings with civic leaders	by end of 2020
<b>3.02</b>	...participate in state, regional, and national organizations and activities to stay aware of evolving technologies and regulatory developments	ongoing	immediate
<b>3.03</b>	...attend relevant classes / seminars / workshops / conferences or engage in other educational activities to increase and strengthen staff skill sets	at least 1 instance per staff member per year	starting in 2018
<b>3.04</b>	...collaborate with other Community Media Centers on production and development projects	at least 1 time per year	starting in 2018
<b>3.05</b>	... hire and train field producers . . .	proportionally commensurate with other objectives. . .	ongoing
<b>3.06</b>	... provide training to organizations in improving their communication techniques--social media, video, etc...	as requested	ongoing
<b>3.07</b>	... acquire additional A/V equipment to lend to organizational members . . .	such as portable PA system, video/data projector & screen,	as need arises
<b>3.08</b>	... explore new media training initiatives for adult and youth users...	research needs for media literacy training and citizen journalism	starting in 2019

**4.0 LCATV maintains organizational strength through responsible administrative and fiduciary best practices in funding, internal development, strategic planning and evaluation.**

<b>4.01</b>	... review our facilities needs, and apply for a Capital Spike Payment if funding is required . . .	once during the term of our Comcast contract	TBD
<b>4.02</b>	...explore alternative funding streams and mechanisms dependent upon predicted trends in the level of cable operator funding.	that raises a TBD minimum percentage of our total annual operating and capital revenues	by the end of 2023
<b>4.03</b>	... conduct a review of our comprehensive PEG Access Plan and revise our Planning Considerations.	with Rule 8.00 Annual Report	annually
<b>4.04</b>	... maintain strong financial policies, accounting procedures and bookkeeping methods...	in conjunction with accountant	ongoing
<b>4.05</b>	... maintain and implement strong personnel policies . . .	possibly in conjunction with a human resources firm	ongoing
<b>4.06</b>	... maintain Operating/Capital Reserve fund . . .	to at least 50% of budgeted Operating + Capital dollars	ongoing
<b>4.07</b>	...work to identify and recruit potential Board of Directors members with skill sets that complement LCATV's mission and goals and who are geographically and demographically diverse.	12-15 members for a full BOD	by the end of 2018
<b>4.08</b>	...revise and maintain the Temporarily Restricted Fund Balance plan to spend operating and capital reserves in accordance with current and future activities and community needs	ongoing	immediate
<b>4.09</b>	... be in compliance with various Human Resources and Americans with Disabilities Act requirements, guidelines, and laws.	where applicable	ongoing

# Return of Organization Exempt From Income Tax

## 2021

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 2021 calendar year, or tax year beginning , 2021, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LAKE CHAMPLAIN ACCESS TV</b> Doing business as		<b>D</b> Employer identification number <b>03-0340350</b>
	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>		<b>E</b> Telephone number <b>(802) 862-5724</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>COLCHESTER, VT 05446</b>		<b>G</b> Gross receipts \$ <b>656,714</b>
	<b>F</b> Name and address of principal officer: <b>DIRK REITH</b> <b>650 OAKLAND STATION RD SAINT ALB VT 05478</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<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			
<b>J</b> Website: ▶ <b>WWW.LCATV.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			
<b>L</b> Year of formation: <b>1993</b>		<b>M</b> State of legal domicile: <b>VT</b>	

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PUBLIC EDUCATION AND GOVERNMENT ACCESS TV</b>		
	<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>8</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>13</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, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>1,250</b>	Current Year <b>750</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>632,565</b>	<b>650,200</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,728</b>	<b>4,136</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>92,517</b>	<b>1,628</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>732,060</b>	<b>656,714</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>362,878</b>	<b>372,391</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>219,929</b>	<b>210,807</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>582,807</b>	<b>583,198</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>149,253</b>	<b>73,516</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>1,012,643</b>	End of Year <b>1,086,211</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>14</b>	<b>66</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,012,629</b>	<b>1,086,145</b>

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KEVIN MARCHAND</b>	Preparer's signature	Date <b>02-02-2022</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

For Paperwork Reduction Act Notice, see the separate instructions.



Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 555,831 including grants of \$ ) (Revenue \$ 651,828 ) 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 on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 555,831

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Question text, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a 13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			X
d	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			X
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			
10	<b>Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b		
11	<b>Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b		
c	Enter the amount of reserves on hand . . . . .	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.			X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . If "Yes," complete Form 6069.			

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 5 columns: Question ID, Question Text, Yes, No. Rows include 1a (8), 1b (7), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

MGV ASSOCIATES (802) 862-5724, 382 HERCULES DR SUITE 6, COLCHESTER, VT 05446



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations W-2/1099-MISC/1099-NEC	(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) KEVIN CHRISTOPHER EXEC DIRECTOR	40.00	X		X				80,966	0	11,404
(2) KENNETH ROCHELEAU BD MEMBER	2.00	X						0	0	0
(3) GREG DREW VICE PRESIDENT	2.00	X		X				0	0	0
(4) JEFF HATHAWAY TREASURER	2.00	X		X				0	0	0
(5) CURT TAYLOR SECRETARY	2.00	X		X				0	0	0
(6) DIRK REITH PRESIDENT	7.00	X		X				0	0	0
(7) -----										
(8) -----										
(9) -----										
(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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 Subtotal</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .							80,966	0	11,404	

