Hennessey & Vallee, PLLC 125 N State Street Concord, NH 03301 603-225-0941

January 6, 2021

CONFIDENTIAL

CONCORD COMMUNITY TV 170 WARREN STREET CONCORD, NH 033017905

Dear:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them. Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation. If the foregoing fairly sets forth your understanding, please sign below in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter. We want to express our appreciation for this opportunity to work with you.

Very truly	yo	urs,	
Hennessey	&	Vallee,	PLLC

Accepted By:

Date:

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning 07/01/19 , and ending 06/30/20

02-0503677

CONCORD COMMUNITY TV

Net Asset / Fund Balance at Begi	nning of Year			517,738
Revenue				
Contributions		349,105		
Program service revenue		4,044		
Investment income		735		
Capital gain / loss		275		
Fundraising / Gaming:				
Cross revenue				
Direct expenses				
Net income				
Other income		0		
Total revenue			354,159	
Expenses				
Program services		249,642		
Management and general		77,318		
Fundraising		14,498		
Total expenses			341,458	
Excess / (deficit)				12,701
Changes				
Net Asset / Fund I	Balance at End of Year			530,439
Reconciliation of	Revenue		Reconciliation of	of Expenses
Reconciliation of otal revenue per financial statement) Total e	Reconciliation of expenses per financial stater	
				ments 385,658
otal revenue per financial statement	s 398,359	Less: Do		ments 385,658
otal revenue per financial statement ess:		Less:	expenses per financial stater	ments 385,658
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otal revenue per financial statement ess: Unrealized gains Donated services Recoveries Other llus: Investment expenses Other Total revenue per return	398,359 44,200 354,159 Beginning 531,417 13,679	Less: Do Pri Lo Otl Plus: Inv Otl Balance She Ending 542,	expenses per financial stater anated services or year adjustments asses her restment expenses her Total expenses per return eet Difference	385,658 44,200 341,458
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Form **8879-EC**

IRS *e-file* Signature Authorization for an Exempt Organization

01	2010 and anding	6/30 20	20

For calendar year 2019, or fiscal year beginning

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

u Do not send to the IRS. Keep for your records.

u Go to www.irs.gov/Form8879EO for the latest information. Employer identification number Name of exempt organization CONCORD COMMUNITY TV 02-0503677 Name and title of officer JOSH HARDY EXECUTIVE DIRECTOR Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2a Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here ▶__ 5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c) 5b _____ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only HENNESSEY & VALLEE, PLLC as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 02191903301 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. CHARLENE T. VALLEE, CPA Date } ERO's signature

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Form (Rev. January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) \boldsymbol{u} Do not enter social security numbers on this form as it may be made public. u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

<u>A</u>	For th	e 2019 d	calendar year, or tax year beginning $07/01/19$, and ending $06/30/20$		-							
В	Check if a	applicable:	C Name of organization		D Employe	er identification number						
Ш	Address of	change	CONCORD COMMUNITY TV									
П	Name cha	ange	Doing business as			503677						
\equiv		Ü	Number and street (or P.O. box if mail is not delivered to street address) 170 WARREN STREET Room/	/suite	E Telephone number 603-226-8872							
_	Initial retu Final retu		City or town, state or province, country, and ZIP or foreign postal code									
	terminated					254 15	_					
	Amended	return	CONCORD NH 033017905 F Name and address of principal officer:		G Gross red	ceipts \$ 354,15	_					
Ħ	Annlication	n pending		a) Is this a gr	oup return for	subordinates? Yes X	l٥					
ш	Арріісаціої	ii pending	JOSH HARDY	· · · · · · · · · · · · · · · · · · ·		.	No					
					bordinates inc	. (see instructions)	10					
			PEMBROKE NH 03275	II INO,	, allacii a iisi.	. (See Instructions)						
		mpt status:	X 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527									
J	Website				emption numb		_					
		organization:		formation:	.999	м State of legal domicile: N	<u>H</u>					
F	Part I		ummary				_					
	1 1		escribe the organization's mission or most significant activities:									
99		SEE	SCHEDULE O									
Jan												
Governance												
Ó			his box ${f u}$ if the organization discontinued its operations or disposed of more than 25% of	its net as	sets.	l						
⋖ŏ			of voting members of the governing body (Part VI, line 1a)			11	_					
Activities	4 1	Number	of independent voting members of the governing body (Part VI, line 1b)		4	11	_					
₹	5	Total nur	mber of individuals employed in calendar year 2019 (Part V, line 2a)		5	9	_					
Act			mber of volunteers (estimate if necessary)		6	0	_					
			related business revenue from Part VIII, column (C), line 12				0					
	l d	Net unre	lated business taxable income from Form 990-T, line 39				0					
	l .			Prior Ye		Current Year	_					
ē	8 (Contribut	tions and grants (Part VIII, line 1h)		1,021	349,10						
Revenue			service revenue (Part VIII, line 2g)		<u>5,567</u>							
Şe	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		3,555		_					
_	1		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,644		0					
			renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41	6 , 787	_	_					
	13 (Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)				0					
	14	Benefits	paid to or for members (Part IX, column (A), line 4)				0					
es	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	28	6 , 885		_					
Expenses	16a	Professio	other compensation, employee benefits (Part IX, column (A), lines 5–10) onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) u 14,498				0					
ă	1			10	0 256	100.06	_					
ш	'' \		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	ΤΟ.	2,376	108,268						
	1		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		9,261	341,458						
	19	Revenue	e less expenses. Subtract line 18 from line 12	nning of Cu	7,526	12,70 : End of Year	Ŧ					
ts ol	20 -	Total aca			1,417	542,85	<u> </u>					
Net Assets or	20	Total IIal	sets (Part X, line 16) bilities (Part X, line 26)		3,679	12,42						
let /	21		ets or fund balances. Subtract line 21 from line 20		7,738							
			gnature Block	<u> </u>	7,730	330,43.	_					
	Part II						-					
			perjury, I declare that I have examined this return, including accompanying schedules and statements, an complete. Declaration of preparer (other than officer) is based on all information of which preparer has any			nowledge and belief, it is						
_		T N		,	<u> </u>		_					
e:	· ·	- 5	Signature of officer		I Date		_					
Sig				ידת פ								
He	re	-	JOSH HARDY Type or print name and title EXECUTIVE Type or print name and title	E DI	RECTO	X.	_					
_		+	e preparer's name Preparer's signature	Date		X if PTIN	_					
Pai	d	1			Check	<u></u> "						
	parer		ENE T. VALLEE, CPA CHARLENE T. VALLEE, CPA		/21 self-en		_					
	Only	Firm's na	<u> </u>	F	Firm's EIN }	47-5012649	_					
Jot	City		125 N STATE STREET			603-33E 004	1					
		Firm's ad		F	Phone no.	603-225-094						
Ma	y tne IR	KS discus	ss this return with the preparer shown above? (see instructions)			X Yes No)					