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	750			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		750			
Program Service Revenue			Business Code			
	<b>2a</b> GOVERNMENT ACCESS ADMIN	515100	649,337	649,337		
	<b>b</b> SUMMER WINTER CAMP	515100	863	863		
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		650,200				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		4,136		4,136	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real			
			(ii) Personal			
	<b>b</b> Less: rental expenses . . . . .	<b>6b</b>				
	<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities			
			(ii) Other			
<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>					
<b>c</b> Gain or (loss) . . . . .	<b>7c</b>					
<b>d</b> Net gain or (loss) . . . . . ▶						
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>					
<b>b</b> Less: direct expenses . . . . .	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶						
<b>9a</b> Gross income from gaming activities, See Part IV, line 19 . . . . .	<b>9a</b>					
<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶						
Miscellaneous Revenue			Business Code			
	<b>11a</b> DVD/PROGRAM COPIES	515100	1,628	1,628		
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		1,628				
<b>12 Total revenue.</b> See instructions . . . . . ▶		656,714	651,828	0	4,136	



**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 . . . . .	80,966	80,966		
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 . . . . .	217,263	217,263		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . .	6,519	6,519		
9	Other employee benefits . . . . .	45,176	45,176		
10	Payroll taxes . . . . .	22,467	22,467		
11	Fees for services (nonemployees):				
a	Management . . . . .				
b	Legal . . . . .	3,510		3,510	
c	Accounting . . . . .	6,172		6,172	
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.) . . .				
12	Advertising and promotion . . . . .	1,531		1,531	
13	Office expenses . . . . .	16,154		16,154	
14	Information technology . . . . .	34,296	34,296		
15	Royalties . . . . .				
16	Occupancy . . . . .	60,717	60,717		
17	Travel . . . . .	11,816	11,816		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	150	150		
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	45,300	45,300		
23	Insurance . . . . .	8,971	8,971		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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>	5,126	5,126		
b	<b>REPAIRS AND MAINT</b>	4,160	4,160		
c	<b>CONTRIBUTIONS</b>	845	845		
d	<b>DUES AND SUBSCRIPTIONS</b>	12,059	12,059		
e	All other expenses _____				
25	<b>Total functional expenses.</b> Add lines 1 through 24e. .	583,198	555,831	27,367	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	10,026	1	10,489	
	2	Savings and temporary cash investments	889,090	2	1,007,436	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4	59	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		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	952,471			
	b	Less: accumulated depreciation	886,650	10c	65,821	
	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 33)	1,012,643	16	1,086,211		
Liabilities	17	Accounts payable and accrued expenses		14	17	66
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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		14	26	66	
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	27	Net assets without donor restrictions	1,012,629	27	1,086,145	
	28	Net assets with donor restrictions		28		
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	<b>Total net assets or fund balances</b>	1,012,629	32	1,086,145	
33	<b>Total liabilities and net assets/fund balances</b>	1,012,643	33	1,086,211		

**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>	656,714
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	583,198
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	73,516
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,012,629
<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 on 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 32, column (B))	<b>10</b>	1,086,145

**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 on 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>b</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>c</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 on 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>b</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 on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

<b>Name of the organization</b> LAKE CHAMPLAIN ACCESS TV	<b>Employer identification number</b> 03-0340350
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .			1,370	1,250	750	3,370
<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 . . . . .	657,129	631,269	626,410	631,945	649,337	3,196,090
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .	3,386	11,495	27,980	20,717	2,491	66,069
<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 . . . . .	660,515	642,764	655,760	653,912	652,578	3,265,529
<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.) . . . . .						3,265,529

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .	660,515	642,764	655,760	653,912	652,578	3,265,529
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	2,954	4,018	7,324	5,728	4,136	24,160
<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 . . . . .	2,954	4,018	7,324	5,728	4,136	24,160
<b>11</b> Net income from unrelated business activities not included on 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.) . . . . .				72,420		72,420
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	663,469	646,782	663,084	732,060	656,714	3,362,109
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	97.13 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	97.16 %

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	1.00 %
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	1.00 %

- 19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ▶



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<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 lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<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 line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<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>If "Yes" or "No," 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 ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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).		

<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)</b>				
<b>Section D - Distributions</b>			<b>Current Year</b>	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>		
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>	<b>5</b>		
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>		
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>		
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>		
<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b>	Distributable amount for 2021 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2021			
<b>a</b>	From 2016 . . . . .			
<b>b</b>	From 2017 . . . . .			
<b>c</b>	From 2018 . . . . .			
<b>d</b>	From 2019 . . . . .			
<b>e</b>	From 2020 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2021 distributable amount			
<b>i</b>	Carryover from 2016 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2021 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2021 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2017 . . . .			
<b>b</b>	Excess from 2018 . . . .			
<b>c</b>	Excess from 2019 . . . .			
<b>d</b>	Excess from 2020 . . . .			
<b>e</b>	Excess from 2021 . . . .			



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.

2021

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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** Term 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:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . . | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 3b**

	<b>3b</b>	
--	-----------	--
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		267,243	252,184	15,059
<b>d</b> Equipment . . . . .		685,228	634,466	50,762
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . ▶				65,821

**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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . .

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

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**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public  
Inspection**

Name of the organization

LAKE CHAMPLAIN ACCESS TV

Employer identification number

03-0340350

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

STAFF REVIEW

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

VERBAL MONITORING DURING REGULAR MEETINGS

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

REVIEW BY PERSONNEL COMMITTEE WITH DATA COMPARISON.

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

REVIEW BY PERSONNEL COMMITTEE WITH DATA COMPARISON.

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

UPON REQUEST



# Depreciation and Amortization

(Including Information on Listed Property)

▶ 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>	(a) Description of property	(b) Cost (business use only)
<b>7</b>	Listed property. Enter the amount from line 29 . . . . .	<b>7</b>
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2020 Form 4562 . . . . .	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . .	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . . . . .	
<b>13</b>	Carryover of disallowed deduction to 2022. 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>	<b>45,300</b>

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

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2021 . . . . .	<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 2021 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 30-year			30 yrs.	MM	S/L	
<b>d</b> 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>	<b>45,300</b>
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>	

**For Paperwork Reduction Act Notice, see separate instructions.**

**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20

**2021**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

EIN or SSN

**LAKE CHAMPLAIN ACCESS TV**

**03-0340350**

Name and title of officer or person subject to tax

**KEVIN CHRISTOPHER, EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here . . . ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	<u>656,714</u>
2a	Form 990-EZ check here . . . ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	_____
3a	Form 1120-POL check here. ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3b	_____
4a	Form 990-PF check here. . . ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5). . . . .	4b	_____
5a	Form 8868 check here . . . ▶	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c). . . . .	5b	_____
6a	Form 990-T check here. . . ▶	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4) . . . . .	6b	_____
7a	Form 4720 check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1) . . . . .	7b	_____
8a	Form 5227 check here . . . ▶	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	_____
9a	Form 5330 check here . . . ▶	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19). . . . .	9b	_____
10a	Form 8038-CP check here . ▶	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) .	10b	_____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize MGV ASSOCIATES to enter my PIN 54444 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 02-02-2022

**Part III Certification and Authentication**

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

030919 04503

**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 02-02-2022

**ERO Must Retain This Form - See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

**Federal Supporting Statements**

**2021 PG01**

Name(s) as shown on return

Tax ID Number

LAKE CHAMPLAIN ACCESS TV

03-0340350

Statement #EL43

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

Name: LAKE CHAMPLAIN ACCESS TV

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

EIN: 03-0340350

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

\* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner. Name(s) as shown on return

## Depreciation Detail Listing

Program Services

**2021**

PAGE 1

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

Social security number/EIN

LAKE CHAMPLAIN ACCESS TV

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/	07012001	31,829		100.00			31,829	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	09302004	34,049		100.00			34,049	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 TRIPODS	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 FAMIL	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 is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner. Name(s) as shown on return

## Depreciation Detail Listing

Program Services

2021

PAGE 2

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

Social security number/EIN

LAKE CHAMPLAIN ACCESS TV

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	U 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 SOFTWA	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	9 NERO MINI-BOX-EDIT	11212008	762		100.00			762	3		0	762		762	
39	SONY MINI-DVCAM 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-M	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 SUBB	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 DSR	05202009	3,065		100.00			3,065	5		0	3,065		3,065	
52	DELL LAPTOP GEORGIA L	06012009	2,031		100.00			2,031	5		0	2,031		2,031	
53	STORAGE CABINET GEORG	06012009	573		100.00			573	7		0	573		573	
54	FIIC EQUIP XPS 420 IN	02162009	2,029		100.00			2,029	5		0	2,029		2,029	
55	PC AND SPEAKERS STUDI	04172009	2,389		100.00			2,389	5		0	2,389		2,389	
56	SYSTEM UPGRADE/AZIMUT	03192010	1,337		100.00			1,337	5		0	1,337		1,337	
57	3 ENG 75/2 D TRIPDS	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 LANC 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 is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner. Name(s) as shown on return

## Depreciation Detail Listing

Program Services

**2021**

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

Social security number/EIN

LAKE CHAMPLAIN ACCESS TV

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	UPS XL 3000VA RM 3U 1	08202010	1,472		100.00			1,472	5		0	1,472		1,472	
62	TELEX 5 COACH WIRELES	08202010	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 BATTE	01042011	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 CA	02252011	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 O	09022011	20,505		100.00			20,505	5		0	20,505		20,505	
69	BASE STATION BELT PAC	09022011	1,049		100.00			1,049	5		0	1,049		1,049	
70	AAMSUNG 46 INCH LCD M	09232011	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 SOFTW	02172011	1,532		100.00			1,532	5		0	1,532		1,532	
75	4 SMART BUY ELITEBOO	03262013	6,274		100.00			6,274	5		0	6,274		6,274	
76	SMART BUY Z220 SFF WO	03262013	824		100.00			824	5		0	824		824	
77	SONY DIGITAL HD VIDEO	04192013	3,826		100.00			3,826	5		0	3,826		3,826	
78	SONY FLASH MEMORY REC	04192013	669		100.00			669	5		0	669		669	
79	SACHTLER TRIPOD SYSTE	04192013	1,075		100.00			1,075	5		0	1,075		1,075	
80	VIDEO EDITING COMPUTE	06202013	1,542		100.00			1,542	5		0	1,542		1,542	
81	HXR-NX5U USED CAMERA	01012013	3,000		100.00			3,000	5		0	3,000		3,000	
82	EQUIPMENT RACKS	01012013	6,731		100.00			6,731	5		0	6,731		6,731	
83	2 Z210 EDITING COMPUT	01012013	2,852		100.00			2,852	5		0	2,852		2,852	
84	Z210 COMPUTER-BUDDY	01012013	1,311		100.00			1,311	5		0	1,311		1,311	
85	4300 SPFF133 4GD DVDR	01012013	1,050		100.00			1,050	5		0	1,050		1,050	
86	LHI CREEK FARM BLDG	07012013	180,118		100.00			180,118	5		0	180,118		180,118	
87	LEIGHTRONIX NEXUS VID	01222014	1,213		100.00			1,213	5		0	1,213		1,213	
88	OPTICAL TRANSPORT EQU	01302014	5,605		100.00			5,605	5		0	5,605		5,605	
89	STUDIO CURTAIN	02132014	2,235		100.00			2,235	5		0	2,235		2,235	
90	AS WALL HANGING SYSTE	03172014	2,764		100.00			2,764	5		0	2,764		2,764	

\* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner. Name(s) as shown on return

## Depreciation Detail Listing

Program Services

**2021**

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Social security number/EIN

LAKE CHAMPLAIN ACCESS TV

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 VIDE	03202014	2,527		100.00			2,527	5		0	2,527		2,527	
92	APC SMART UPS X3000VA	03202014	1,499		100.00			1,499	5		0	1,499		1,499	
93	SYMETRIX APP CONFIGUR	03202014	979		100.00			979	5		0	979		979	
94	RK WORKSTATION	05152014	1,063		100.00			1,063	5		0	1,063		1,063	
95	ROSE BRAND IFR STUDIO	03262015	2,190		100.00			2,190	5		0	2,190		2,190	
96	2 SONY WIRELESS MIC S	03262015	1,694		100.00			1,694	5		0	1,694		1,694	
97	2 SHURE 4 CHANNEL MIS	03262015	1,397		100.00			1,397	5		0	1,397		1,397	
98	4 CANON PRO HD CAMCOR	05072015	5,956		100.00			5,956	5		0	5,956		5,956	
99	4 THINKSTATION P300 H	05142015	3,743		100.00			3,743	5		0	3,743		3,743	
100	LIVESTREAM PRODUCTION	01072016	7,646		100.00			7,646	5	SL	20	7,454	192	7,646	192
101	PORTABLE STUDIO	06092016	7,639		100.00			7,639	5	SL	20	7,067	572	7,639	572
102	STUDIO CAMERAS AND CO	05262016	36,374		100.00			36,374	5	SL	20	33,647	2,727	36,374	2,727
103	MASTER CONTROL SYSTEM	10202016	37,032		100.00			37,032	5	SL	20	30,550	6,482	37,032	6,482
104	STUDIO UPDGRADE	12072017	87,126		100.00			87,126	5	SL	20	54,641	17,425	72,066	17,425
105	HD UPGRADES-ONGOING	12312017	22,951	22,951	100.00				0		0				
106	NEW WEBSITE ONGOING	12312017	10,972	10,972	100.00				0		0				
107	CAMCORDER	02092017	4,990		100.00			4,990	5	SL	20	3,867	998	4,865	998
108	CAMCORDER	02092017	4,990		100.00			4,990	5	SL	20	3,867	998	4,865	998
109	MULTI VIWER PROJECT	10052017	58,197		100.00			58,197	5	SL	20	36,372	11,639	48,011	11,639
110	FIELD PRODUCTION EQUI	01042018	21,335		100.00			21,335	5	SL	20	10,668	4,267	14,935	4,267
<b>Totals</b>			952,470					918,547				841,351	45,300	886,651	45,300

Land Amount  
Net Depreciable Cost

952,470

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

45,300

ST ADJ:

45,300

## Next Year's Depreciation Worksheet

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

**2021**

Name(s) as shown on return

Tax ID Number

**LAKE CHAMPLAIN ACCESS TV**

**03-0340350**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	EQUIP PRIOR TO 10/31/01	07-01-2001	31,829	M	5	
PRG	1	EQUIPMENT	11-19-2001	17,421	SL	5	
PRG	1	EQUIPMENT	03-18-2002	1,301	SL	5	
PRG	1	EQUIPMENT	04-01-2002	411	SL	5	
PRG	1	OFFICE EQUIPMENT	11-19-2001	525	SL	5	
PRG	1	EQUIPMENT	09-30-2003	12,358	SL	5	
PRG	1	OFFICE EQUIPMENT	09-30-2003	11,246	SL	5	
PRG	1	EQUIPMENT	09-30-2004	23,145	SL	5	
PRG	1	OFFICE EQUIPMENT	09-30-2004	2,942	SL	5	
PRG	1	CHANNEL 16 EQUIPMENT	09-30-2004	34,049	SL	5	
PRG	1	DV CAMCORDER	09-30-2005	7,778	SL	5	
PRG	1	PRO DVD	05-27-2005	1,736	SL	5	
PRG	1	VIDEO MIXER	05-06-2005	1,848	SL	5	
PRG	1	PANASONIC CAMCORDER	02-14-2005	5,176	SL	5	
PRG	1	4 MIC CARDIOD	02-14-2005	964	SL	5	
PRG	1	APPLE COMPUTER	10-28-2004	3,147	SL	5	
PRG	1	DELL MONITOR	03-01-2005	450	SL	5	
PRG	1	DELL COMPUTER	05-27-2005	1,516	SL	5	
PRG	1	VAN	09-30-2005	68,644	SL	5	
PRG	1	EQUIPMENT	09-30-2006	40,008	SL	5	
PRG	1	VIDEO CONTROL SYSTEM	11-13-2006	6,144	SL	5	
PRG	1	NEXUS DIGITAL SERVER/VID	04-06-2007	8,575	SL	5	
PRG	1	3 ALUM TRIPODS	03-02-2007	1,935	SL	5	
PRG	1	PORTABLE DISC RECORDER	03-02-2007	1,635	SL	5	
PRG	1	SONY DVCAM PORTABLE VTR	04-27-2007	4,586	SL	5	
PRG	1	ADOBE SOFTWARE	01-26-2007	715	SL	3	
PRG	1	DELL COMPUTER	01-26-2007	1,880	SL	5	
PRG	1	WORKSPACE SYSTEM	03-16-2007	1,166	SL	7	
PRG	1	APPLE MAC TIGER FAMILY P	03-31-2007	1,484	SL	3	
PRG	1	STATION SIGN	11-21-2000	403	SL	5	
PRG	1	SHURE AUDIO MIXED	02-01-2008	1,216	SL	5	
PRG	1	U 851R BOUNDARY MIKES-2	02-08-2008	459	SL	5	
PRG	1	SONY WIRELESS MIKE ADAPT	02-22-2008	488	SL	5	
PRG	1	DELL PC & EDIT SOFTWARE	03-21-2008	2,510	SL	3	
PRG	1	SONY WIRELESS MIKE ADAPT	04-18-2008	492	SL	5	
PRG	1	EDITING SOFTWARE-CS3 PRE	10-24-2008	3,024	SL	3	
PRG	1	FLAT SCREEN MONITOR	10-24-2008	349	SL	5	
PRG	1	9 NERO MINI-BOX-EDIT SOF	11-21-2008	762	SL	3	
PRG	1	SONY MINI-DVCAM CAMCORDE	03-25-2008	2,967	SL	5	
PRG	1	DELL LATITUDE-BURNHAM LI	03-10-2008	2,503	SL	5	
PRG	1	IN FOCUS IN24 PROJ-BURN	04-26-2008	598	SL	5	
PRG	1	SONY 3CCD CAMCORDER-MILT	06-30-2008	3,143	SL	5	
PRG	1	DELL M6300 PC MILTON	08-02-2008	2,221	SL	5	
PRG	1	BOGEN TRIPOD SYSTEM	06-30-2008	509	SL	5	
PRG	1	PORTABLE FIRESTORE HARD	02-27-2009	1,898	SL	5	
PRG	1	LOWEL LIGHT DV CREATOR	02-27-2009	1,525	SL	5	
PRG	1	2 BLONDER TONGUE SUBBAND	02-27-2009	1,560	SL	5	
PRG	1	2 LINK VIDEO PROCESSING	03-27-2009	4,700	SL	5	
PRG	1	SYMETRIX 322 AUDIO PROCE	05-29-2009	1,480	SL	5	
PRG	1	BOGEN TRIPOD W/CASE	05-20-2009	489	SL	5	
PRG	1	SONY DV CAMCORDER DSR PD	05-20-2009	3,065	SL	5	
PRG	1	DELL LAPTOP GEORGIA LIBR	06-01-2009	2,031	SL	5	