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
	Briefly describe the organization's mission:	
	TO PROVIDE LOCAL RESIDENTS WITH ACCESS TO CREATE CONTENT FOR THE LOC	AL
C	CABLE TELEVISION LINES.	
	·	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	_
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	240 642 + + # - + + + + + + + + + + + + + + + +	
4a	a (Code:) (Expenses \$ 249,642 including grants of \$) (Revenue \$ TO PROVIDE RESIDENTS AND ORGANIZATIONS OF CONCORD WITH THE OPPORTUNI) ਾਪ
	FACILITIES, AND ACCESS TO CABLE TELEVISION FOR THE PURPOSE OF PRODUC	
	CABLECASTING PUBLIC INTEREST, CULTURAL, EDUCATIONAL, AND GOVERNMENT	TING WIND
	DDOCDAMS OVER THE LOCAL CARLE TELEVISION LINES	
-		
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	· · · · · · · · · · · · · · · · · · ·	
	o (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N	N/A	
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	Code:) (Expenses \$ including grants of \$) (Revenue \$)
1/	N/A	
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	*	
	*	
4d	1 Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program convice expenses 11 249 642	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	,		х
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		<u> </u>
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	 		
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vas." complete Schedule D. Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	144-	x	
h	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		
·	of its total accepts reproducing Dout V. line 4.00 lf IIVan II acceptate Calcadyla D. Dout VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1.0		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		х
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<u> </u>
13	for any favoring appropriate 2 If Was 2 complete Calcabilla E. Dante II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	L_	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	X

	Ondertier of Required Contanues (Contanues)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	22		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
2 4a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
	If "Yes," complete Schedule L, Part I	25b_		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes" complete Schedule I Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
34	NA AD ANTE	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	<u>33a</u>		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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			Щ
,	Estable and a second in Band of Estable 200 Estable 200 in the Control of the Con		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	x	

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 **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a 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 **u** 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 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Х b If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 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 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? а 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: 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 c Enter the amount of reserves on hand 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 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Form 990 (2019) CONCORD COMMUNITY TV 02-0503677 Page 6 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed **u NH** 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. |X| Own website | Another's website | X| Upon request | Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records ${f u}$

210A CARDIGAN DRIVE

NH 03275

JOSH HARDY PEMBROKE

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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	box	(C) Position (do not check more than box, unless person is bott officer and a director/trus		is both ar	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	nours for related organizations below dotted line)	hours for related organizations below round from the related organizations below round from the related organizations organizations below round from the related organizations organizat		Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations			
(1) JOSH HARDY	40.00									
EXECUTIVE DIRECTOR	40.00			x				57 , 885	0	0
(2) ROBERT ALTMAN	0.00			_				37,663	<u> </u>	0
(2) ROBERT TELLEM	1.00									
AT-LARGE	0.00	X						0	0	0
(3) STEVE AMBRA										
	1.00									
AT-LARGE	0.00	X						0	0	0
(4) JACK DUNN										
	1.00									
SCHOOL DISTRICT APP	0.00	Х						0	0	0
(5) MELISSA FISK	1.00									
AT-LARGE	0.00	x						0	0	0
(6) MICHELLE GILBER								<u> </u>	<u> </u>	0
(o) FIT CITEDED GILDERY	1.00									
AT-LARGE	0.00	x						0	0	0
(7) CHARLES RUSSELL										
.,	1.00									
AT-LARGE	0.00	X						0	0	0
(8) KELLY CUOMO WING										
	1.00									
AT-LARGE	0.00	X						0	0	0
(9) CLINT COGSWELL										
	2.00							•		
VICE CHAIR	0.00			X				0	0	0
(10) ALLWYNNE FINE	2.00									
TREASURER	0.00			x				0	0	0
(11) DAVID MURDO	0.00							<u> </u>		
(,===================================	2.00									
CHAIR	0.00			x				0	0	0

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for	Average hours per week (list any (do not box, u office)			erson i	than dis both or/trust	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and		on
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former			related	organiz	zations
(12	2) TONYA ROCHET	E 2.00 0.00			x				0	0			0
1b c d 2	Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (in	ets to Part VII, \$	Sect 	ion A	A			u u u bov	57,885 57,885 e) who received more than	\$100,000 of			
3	Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir ' complete Sched	ecto dule	r, tru <i>J foi</i>	r suc	h in	dividi	ıal .				3 Y	es No
4 5	For any individual listed on line organization and related organindividual Did any person listed on line	nizations greater	thar	า \$1: 	50,00	00? <i>I</i>	f "Ye	es," (complete Schedule J for su	ch		4	х
Sect	for services rendered to the o		'es,"	com	plete	Sc.	hedu	le J	for such person			5	X
1	Complete this table for your fir compensation from the organization	ve highest comp									ear		
		(A) business address	лпрс	71134	1011 1	OI ti	10 00			(B) tion of services	Jai.	Comp	(C) ensation
2	Total number of independent or received more than \$100,000								se listed above) who	0			

Form 990 (2019) CONCORD COMMUNITY TV 02-0503677 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) (D) Revenue excluded (B) Related or exempt Unrelated function revenue from tax under husiness revenue sections 512-514 Gifts, Grants nilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) 335,004 f All other contributions, gifts, grants, and similar amounts not included above 14,101 1g g Noncash contributions included in lines 1a-1f 349,105 h Total. Add lines 1a-1f. Business Code 3,518 3,518 CLASS AND WORKSHOP FEES Program Service Revenue TAPE/DVD DUBBING 526 526 f All other program service revenue 4,044 g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) 735 735 u Income from investment of tax-exempt bond proceeds u Royalties (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 275 other than inventory **b** Less: cost or other Other Revenue basis and sales exps. 7с 275 c Gain or (loss) 275 275 d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities u 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory u Business Code

u

u

354,159

4,319

735

0

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions ...

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).

Sect	ion 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a respor	-		olete column (A).	
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		САРОПОСО	goriorar experience	схропосо
•	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				
3	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,				
3	· · · · · · · · · · · · · · · · · · ·	57,885	38,783	15,629	3,473
6	trustees, and key employees Compensation not included above to disqualified	37,003	30,703	15,025	3,173
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		127,307	85,296	34,373	7,638
7	Other salaries and wages	141,301	03,230	37,313	1,030
8	Pension plan accruals and contributions (include	2,400	1,608	648	144
^	section 401(k) and 403(b) employer contributions)	30,982	20,758	8,365	1,859
9	Other employee benefits	14,616	9,793	3,946	877
10	Payroll taxes	17,010	9,133	3,340	011
11	Fees for services (nonemployees):				
a	Management		+		
b	Legal	6,250	1,250	5,000	
C	Accounting	6,250	1,250	3,000	
a	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
t	Investment management fees				
g	. •	1 750	353	1 406	
	(A) amount, list line 11g expenses on Schedule O.)	1,758	352	1,406	
12	Advertising and promotion	7,083	5,790	1,293 2,278	F07
13	Office expenses	8,436	5,651	2,2/8	507
14	Information technology				
15	Royalties				
16	Occupancy	0.200	0. 200		
17	Travel	2,380	2,380		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	500	500		
20	Interest				
21	Payments to affiliates	66.004	66.004		
22	Depreciation, depletion, and amortization	66,834	66,834	4 300	
23	Insurance	8,760	4,380	4,380	
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.)	2 -2-	2 = 2 =		
а	STUDIO AND WORKSHOP SUPPL	3,527	3,527		
b	REPAIRS AND MAINTENANCE	2,516	2,516		
С	VOLUNTEER AND STAFF	207	207		
d	OTHER	17	17		
е	All other expenses	245 456	0.40 5.40		7.4.465
25	·	341,458	249,642	77,318	14,498
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here u if				
DAA	following SOP 98-2 (ASC 958-720)				Form QQ0 (2010)