## Next Year's Depreciation Worksheet

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**2021**

Name(s) as shown on return

Tax ID Number

**LAKE CHAMPLAIN ACCESS TV**

**03-0340350**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	STORAGE CABINET GEORGIA	06-01-2009	573	SL	7	
PRG	1	FIIC EQUIP XPS 420 INTEL	02-16-2009	2,029	SL	5	
PRG	1	PC AND SPEAKERS STUDIO X	04-17-2009	2,389	SL	5	
PRG	1	SYSTEM UPGRADE/AZIMUTH/S	03-19-2010	1,337	SL	5	
PRG	1	3 ENG 75/2 D TRIPODS	04-02-2010	6,104	SL	5	
PRG	1	5 SHORT SHOTGUN MICROPHO	04-02-2010	990	SL	5	
PRG	1	6 BOGEN LANC ZOOM CONTRO	04-02-2010	1,440	SL	5	
PRG	1	CAMCORDER SER#S01-011246	04-02-2010	5,612	SL	5	
PRG	1	UPS XL 3000VA RM 3U 120V	08-20-2010	1,472	SL	5	
PRG	1	TELEX 5 COACH WIRELESS I	08-20-2010	3,198	SL	5	
PRG	1	5 TELEX HEADPHONES W/CON	08-20-2010	975	SL	5	
PRG	1	120V SURGE PROT BATTERY	01-04-2011	1,406	SL	5	
PRG	1	DUAL RACKMOUNT COLOR MON	01-28-2011	2,144	SL	5	
PRG	1	3 SONY SXCAM VIDEO CAMER	02-25-2011	11,997	SL	5	
PRG	1	DESK SIDE RACK	07-29-2011	929	SL	5	
PRG	1	PIX SD SWITCHER AND OPTI	09-02-2011	20,505	SL	5	
PRG	1	BASE STATION BELT PACKS	09-02-2011	1,049	SL	5	
PRG	1	AAMSUNG 46 INCH LCD MONI	09-23-2011	889	SL	5	
PRG	1	TRIPOD KIT	09-23-2011	5,550	SL	5	
PRG	1	SACHTLER DOLLY	09-23-2011	1,699	SL	5	
PRG	1	3 77 INCH RACKS	11-18-2011	4,256	SL	5	
PRG	1	MONITOR PRINTER SOFTWARE	02-17-2011	1,532	SL	5	
PRG	1	4 SMART BUY ELITEBOOKS	03-26-2013	6,274	SL	5	
PRG	1	SMART BUY Z220 SFF WORKS	03-26-2013	824	SL	5	
PRG	1	SONY DIGITAL HD VIDEO CA	04-19-2013	3,826	SL	5	
PRG	1	SONY FLASH MEMORY RECORD	04-19-2013	669	SL	5	
PRG	1	SACHTLER TRIPOD SYSTEM	04-19-2013	1,075	SL	5	
PRG	1	VIDEO EDITING COMPUTER	06-20-2013	1,542	SL	5	
PRG	1	HXR-NX5U USED CAMERA	01-01-2013	3,000	SL	5	
PRG	1	EQUIPMENT RACKS	01-01-2013	6,731	SL	5	
PRG	1	2 Z210 EDITING COMPUTER	01-01-2013	2,852	SL	5	
PRG	1	Z210 COMPUTER-BUDDY	01-01-2013	1,311	SL	5	
PRG	1	4300 SPFF133 4GD DVDR	01-01-2013	1,050	SL	5	
PRG	1	LHI CREEK FARM BLDG	07-01-2013	180,118	SL	5	
PRG	1	LEIGHTRONIX NEXUS VIDOR	01-22-2014	1,213	SL	5	
PRG	1	OPTICAL TRANSPORT EQUIP	01-30-2014	5,605	SL	5	
PRG	1	STUDIO CURTAIN	02-13-2014	2,235	SL	5	
PRG	1	AS WALL HANGING SYSTEM	03-17-2014	2,764	SL	5	
PRG	1	LINK ELECTRONICS VIDEO P	03-20-2014	2,527	SL	5	
PRG	1	APC SMART UPS X3000VA	03-20-2014	1,499	SL	5	
PRG	1	SYMETRIX APP CONFIGURABL	03-20-2014	979	SL	5	
PRG	1	RK WORKSTATION	05-15-2014	1,063	SL	5	
PRG	1	ROSE BRAND IFR STUDIO CY	03-26-2015	2,190	SL	5	
PRG	1	2 SONY WIRELESS MIC SYST	03-26-2015	1,694	SL	5	
PRG	1	2 SHURE 4 CHANNEL MISERS	03-26-2015	1,397	SL	5	
PRG	1	4 CANON PRO HD CAMCORDER	05-07-2015	5,956	SL	5	
PRG	1	4 THINKSTATION P300 HARD	05-14-2015	3,743	SL	5	
PRG	1	LIVESTREAM PRODUCTION ST	01-07-2016	7,646	SL	5	
PRG	1	PORTABLE STUDIO	06-09-2016	7,639	SL	5	
PRG	1	STUDIO CAMERAS AND CONTR	05-26-2016	36,374	SL	5	
PRG	1	MASTER CONTROL SYSTEM	10-20-2016	37,032	SL	5	
PRG	1	STUDIO UPDGRADE	12-07-2017	87,126	SL	5	15,060