Form 990 (2019)

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 238,074 252,195 Cash—non-interest-bearing 1 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 84 84 Accounts receivable, net 4 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 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,030,066 10a b Less: accumulated depreciation 10b 739,486 293,259 290,580 10c Investments—publicly traded securities 11 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 15 531,417 542,859 Total assets. Add lines 1 through 15 (must equal line 33) 13,679 12,420 17 Accounts payable and accrued expenses _____ 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 13,679 12,420 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here u X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 517,238 529,939 27 500 500 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here u and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 517,738 530,439 32 531,417 542,859 Total liabilities and net assets/fund balances

Form **990** (2019)

Pa	art XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					L
1	Total revenue (must equal Part VIII, column (A), line 12)	1		354 ,		
2	Total expenses (must equal Part IX, column (A), line 25)	2		341 <i>,</i>		
3	Revenue less expenses. Subtract line 2 from line 1	3			701	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		517,	<u>738</u>	<u>3</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		530 ,	439	<u>)</u>
Pa	art XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	. L	
				Yes	No	,_
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	1	X	
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		21	X		
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?		20	: X		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?		38	1	X	_
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	<u></u>	3l	<u>. </u>		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public Inspection

Employer identification number Name of the organization CONCORD COMMUNITY TV 02-0503677 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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 X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 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). 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) Is the organization (i) Name of supported (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

(D)

(E)

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.)

Sec	tion A. Public Support				•		
Caler	dar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	318,563	375,805	369,908	391,021	349,105	1,804,402
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	44,200	44,200	44,200	44,200	44,200	221,000
4	Total. Add lines 1 through 3	362,763	420,005	414,108	435,221	393,305	2,025,402
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						2,025,402
	tion B. Total Support						
Caler	dar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	362,763	420,005	414,108	435,221	393,305	2,025,402
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	85	129	411	2,103	735	3,463
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.)	1,278	1,612	588	316	2,468	6,262
11	Total support. Add lines 7 through 10						2,035,127
12	Gross receipts from related activities, etc.						90,739
13	First five years. If the Form 990 is for the	•	second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	. \Box
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2019 (line 6	column (f) divided	by line 11, colum	າ (f))		14	99.52 %
15	Public support percentage from 2018 Sche	edule A, Part II, line	14				99.53%
16a	33 1/3% support test—2019. If the organ				33 1/3% or more, o	check this	٠
	box and stop here. The organization quali						► <u>X</u>
b	33 1/3% support test—2018. If the organ this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test—201						·······························
	10% or more, and if the organization mee Part VI how the organization meets the "fa	ts the "facts-and-ciracts-and-ciracts-and-circumstan	cumstances" test, ces" test. The org	check this box and anization qualifies	d stop here. Expla as a publicly supp	ain in oorted	
b	organization 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part VI how the organization multiported organization	If the organizationmeets the "facts-andets the "facts-and-	on did not check a nd-circumstances" circumstances" te	box on line 13, 16a test, check this bo st. The organization	a, 16b, or 17a, and ox and stop here. n qualifies as a pu	d line ublicly	
18	Private foundation. If the organization did instructions	I not check a box o	n line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and se	ee	. \Box

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.)

Sec	tion A. Public Support	quality under ti	ne tests listed t	below, please c	ompiete Fait i	1.)		
	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
1	Gifts, grants, contributions, and membership fees			(3)	(4)	(4)		
	received. (Do not include any "unusual grants.")						-+	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from							
Sec	tion B. Total Support							-
	ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
9	Amounts from line 6	(4) 2010	(3) 2010	(6) 2011	(4) 2010	(0) 201		(1) 1014
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	_						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the organization, check this box and stop here						•	
Sec	tion C. Computation of Public Su		itage					
15	Public support percentage for 2019 (line 8,			nn (f))			15	%
16	Public support percentage from 2018 Sche						16	<u>%</u>
	tion D. Computation of Investme							,,,
17	Investment income percentage for 2019 (li			3, column (f))			17	%
18	Investment income percentage from 2018		47				18	%
19a	33 1/3% support tests—2019. If the organ	nization did not ch						
	17 is not more than 33 1/3%, check this bo		=					▶ ⊔
b	33 1/3% support tests—2018. If the organ							. □
20	line 18 is not more than 33 1/3%, check thi		_			-		. \square
4 U	Private foundation. If the organization did	HOL CHECK & DOX	on mie 14, 19a, 0f	TOD, CHECK THS DO	on and see mishuc	นบเอ		

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? 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.
- 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)? 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	46:		
A (Fo	10b orm 99	0 or 990-	EZ) 2019
			•

<u>Par</u>	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sect	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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).	1		
Sect	on D. All Type III Supporting Organizations			
		$\overline{}$	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ions).		
_	Astivities Test American (s) and (h) heless	ſ	· ·	
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0:		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedu	le A (Form 990 or 990-EZ) 2019 CONCORD COMMUNITY TV		02-05036	677 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	<u>aniza</u>	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	ı. 20, 1	1970 (explain in Part VI). S	ee
	instructions. All other Type III non-functionally integrated supporting organizations must	comp	lete Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated 7	 Гуре II	Il supporting organization (s	see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1_	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
	From 2015			
	From 2016			
d	From 2017			
	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Part VI Supplemental Information. Provide III, line 12; Part IV, Section A, lines 1, B, lines 1 and 2; Part IV, Section C, li 3a, and 3b; Part V, line 1; Part V, Sec lines 2, 5, and 6. Also complete this p	2, 3b, 3c, 4b, 4c, 5a ne 1; Part IV, Section ction B, line 1e; Part	a, 6, 9a, 9b, 9c, 11a, 1 n D, lines 2 and 3; Pa V, Section D, lines 5,	1b, and 11c; Part IV, S rt IV, Section E, lines 1c 6, and 8; and Part V, Se	ection c, 2a, 2b,
PART II, LINE 10 - OTHER INCO	ME DETAIL			
OTHER	\$	5,062		
TAPE AND DVD DUBBING	\$	0		
HEALTHCARE TAX CREDIT	\$	1,200		

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF. u Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the organization

Employer identification number

CONCORD COMMU	UNITY TV	02-0503677					
Organization type (check of	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a privat	e foundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private for	undation					
	501(c)(3) taxable private foundation						
, ,	s covered by the General Rule or a Special Rule . 1(7), (8), or (10) organization can check boxes for both the General Rule	le and a Special Rule. See					
General Rule							
	filing Form 990, 990-EZ, or 990-PF that received, during the year, coor property) from any one contributor. Complete Parts I and II. See insontributions.						
Special Rules							
regulations under se	described in section 501(c)(3) filing Form 990 or 990-EZ that met the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form d that received from any one contributor, during the year, total contribut f the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	n 990 or 990-EZ), Part II, line utions of the greater of (1)					
contributor, during the literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
contributor, during the contributions totaled during the year for a	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the year, contributions <i>exclusively</i> for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contribution <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the second this organization because it received <i>nonexclusively</i> religious, charitable, etc., purpose.	utions that were received of the parts unless the naritable, etc., contributions					
990-EZ, or 990-PF), but it m	nat isn't covered by the General Rule and/or the Special Rules doesn't nust answer "No" on Part IV, line 2, of its Form 990; or check the box of to certify that it doesn't meet the filing requirements of Schedule B (Fo	on line H of its Form 990-EZ or on its					

Name of organization

CONCORD COMMUNITY TV

Employer identification number

02-0503677

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
.1	COMMUNITY BRIDGES GRANT 2 WHITNEY ROAD CONCORD NH 03301	\$ 11,204	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No. 2	Name, address, and ZIP + 4 CITY OF CONCORD 41 GREEN STREET CONCORD NH 03301	Fotal contributions \$ 52,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3	CITY OF CONCORD 41 GREEN STREET CONCORD NH 03301	\$ 261,300	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
4	TUFTS HEALTH PLAN FOUNDATION 705 MT. AUBURN ST. WATERTOWN MA 02472-1508	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution					
	Name, audiess, and Air +	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements u 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. u Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number CONCORD COMMUNITY TV 02-0503677 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 4 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? 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. 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. b 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 u \$ (ii) Assets included in Form 990, Part X u \$ 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 Assets included in Form 990, Part X

Pa	art III Organizations Maintaining	Collections of	Art, Historical 7	Treasures, c	or Other Simi	lar As	sets (continu	ied)	J
3	Using the organization's acquisition, accession	on, and other records	s, check any of the fo	ollowing that ma	ake significant us	e of its				
	collection items (check all that apply):									
а	Public exhibition		Loan or exchange pr							
b	—	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further the	e organization's	exempt purpose	in Part				
	XIII.									
5	During the year, did the organization solicit of							П.,		١
D-	assets to be sold to raise funds rather than t		part of the organization	on's collection?				Yes	<u> </u>	No
Pa	Int IV Escrow and Custodial Ar	_	on Form 000 D	ort IV/ line O	or reported	n om	ount on	Form		
	Complete if the organization 990, Part X, line 21.	answered res	on Form 990, P	art iv, line 9	, or reported a	an am	bunt on	FOIIII		
12	Is the organization an agent, trustee, custod	ion or other intermed	lian, for contributions	or other ecoet	not.					
ıa	•		•					Yes	. $ egin{array}{c} \end{array}$	No
h	included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete the fe						re:	` ∟	NO
D	ii res, explain the analigement in Fart Alli	and complete the ic	mowing table.					Amount		
_	Reginning halance					1c		unount		
4	Beginning balance									
u	Additions during the year					1e				_
f	Distributions during the year									
	Ending balance Did the organization include an amount on F	orm 000 Part Y line		ustodial accoun	t liability?	$\overline{}$		Yes		No
	If "Yes," explain the arrangement in Part XIII.								_	110
	art V Endowment Funds.	CHOOK HOTO II LIIO O	Apianation nad boon	provided on ra						
	Complete if the organization	answered "Yes"	on Form 990. P	art IV. line 1	0.					
		(a) Current year	(b) Prior year	(c) Two year		ree years	back	(e) Four	years b	ack
1a	Beginning of year balance	, ,	, , ,	,,,,	,,,			.,,		
	Contributions									
	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a))) held as:	•					
а	Board designated or quasi-endowment u	•	(),	,,						
	Permanent endowment u %									
	Term endowment u %									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held an	d administered	for the			_		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on Schedule R?					3b		
4	Describe in Part XIII the intended uses of th									
Pa	rt VI Land, Buildings, and Equ	ipment.								
	Complete if the organization	answered "Yes"	on Form 990, P	art IV, line 1	1a. See Form	990,	Part X,	line 10).	
	Description of property	(a) Cost or other I	basis (b) Cost o	r other basis	(c) Accumulate	ed	((d) Book v	alue	
		(investment)	(01	ther)	depreciation					
1a	Land									
b	Buildings									
С	Leasehold improvements			127,968		, 431	_		6,5	
	Equipment			902,098	688	<u>,055</u>	,	21	4,0	<u> </u>
е	Other									
Total	I. Add lines 1a through 1e. (Column (d) must	egual Form 990 Par	t X. column (B). line	10c.)		11	ı I	29	0.5	580

	1 9		7 1 10. 000 1 01111 000, 1	art X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-year	r market value
Financial				
O41	eld equity interests			
(Λ)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
. (H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	u		
Part VIII	Investments – Program Related. Complete if the organization answered "Yes"	on Form 000 Part IV line	110 Soo Form 000 D	ort V lino 12
	(a) Description of investment	(b) Book value	(c) Method of	
	(a) Description of investment	(b) book value	Cost or end-of-year	
)				
<u>, </u>				
3)				
I)				
5)				
5)				
<u>') </u>				
3)				
9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	u		
Part IX	Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soo Form 900 P	art Y line 15
	(a) Description		7 114. 000 1 01111 330, 11	(b) Book value
l)	() ···· [··			(.,
2)				
3)				
3) 1)				
3) 4) 5)				
3) 4) 5) 6)		_		
3) 4) 5) 6)				
3) 4) 5) 6) 7) 3)				
3) 4) 5) 6) 7) 8) 9)	, , , , , , , , , , , , , , , , , , , ,		u	
2) 3) 4) 5) 6) 7) 8) 9) btal. (Column	Other Liabilities.			000 Dort V
3) 4) 5) 6) 7) 8) 9)	Other Liabilities. Complete if the organization answered "Yes"			990, Part X,
3) 4) 5) 6) 7) 3) 9)	Other Liabilities. Complete if the organization answered "Yes" line 25.			
8) 1) 5) 7) 8) 9) tal. (Column	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability			990, Part X, (b) Book value
3) 1) 5) 7) 8) 1) tal. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" line 25.			
s) s) s) s) s) s) s) tal. (Column Part X s) Federal	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability			
8) 8) 8) 8) 8) 8) 8) 9) 8) 9) tal. (Column Part X) Federal 2) 8)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability			
8) 1) 5) 5) 7) 8) 1) tal. (Column Part X 1) Federal 2) 8)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability			
3) 4) 5) 6) 7) 3) 9) tal. (Column Part X 1) Federal 2) 3) 4)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability			
3) 4) 5) 6) 7) 3) 9) stal. (Column Part X 1) Federal 2) 3) 4) 5)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability			
3) 41) 55) 66) 77) 33) 90) 41. (Column Part X 1) Federal 22) 33) 44) 55) 66)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability			
3) 4) 5) 6) 7) 8) 9) htal. (Column	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability			