## Next Year's Depreciation Worksheet

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**2021**

Name(s) as shown on return

Tax ID Number

**LAKE CHAMPLAIN ACCESS TV**

**03-0340350**

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	HD UPGRADES-ONGOING	12-31-2017		NDA	0	
PRG	1	NEW WEBSITE ONGOING	12-31-2017		NDA	0	
PRG	1	CAMCORDER	02-09-2017	4,990	SL	5	125
PRG	1	CAMCORDER	02-09-2017	4,990	SL	5	125
PRG	1	MULTI VIWER PROJECT	10-05-2017	58,197	SL	5	10,186
PRG	1	FIELD PRODUCTION EQUIPME	01-04-2018	21,335	SL	5	4,267
		<b>TOTAL</b>					<b>29,763</b>

Lake Champlain Access TV  
Balance Sheet  
December 31, 2021

	This Year		Last Year	Difference
ASSETS				
Current Assets				
Operating Checking Account	\$ 10,489.28	\$	10,026.32	462.96
Capital Money Market Account	(16,150.96)		(24,507.18)	8,356.22
Operating Money Market Account	873,858.07		764,435.75	109,422.32
NEFCU/Power Savings Acct	41,803.71		41,695.96	107.75
Opportunities/12 mo CD-8/21/13	107,669.39		107,103.09	566.30
NCFCU Oper. Savings Account	50.49		50.45	0.04
Petty Cash	150.00		150.00	0.00
Petty Cash/Dubbing/Video	50.00		50.00	0.00
Opportunities CU/Savings	5.00		5.00	0.00
A/R- Pay Pal Account	59.09		106.74	(47.65)
<b>Total Current Assets</b>	<b>1,017,984.07</b>		<b>899,116.13</b>	<b>118,867.94</b>
Property and Equipment				
Equipment	616,583.74		616,583.74	0.00
Accum.Depr-Equipment	(565,822.26)		(537,947.26)	(27,875.00)
Leasehold Improvements	267,243.40		267,243.40	0.00
Amort-Leasehold Improvements	(252,183.75)		(234,758.75)	(17,425.00)
Vehicles	68,643.52		68,643.52	0.00
AccumDeprec/Vehicles	(68,643.52)		(68,643.52)	0.00
<b>Total Property and Equipment</b>	<b>65,821.13</b>		<b>111,121.13</b>	<b>(45,300.00)</b>
Other Assets				
Security Deposit	2,406.00		2,406.00	0.00
<b>Total Other Assets</b>	<b>2,406.00</b>		<b>2,406.00</b>	<b>0.00</b>
<b>Total Assets</b>	<b>\$ 1,086,211.20</b>	\$	<b>1,012,643.26</b>	<b>73,567.94</b>
LIABILITIES AND CAPITAL				
Current Liabilities				
VT Unemp Taxes Payable	\$ 66.33	\$	14.42	51.91
<b>Total Current Liabilities</b>	<b>66.33</b>		<b>14.42</b>	<b>51.91</b>
Long-Term Liabilities				
<b>Total Long-Term Liabilities</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
<b>Total Liabilities</b>	<b>66.33</b>		<b>14.42</b>	<b>51.91</b>
Capital				
Fund Balance-Operating	916,102.61		718,835.70	197,266.91
Fund Balance-Capital	(65,823.77)		(17,809.34)	(48,014.43)
Operating Reserve	147,350.00		147,350.00	0.00
Digital Media Program Reserve	15,000.00		15,000.00	0.00
Net Income	73,516.03		149,252.48	(75,736.45)
<b>Total Capital</b>	<b>1,086,144.87</b>		<b>1,012,628.84</b>	<b>73,516.03</b>
<b>Total Liabilities &amp; Capital</b>	<b>\$ 1,086,211.20</b>	\$	<b>1,012,643.26</b>	<b>73,567.94</b>

Unaudited - For Management Purposes Only

Lake Champlain Access TV  
**Income Statement-Total Station**  
 For the Twelve Months Ending December 31, 2021

	Year to Date Actual	Year to Date Budget	Variance
<b><u>Revenues</u></b>			
Transfer from Oper. to Capital	0.00	\$ 2,500.00	(2,500.00)
Oper. Revenue-Cable TV	590,324.26	517,050.00	73,274.26
Capital Revenue-Cable TV	59,012.59	0.00	59,012.59
Dubbing/DVD's Income	1,628.00	2,500.00	(872.00)
Donation Income	750.00	750.00	0.00
Summer/Winter Camp Income	863.00	750.00	113.00
Interest Income	4,135.72	5,000.00	(864.28)
<b>Total Revenues</b>	<b>656,713.57</b>	<b>528,550.00</b>	<b>128,163.57</b>
<b><u>Operating Expenses</u></b>			
Compensation	298,228.97	302,000.00	(3,771.03)
Employer FICA Expense	22,039.68	22,650.00	(610.32)
Unemployment Taxes	427.42	2,080.00	(1,652.58)
Health & Dental Insurance	45,175.60	48,000.00	(2,824.40)
Pension Expense	6,519.17	6,600.00	(80.83)
Legal & Other Professional Fees	3,510.00	5,000.00	(1,490.00)
Other Professional Fees	177.00	0.00	177.00
Accounting Fees	5,995.00	8,000.00	(2,005.00)
Bank Fees	0.65	50.00	(49.35)
Office Rent	49,278.64	49,500.00	(221.36)
Facilities Maintenance	2,960.00	4,000.00	(1,040.00)
Equipment Maintenance & Repa	1,200.00	2,000.00	(800.00)
Equipment Lease	0.00	500.00	(500.00)
Technical Supplies	4,825.79	5,000.00	(174.21)
Printing & Copying Expense	0.00	250.00	(250.00)
Office Supplies/Printing	4,361.81	6,000.00	(1,638.19)
Blank Video Media	299.53	600.00	(300.47)
Dues & Subscriptions	12,058.80	11,500.00	558.80
Postage & Shipping	382.25	750.00	(367.75)
Telephone Expense	2,026.25	2,200.00	(173.75)
Utilities	9,412.30	11,500.00	(2,087.70)
Workers Comp Insurance	3,019.10	2,750.00	269.10
Vehicle Insurance	1,956.00	0.00	1,956.00
Business Insurance	3,996.00	4,200.00	(204.00)
Vehicle Expenses	2,858.68	10,900.00	(8,041.32)
Vehicle Lease expense	5,520.05	0.00	5,520.05
Web/Internet Access Fees	10,564.55	8,500.00	2,064.55
Advertising Expense	1,531.10	5,000.00	(3,468.90)
Educational Development	150.00	3,000.00	(2,850.00)
Meals & Entertainment	12.42	2,000.00	(1,987.58)
Travel Expense	3,424.54	6,000.00	(2,575.46)
ROS Budget	845.15	0.00	845.15
Depreciation Expense	45,300.00	0.00	45,300.00
Contribution	845.24	5,000.00	(4,154.76)
Field Production Equipment	15,767.75	17,660.00	(1,892.25)
System Upgrades	14,358.10	15,310.00	(951.90)
Website Upgrade	4,170.00	8,500.00	(4,330.00)
<b>Total Operating Expenses</b>	<b>583,197.54</b>	<b>577,000.00</b>	<b>6,197.54</b>
<b>Net Income</b>	<b>73,516.03</b>	<b>\$ (48,450.00)</b>	<b>121,966.03</b>



Lake Champlain Access TV  
**Income Statement-Operations**  
 For the Twelve Months Ending December 31, 2021