Pa	Int XI Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form		•		
1	Total revenue, gains, and other support per audited financial statements	1 330, 1 ait 17, iiie	12a.	1	398,359
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	370,337
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	44,200		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	44,200
3	Subtract line 2e from line 1			3	354,159
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1.			5	354,159
Pa	rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form			leturn.	
1	Total expenses and losses per audited financial statements			1	385,658
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	44,200		
b	Prior year adjustments				
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	44,200
3	Subtract line 2e from line 1			3	341,458
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	241 450
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line			4c 5	341,458
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.	18.)		5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458
5 Pa Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and	2b; Part V, line 4; Pa	5	341,458

Schedule D (Fo	orm 990) 2019	CONCORD	COMMUNITY	TV	02-0503677	Page 5
Part XIII	Supplement	al Information	on (continued)			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

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

CONCORD COMMUNITY TV 02-0503677 FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES TO PROVIDE LOCAL RESIDENTS AND ORGANIZATIONS OF CONCORD WITH THE OPPORTUNITY, FACILITIES, AND ACCESS TO CABLE TELEVISION FOR THE PURPOSE OF PRODUCING AND CABLECASTING PUBLIC INTEREST, CULTURAL, EDUCATIONAL, AND GOVERNMENT PROGRAMS OVER THE LOCAL CABLE TELEVISION LINES. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A DRAFT COPY OF THE FORM 990 IS PROVIDED ELECTRONICALLY TO ALL BOARD MEMBERS FOR THEIR REVIEW AND APPROVAL BEFORE THE FORM IS FILED WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD CONDUCTS AN ANNUAL PERFORMANCE EVALUATION OF THE EXECUTIVE DIRECTOR AND MAKES SALARY ADJUSTMENTS ACCORDINGLY. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL DOCUMENTS, POLICIES AND STATEMENTS ARE PROVIDED UPON REQUEST.

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

Identifying number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

u Go to $\textit{www.irs.gov/Form4562}\$ for instructions and the latest information.

OMB No. 1545-0172

	CONCOR	D COMMUNITY	TV			02-	050	3677
	ess or activity to which this form relate							
	NDIRECT DEPRECIAT		orty Under Se	otion 170				
Га	Note: If you have				omnlete Part	1		
1	Maximum amount (see instructio	na)	y, complete i art		•		1	1,020,000
2	Total cost of section 179 property		2					
3	Threshold cost of section 179 pro		3	2,550,000				
4	Reduction in limitation. Subtract li		4	, ,				
5	Dollar limitation for tax year. Subtract li	ine 4 from line 1. If zero	or less, enter -0 If ma	rried filing separately,	see instructions		5	
6	(a) Description	Elected cost						
7	Listed property. Enter the amoun	t from line 29			7			
8	Total elected cost of section 179	property. Add amount	s in column (c), line	es 6 and 7			8	
9	Tentative deduction. Enter the sr		0				9	
10	Carryover of disallowed deduction	from line 13 of your	2018 Form 4562				10	
11	Business income limitation. Enter	the smaller of busine	ss income (not less	than zero) or line	5. See instruction	ns	11	
12	Section 179 expense deduction.	Add lines 9 and 10, but	ut don't enter more	than line 11			12	
13	Carryover of disallowed deduction	n to 2020. Add lines 9	and 10, less line 12	2 ▶	13			
Note	: Don't use Part II or Part III below	for listed property. In	stead, use Part V.					
_Pa	rt II Special Depreciat					d proper	ty. Se	e instructions.)
14	Special depreciation allowance for	or qualified property (o	ther than listed prop	perty) placed in ser	vice			
	during the tax year. See instruction						14	
15	Property subject to section 168(f))(1) election					15	
<u>16</u>	Other depreciation (including AC	RS)					16	66,837
Pa	rt III MACRS Deprecia	tion (Don't includ			ons.)			
	MACCO 1 1 11 11 11 11 11 11 11 11 11 11 11 1		Section				1 4-	0
17	MACRS deductions for assets pla						17	U
18	If you are electing to group any assets place	Assets Placed in Sei				u	vetem	
	Occilon B—	(b) Month and year	(c) Basis for depreci	:-4:	C General Depi		узст	
	(a) Classification of property	placed in service	(business/investment only-see instructio	use (d) Recovery	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property	Scrvice	orny occ mondone	110)				
b	5-year property							
	7-year property							
d	10-year property							
	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
	Residential rental			27.5 yrs.	ММ	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
•	property				MM	S/L		
	Section C—A	ssets Placed in Serv	ice During 2019 Ta	ax Year Using the	I			m
20a	Class life				<u> </u>	S/L	_	
b	12-year			12 yrs.		S/L		
С	30-year 30 yrs. MM S/							
d	40-year			40 yrs.	ММ	S/L		
	rt IV Summary (See in	structions.)		1 . , , .	•			
21	Listed property. Enter amount fro	,					21	
22	Total. Add amounts from line 12,		ines 19 and 20 in c	column (g), and line	21. Enter			
	here and on the appropriate lines				ictions		22	66,837
23	For assets shown above and place							
	portion of the basis attributable to				23			- AECO (22.42)