	Current Month Actual	Year to Date Actual	Year to Date Budget	Variance
<b>Revenues</b>				
Transfer from Oper. to Capital	\$ 0.00	0.00	\$ 2,500.00	(2,500.00)
Oper. Revenue-Cable TV	0.00	590,324.26	517,050.00	73,274.26
Dubbing/DVD's Income	135.00	1,628.00	2,500.00	(872.00)
Donation Income	0.00	750.00	750.00	0.00
Summer/Winter Camp Income	0.00	863.00	750.00	113.00
Interest Income	416.74	4,135.72	5,000.00	(864.28)
<b>Total Revenues</b>	<b>551.74</b>	<b>597,700.98</b>	<b>528,550.00</b>	<b>69,150.98</b>
<b>Operating Expenses</b>				
Compensation	31,977.70	298,228.97	302,000.00	(3,771.03)
Employer FICA Expense	2,371.77	22,039.68	22,650.00	(610.32)
Unemployment Taxes	28.43	427.42	2,080.00	(1,652.58)
Health & Dental Insurance	853.72	45,175.60	48,000.00	(2,824.40)
Pension Expense	621.78	6,519.17	6,600.00	(80.83)
Legal & Other Professional Fees	875.00	3,510.00	5,000.00	(1,490.00)
Other Professional Fees	0.00	177.00	0.00	177.00
Accounting Fees	444.75	5,995.00	8,000.00	(2,005.00)
Bank Fees	0.00	0.65	50.00	(49.35)
Office Rent	4,131.00	49,278.64	49,500.00	(221.36)
Facilities Maintenance	370.00	2,960.00	4,000.00	(1,040.00)
Equipment Lease	0.00	0.00	500.00	(500.00)
Printing & Copying Expense	0.00	0.00	250.00	(250.00)
Office Supplies/Printing	831.99	4,361.81	6,000.00	(1,638.19)
Blank Video Media	299.53	299.53	600.00	(300.47)
Dues & Subscriptions	232.60	12,058.80	11,500.00	558.80
Postage & Shipping	11.20	382.25	750.00	(367.75)
Telephone Expense	309.90	2,026.25	2,200.00	(173.75)
Utilities	1,315.62	9,412.30	11,500.00	(2,087.70)
Workers Comp Insurance	0.00	3,019.10	2,750.00	269.10
Business Insurance	0.00	3,996.00	4,200.00	(204.00)
Web/Internet Access Fees	824.86	10,564.55	8,500.00	2,064.55
Advertising Expense	1,242.10	1,531.10	5,000.00	(3,468.90)
Educational Development	0.00	150.00	3,000.00	(2,850.00)
Meals & Entertainment	0.00	12.42	2,000.00	(1,987.58)
Travel Expense	620.20	3,424.54	6,000.00	(2,575.46)
ROS Budget	0.00	845.15	0.00	845.15
Contribution	0.00	845.24	5,000.00	(4,154.76)
<b>Total Operating Expenses</b>	<b>47,362.15</b>	<b>487,241.17</b>	<b>517,630.00</b>	<b>(30,388.83)</b>
<b>Net Income</b>	<b>\$ (46,810.41)</b>	<b>110,459.81</b>	<b>\$ 10,920.00</b>	<b>99,539.81</b>

Lake Champlain Access TV  
**Income Statement-Capital Expenditures**  
 For the Twelve Months Ending December 31, 2021

	Current Month Actual	Year to Date Actual	Year to Date Budget	Variance
<u>Revenues</u>				
Capital Revenue-Cable TV	\$ 0.00	59,012.59	\$ 0.00	59,012.59
Total Revenues	<u>0.00</u>	<u>59,012.59</u>	<u>0.00</u>	<u>59,012.59</u>
<u>Expenses</u>				
Equipment Maintenance & Repair	0.00	1,200.00	2,000.00	(800.00)
Technical Supplies	(37.12)	4,825.79	5,000.00	(174.21)
Vehicle Insurance	0.00	1,956.00	0.00	1,956.00
Vehicle Expenses	79.98	2,858.68	10,900.00	(8,041.32)
Vehicle Lease expense	597.39	5,520.05	0.00	5,520.05
Depreciation Expense	45,300.00	45,300.00	0.00	45,300.00
Field Production Equipment	11,758.69	15,767.75	17,660.00	(1,892.25)
System Upgrades	0.00	14,358.10	15,310.00	(951.90)
Website Upgrade	420.00	4,170.00	8,500.00	(4,330.00)
Total Expenses	<u>58,118.94</u>	<u>95,956.37</u>	<u>59,370.00</u>	<u>36,586.37</u>
Net Income	<u>\$ (58,118.94)</u>	<u>(36,943.78)</u>	<u>\$ (59,370.00)</u>	<u>22,426.22</u>

**LAKE CHAMPLAIN ACCESS TV  
CASH FLOW SUMMARY  
FISCAL YEAR 01/01/21-12/31/21**

	Operating Account	Capital Account	Total Cash
Beginning Balance Before BOD Transfer	923,516.57	(24,507.18)	899,009.39
BOD Authorized Transfer	0.00	0.00	0.00
Adjust Beginning Balance	923,516.57	(24,507.18)	899,009.39
Revenue-Current Year	597,700.98	59,012.59	656,713.57
Expenses less Accrued Expenses	487,241.17	95,956.37	583,197.54
Security deposit Paid	0.00	0.00	0.00
Depreciation (non cash)	0.00	45,300.00	45,300.00
A/R	47.65	0.00	47.65
Loan proceeds	0.00	0.00	0.00
Accrued Expenses paid/(unpaid)	(51.91)	0.00	(51.91)
<b>Ending Balance</b>	<b>1,034,075.94</b>	<b>(16,150.96)</b>	<b>1,017,924.98</b>
Net Change in Cash	110,559.37	8,356.22	118,915.59

**Summary of Cash Accounts:**

Money Market Account-NCFCU	10,489.28	(16,150.96)	(5,661.68)
Checking Account-NCFCU	873,858.07	0.00	873,858.07
Certificates of Deposit	107,669.39	0.00	107,669.39
Other Cash & Savings Accounts	42,059.20	0.00	42,059.20
<b>TOTAL</b>	<b>1,034,075.94</b>	<b>(16,150.96)</b>	<b>1,017,924.98</b>

**SUMMARY OF ASSETS AND FUND BALANCES  
FISCAL YEAR 01/01/21-12/31/21**

	Operating Account	Capital/Outreach Account	Total Operation
Cash	1,034,075.94	(16,150.96)	1,017,924.98
Net Property & Equipment	0.00	65,821.13	65,821.13
Current Assets	59.09	0.00	59.09
Bldg/Security Deposit	2,406.00	0.00	2,406.00
<b>Total Assets</b>	<b>1,036,541.03</b>	<b>49,670.17</b>	<b>1,086,211.20</b>
Current Liabilities	66.33	0.00	66.33
Fund Balance-Regular	916,102.61	(65,823.77)	850,278.84
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	110,459.81	(36,943.78)	73,516.03
<b>Total Liabilities &amp; Fund Balance</b>	<b>1,188,978.75</b>	<b>(102,767.55)</b>	<b>1,086,211.20</b>