C03677V CONCORD COMMUNITY_TV

02-0503677 FYE: 6/30/2020

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Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	T							
Other 1	<u>Depreciation:</u> EQUIPMENT	6/30/05	10,876		10,876	5 MO S/L	10,876	0
2	AIR CONDITIONERS	7/28/08	895		895	5 MO S/L	895	0
3	FULLY DEPRECIATED TV EQUIPMENT TV PRODUCTION EQUIPMENT	6/30/04 12/31/07	167,533 125,546		167,533 125,546	5 MO S/L 7 MO S/L	167,533 125,546	$\begin{array}{c} 0 \\ 0 \end{array}$
5	TV PRODUCTION EQUIPMENT	12/31/08	2,983		2,983	5 MO S/L	2,983	0
6 7	TV PRODUCTION EQUIPMENT tv PRODUCTION EQUIPMENT	12/31/08 12/31/10	33,267 39,875		33,267 39,875	7 MO S/L 5 MO S/L	33,267 39,875	0
	tv PRODUCTION EQUIPMENT	12/31/10	39,873 979		979	3 MO S/L 3 MO S/L	39,873 979	0
9	FULLY DEPRECIATED OFFICE EQUIPM	11/06/02	1,975		1,975	5 MO S/L	1,975	0
10 11	HARDDRIVE COMPUTER	9/20/08 4/20/10	278 9,208		278 9,208	5 MO S/L 3 MO S/L	278 9,208	$\begin{array}{c} 0 \\ 0 \end{array}$
12	FURNITURE	6/05/03	479		479	5 MO S/L	479	0
13	FURNITURE LEASEHOLD IMPROVEMENTS	12/01/07 5/22/07	2,989 94,155		2,989 94,155	5 MO S/L 39 MO S/L	2,989 24,720	0 2,414
15	LEASEHOLD IMPROVEMENTS	8/24/09	3,000		3,000		2,646	300
	LASER PRINTER	1/13/11	380		380	5 MO S/L	380	0
17 18	PRINTER IMAC	3/15/11 6/30/11	100 1,166		100 1,166	5 MO S/L 5 MO S/L	100 1,166	$\begin{array}{c} 0 \\ 0 \end{array}$
19	SIGULAR SOFTWARE	3/30/11	149		149	3 MO S/L	149	0
20 21	FINAL CUT PRO X DROID TABLET	6/30/11 4/03/12	300 549		300 549	3 MO S/L 3 MO S/L	300 549	$\begin{array}{c} 0 \\ 0 \end{array}$
22	STORAGE FILES	3/14/12	545		545	5 MO S/L	545	ő
23 24	ADOBE CARPET	3/14/12 6/05/12	5,233 1,020		5,233 1,020	3 MO S/L 5 MO S/L	5,233 1,020	$\begin{array}{c} 0 \\ 0 \end{array}$
25	tv PRODUCTION EQUIPMENT	12/31/12	3,204		3,204	5 MO S/L	3,204	0
26	COMPUTER chs	10/03/12	480		480	5 MO S/L	480	0
27 28	PRINTER GO PRO CAMERA	4/13/13 6/21/13	170 535		170 535	5 MO S/L 5 MO S/L	170 535	$\begin{array}{c} 0 \\ 0 \end{array}$
29	DESK	3/05/13	369		369	5 MO S/L	369	0
30 31	TABLES LOCKING FILE	3/05/13 4/03/13	196 199		196 199	5 MO S/L 5 MO S/L	196 199	$\begin{array}{c} 0 \\ 0 \end{array}$
32	LEASEHOLD IMPROVEMENTS	6/30/13	17,068		17,068	40 MO S/L	2,560	427
33 34	MONITOR APPLE COMPUTER - 1	6/30/13 6/30/13	689 2,936		689 2,936	5 MO S/L 5 MO S/L	689 2,936	$\begin{array}{c} 0 \\ 0 \end{array}$
35	APPLE COMPUTER - 2	6/30/13	1,749		1,749	5 MO S/L	1,749	0
36 37	COMPUTER ACCESSORIES FURNITURE AND FIXTURES	6/30/13 6/30/13	249 1,640		249 1,640	5 MO S/L 7 MO S/L	249 1,406	0 234
38	PRINTER - E.D.	10/03/12	1,040		182	5 MO S/L	1,400	0
39	SERVER STUDIO A	6/21/13	1,548		1,548	5 MO S/L	1,548	0
40 41	TV PRODUCTION EQUIPMENT OFFICE EQUIPMENT	8/05/13 3/14/14	45,430 825		45,430 825	5 MO S/L 5 MO S/L	45,430 825	$\begin{array}{c} 0 \\ 0 \end{array}$
42	COMPUTER	6/02/14	1,547		1,547	5 MO S/L	1,547	0
43 44	FURNITURE AND FIXTURES - UNISET FURNITURE AND FIXTURES	8/13/13 9/10/13	8,900 495		8,900 495	7 MO S/L 7 MO S/L	7,523 412	1,271 71
	LEASEHOLD IMPROVEMENTS	7/23/13	3,750		3,750	40 MO S/L	555	93
46 47	security camera tv PRODUCTION EQUIPMENT	5/12/14 12/31/11	550 6,147		550 6,147	5 MO S/L 5 MO S/L	550 6,147	$\begin{array}{c} 0 \\ 0 \end{array}$
48	computer editing equipment	4/14/15	1,701		1,701	5 MO S/L	1,446	255
49 50	LIVESTREAM BROADCASTER DVD DUPLICATOR	4/17/15 1/07/15	508 558		508 558	5 MO S/L 5 MO S/L	423 502	85 56
51	OFFICE EQUIPMENT	6/30/15	6,615		6,615	5 MO S/L 5 MO S/L	5,292	1,323
	TV PRODUCTION EQUIPMENT	7/10/15	126,434		126,434	5 MO S/L	101,147	25,287
	TV PRODUCTION EQUIPMENT EPSOM PRINTER	8/30/16 10/05/16	59,500 280		59,500 280	5 MO S/L 5 MO S/L	36,413 154	11,900 56
56	COMPUTER	4/05/17	1,798		1,798	5 MO S/L	809	360
57 58	2 CASH REGISTERS MONITOR	5/03/17 6/05/17	200 250		200 250	5 MO S/L 5 MO S/L	87 104	40 50
59	TRIPOD	6/05/17	200		200	5 MO S/L	83	40
60 61	Signs Chairs for Studio	4/28/17 9/06/17	1,077 632		1,077 632	10 MO S/L 5 MO S/L	233 232	108 126
62	48" Desk	9/07/17	469		469	5 MO S/L	172	94
	Vacuum Flooring	10/06/17 9/28/17	200 2,950		200 2,950	5 MO S/L 40 MO S/L	70 129	40 74
64 65	2 Outdoor Signs	9/28/17 10/15/17	1,245		1,245	10 MO S/L	218	124
66	Lighting	5/30/18	5,800		5,800	40 MO S/L	157	145
67 68	Flat Screen Mount Shotgun Microphone	9/06/17 10/06/17	130 275		130 275	5 MO S/L 5 MO S/L	48 96	26 55
69	Small Drone	11/28/17	199		199	5 MO S/L	63	40

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		Date		Bus Sec	Basis				
<u>Asset</u>	Description	_ In Service	Cost	<u>%</u> 179 Bon	us for Depr	Per	Conv Meth	Prior	Current
70	Lavalier Microphones	12/20/17	258		258	5	MO S/L	77	52
71	Equipment for Podcast Suite	1/19/18	802		802	5	MO S/L	227	161
72	Mac Book (Refurbished)	2/09/18	849		849	5	MO S/L	241	169
73	AV Access for Podcast Suite	3/05/18	1,887		1,887	5	MO S/L	503	378
74	Studio Lighting	4/03/18	86,777		86,777	40	MO S/L	3,402	2,170
75	TV Monitors for Training	4/09/18	526		526		MO S/L	132	105
76	B/H Microphones	4/30/18	799		799	5	MO S/L	186	160
77	Camera Gear for Sports	4/30/18	774		774	5	MO S/L	181	154
78	Mount for Monitor for Training	4/30/18	100		100	5	MO S/L	23	20
79	Speaker & Desktop Microphone	3/17/18	317		317	5	MO S/L	79	64
80	macbook	8/07/18	5,774		5,774	5	MO S/L	1,059	1,154
81	external harddrive	10/31/18	3,378		3,378	5	MO S/L	450	676
82	Access A/V, LLC	11/19/18	24,637		24,637	5	MO S/L	2,874	4,928
83	web hosting	11/30/18	275		275	5	MO S/L	32	55
84	camera equipment	2/01/19	21,399		21,399		MO S/L	1,783	4,280
85	SDI cables	3/04/19	495		495	5	MO S/L	33	99
86	BH Equipment	4/05/19	1,191		1,191		MO S/L	60	238
87	SDI cable	6/20/19	218		218	5	MO S/L	0	44
88	staples desk	10/31/18	150		150	5	MO S/L	20	30
89	Air conditioner	8/07/18	479		479		MO S/L	88	96
90 91	Printer	12/01/18 12/01/18	200		200		MO S/L MO S/L	23 148	40 254
91	computer TV PRODUCTION EQUIPMENT	1/01/20	1,268 64,155		1,268 64,155		MO S/L MO S/L	0	6,416
92	7	1/01/20				5	MO 5/L		
	Total Other Depreciation	_	1,030,067		1,030,067			672,651	66,837
	Total ACRS and Other Depr	reciation	1,030,067		1,030,067			672,651	66,837
	1	=							
	Constant		1 020 07		1 020 077			(72 (51	66.927
	Grand Totals	of a wa	1,030,067 0		1,030,067 0			672,651 0	66,837
	Less: Dispositions and Trans Less: Start-up/Org Expense	siers	0		0			0	$\begin{array}{c} 0 \\ 0 \end{array}$
		-	0						
	Net Grand Totals	=	1,030,067		1,030,067			672,651	66,837

C03677V CONCORD COMMUNITY TV

NH Asset Report Form 990, Page 1

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Asset	Description	Date In Service	Cost	Basis for Depr	NH Prior	NH Current	Federal Current	Difference Fed - NH
Other	Depreciation: EQUIPMENT	6/30/05	10,876	10,876	10,876	0	0	0
2	AIR CONDITIONERS	7/28/08	895	895	895	ő	0	ő
3	FULLY DEPRECIATED TV EQUIPMENT		167,533	167,533	167,533	0	0	0
4 5		12/31/07 12/31/08	125,546 2,983	125,546 2,983	125,546 2,983	0	0	0
6	TV PRODUCTION EQUIPMENT	12/31/08	33,267	33,267	33,267	0	0	ő
7	tv PRODUCTION EQUIPMENT	12/31/10	39,875	39,875	39,875	0	0	0
8	ty PRODUCTION EQUIPMENT	12/31/12	979	979 1 075	979	0	0	0
9 10	FULLY DEPRECIATED OFFICE EQUIPM HARDDRIVE	9/20/08	1,975 278	1,975 278	1,975 278	0	0	0
11	COMPUTER	4/20/10	9,208	9,208	9,208	ő	ő	Ö
12	FURNITURE	6/05/03	479	479	479	0	0	0
13 14	FURNITURE LEASEHOLD IMPROVEMENTS	12/01/07 5/22/07	2,989 94,155	2,989 94,155	2,989 29,172	0 2,414	0 2,414	0
	LEASEHOLD IMPROVEMENTS	8/24/09	3,000	3,000	2,950	50	300	250
16	LASER PRINTER	1/13/11	380	380	380	0	0	0
17	PRINTER	3/15/11 6/30/11	100	100	100	0	0	0
18 19	IMAC SIGULAR SOFTWARE	3/30/11	1,166 149	1,166 149	1,166 149	0	0	0
20	FINAL CUT PRO X	6/30/11	300	300	300	ő	ő	Ö
21	DROID TABLET	4/03/12	549	549	549	0	0	0
22 23	STORAGE FILES ADOBE	3/14/12 3/14/12	545 5,233	545 5,233	545 5,233	0	0	0
23	CARPET	6/05/12	1,020	1,020	1,020	0	0	0
25		12/31/12	3,204	3,204	3,204	0	0	0
26		10/03/12	480	480	480	0	0	0
27 28	PRINTER GO PRO CAMERA	4/13/13 6/21/13	170 535	170 535	170 535	0	$0 \\ 0$	$0 \\ 0$
29	DESK	3/05/13	369	369	369	ő	0	Ö
30	TABLES	3/05/13	196	196	196	0	0	0
31 32	LOCKING FILE LEASEHOLD IMPROVEMENTS	4/03/13 6/30/13	199 17,068	199 17,068	199 2,560	0 427	0 427	$0 \\ 0$
33	MONITOR	6/30/13	689	689	2,360 689	0	0	0
34	APPLE COMPUTER - 1	6/30/13	2,936	2,936	2,936	ő	0	Ö
35	APPLE COMPUTER - 2	6/30/13	1,749	1,749	1,749	0	0	0
36 37	COMPUTER ACCESSORIES FURNITURE AND FIXTURES	6/30/13 6/30/13	249 1,640	249 1,640	249 1,406	0 234	0 234	0
38		10/03/12	182	182	182	0	0	ő
39	SERVER STUDIO A	6/21/13	1,548	1,548	1,548	0	0	0
40 41	TV PRODUCTION EQUIPMENT OFFICE EQUIPMENT	8/05/13 3/14/14	45,430 825	45,430 825	45,430 825	0	0	0
42	COMPUTER	6/02/14	1,547	1,547	1,547	0	0	0
43	FURNITURE AND FIXTURES - UNISET	8/13/13	8,900	8,900	7,523	1,271	1,271	0
	FURNITURE AND FIXTURES	9/10/13	495	495	412	71	71	0
45 46	LEASEHOLD IMPROVEMENTS security camera	7/23/13 5/12/14	3,750 550	3,750 550	555 550	93 0	93 0	$0 \\ 0$
47	tv PRODUCTION EQUIPMENT	12/31/11	6,147	6,147	6,147	ő	0	Ö
48	computer editing equipment	4/14/15	1,701	1,701	1,446	255	255	0
49 50	LIVESTREAM BROADCASTER DVD DUPLICATOR	4/17/15 1/07/15	508 558	508 558	423 502	85 56	85 56	$0 \\ 0$
51	OFFICE EQUIPMENT	6/30/15	6,615	6,615	5,292	1,323	1,323	0
52	TV PRODUCTION EQUIPMENT	7/10/15	126,434	126,434	101,147	25,287	25,287	0
	TV PRODUCTION EQUIPMENT	8/30/16	59,500	59,500	36,413	11,900	11,900	0
55 56	EPSOM PRINTER COMPUTER	10/05/16 4/05/17	280 1,798	280 1,798	154 809	56 360	56 360	0
57	2 CASH REGISTERS	5/03/17	200	200	87	40	40	Ö
58	MONITOR	6/05/17	250	250	104	50	50	0
59 60	TRIPOD Signs	6/05/17 4/28/17	200 1,077	200 1,077	83 233	40 108	40 108	0
61	Chairs for Studio	9/06/17	632	632	233	126	126	0
62	48" Desk	9/07/17	469	469	172	94	94	0
63	Vacuum	10/06/17	200	200	70	40	40	0
64 65	Flooring 2 Outdoor Signs	9/28/17 10/15/17	2,950 1,245	2,950 1,245	129 218	74 124	74 124	$0 \\ 0$
66	Lighting	5/30/18	5,800	5,800	157	145	145	0
67	Flat Screen Mount	9/06/17	130	130	48	26	26	0
68 69		10/06/17 11/28/17	275 199	275 199	96 63	55 40	55 40	0
	División División de la constante de la consta	11/20/11	1//	1//	03		-10	O .
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Asset	Description	Date In Service	Cost	Basis for Depr	NH Prior	NH Current	Federal Current	Difference Fed - NH
70	Lavalier Microphones	12/20/17	258	258	77	52	52	0
71	Equipment for Podcast Suite	1/19/18	802	802	227	161	161	0
72	Mac Book (Refurbished)	2/09/18	849	849	241	169	169	0
73	AV Access for Podcast Suite	3/05/18	1,887	1,887	503	378	378	0
74	Studio Lighting	4/03/18	86,777	86,777	2,712	2,169	2,170	1
75	TV Monitors for Training	4/09/18	526	526	132	105	105	0
76	B/H Microphones	4/30/18	799	799	186	160	160	0
77	Camera Gear for Sports	4/30/18	774	774	181	154	154	0
78	Mount for Monitor for Training	4/30/18	100	100	23	20	20	0
79	Speaker & Desktop Microphone	3/17/18	317	317	79	64	64	0
80	macbook	8/07/18	5,774	5,774	1,059	1,154	1,154	0
81	external harddrive	10/31/18	3,378	3,378	450	676	676	0
82	Access A/V, LLC	11/19/18	24,637	24,637	2,874	4,928	4,928	0
83	web hosting	11/30/18	275	275	32	55	55	0
84	camera equipment	2/01/19	21,399	21,399	1,783	4,280	4,280	0
85	SDI cables	3/04/19	495	495	33	99	99	0
86	BH Equipment	4/05/19	1,191	1,191	60	238	238	0
87	SDI cable	6/20/19	218	218	0	44	44	0
88	staples desk	10/31/18	150	150	20	30	30	0
89	Air conditioner	8/07/18	479	479	88	96	96	0
90	Printer	12/01/18	200	200	23	40	40	0
91	computer	12/01/18	1,268	1,268	148	254	254	0
92	TV PRODUCTION EQUIPMENT	1/01/20	64,155	64,155	0	6,416	6,416	0
	Total Other Depreciation	-	1,030,067	1,030,067	676,717	66,586	66,837	251
	TALLACING LOAL D	••	1 020 077	1 020 067	676 717	66.506	66 B27	251
	Total ACRS and Other Depr	eciation	1,030,067	1,030,067	676,717	66,586	66,837	251
	Grand Totals		1,030,067	1,030,067	676,717	66,586	66,837	251
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		Ö	Ö	ő	ő	Ö	ő
	Net Grand Totals	-	1,030,067	1,030,067	676,717	66,586	66,837	251
		:						

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FYE: 6/30/2020

AMT Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
04	D							
Other 1	<u>Depreciation:</u> EQUIPMENT	6/30/05	10,876		10,876	5 MO S/L	10,876	0
2	AIR CONDITIONERS	7/28/08	895		895	5 MO S/L	895	0
3	FULLY DEPRECIATED TV EQUIPMENT TV PRODUCTION EQUIPMENT	6/30/04 12/31/07	167,533 125,546		167,533 125,546	5 MO S/L 7 MO S/L	167,533 125,546	$\begin{array}{c} 0 \\ 0 \end{array}$
5	TV PRODUCTION EQUIPMENT	12/31/07	2,983		2,983	5 MO S/L	2,983	0
6	TV PRODUCTION EQUIPMENT	12/31/08	33,267		33,267	7 MO S/L	33,267	0
7 8	tv PRODUCTION EQUIPMENT tv PRODUCTION EQUIPMENT	12/31/10 12/31/12	39,875 979		39,875 979	5 MO S/L 3 MO S/L	39,875 979	$\begin{array}{c} 0 \\ 0 \end{array}$
9	FULLY DEPRECIATED OFFICE EQUIPM	11/06/02	1,975		1,975	5 MO S/L	1,975	0
10	HARDDRIVE	9/20/08	278		278	5 MO S/L	278	0
11 12	COMPUTER FURNITURE	4/20/10 6/05/03	9,208 479		9,208 479	3 MO S/L 5 MO S/L	9,208 479	$\begin{array}{c} 0 \\ 0 \end{array}$
	FURNITURE	12/01/07	2,989		2,989	5 MO S/L	2,989	ő
14	LEASEHOLD IMPROVEMENTS	5/22/07	94,155		94,155	39 MO S/L	24,720	2,414
15 16	LEASEHOLD IMPROVEMENTS LASER PRINTER	8/24/09 1/13/11	3,000 380		3,000 380	10 MO S/L 5 MO S/L	2,646 380	300
17	PRINTER	3/15/11	100		100	5 MO S/L	100	0
18 19	IMAC SIGULAR SOFTWARE	6/30/11 3/30/11	1,166 149		1,166 149	5 MO S/L 3 MO S/L	1,166 149	$\begin{array}{c} 0 \\ 0 \end{array}$
20	FINAL CUT PRO X	6/30/11	300		300	3 MO S/L 3 MO S/L	300	0
21	DROID TABLET	4/03/12	549		549	3 MO S/L	549	0
22 23	STORAGE FILES ADOBE	3/14/12 3/14/12	545 5,233		545 5,233	5 MO S/L 3 MO S/L	545 5,233	0
24	CARPET	6/05/12	1,020		1,020	5 MO S/L	1,020	0
25	tv PRODUCTION EQUIPMENT	12/31/12	3,204		3,204	5 MO S/L	3,204	0
26 27	COMPUTER chs PRINTER	10/03/12 4/13/13	480 170		480 170	5 MO S/L 5 MO S/L	480 170	0
28	GO PRO CAMERA	6/21/13	535		535	5 MO S/L	535	0
29	DESK	3/05/13	369		369	5 MO S/L	369	0
30 31	TABLES LOCKING FILE	3/05/13 4/03/13	196 199		196 199	5 MO S/L 5 MO S/L	196 199	$\begin{array}{c} 0 \\ 0 \end{array}$
32	LEASEHOLD IMPROVEMENTS	6/30/13	17,068		17,068	40 MO S/L	2,560	427
33 34	MONITOR APPLE COMPUTER - 1	6/30/13 6/30/13	689 2,936		689 2,936	5 MO S/L 5 MO S/L	689 2,936	$\begin{array}{c} 0 \\ 0 \end{array}$
35	APPLE COMPUTER - 2	6/30/13	1,749		1,749	5 MO S/L	1,749	0
36	COMPUTER ACCESSORIES	6/30/13	249		249	5 MO S/L	249	0
37 38	FURNITURE AND FIXTURES PRINTER - E.D.	6/30/13 10/03/12	1,640 182		1,640 182	7 MO S/L 5 MO S/L	1,406 182	234
39	SERVER STUDIO A	6/21/13	1,548		1,548	5 MO S/L	1,548	ő
40	TV PRODUCTION EQUIPMENT	8/05/13	45,430		45,430	5 MO S/L	45,430	0
41 42	OFFICE EQUIPMENT COMPUTER	3/14/14 6/02/14	825 1,547		825 1,547	5 MO S/L 5 MO S/L	825 1,547	0
43	FURNITURE AND FIXTURES - UNISET	8/13/13	8,900		8,900	7 MO S/L	7,523	1,271
	FURNITURE AND FIXTURES LEASEHOLD IMPROVEMENTS	9/10/13 7/23/13	495 3,750		495 3.750	7 MO S/L 40 MO S/L	412 555	71 93
46	security camera	5/12/14	550		550	5 MO S/L	550	0
47	tv PRODUCTION EQUIPMENT	12/31/11	6,147		6,147	5 MO S/L	6,147	0
48 49	computer editing equipment LIVESTREAM BROADCASTER	4/14/15 4/17/15	1,701 508		1,701 508	5 MO S/L 5 MO S/L	1,446 423	255 85
50	DVD DUPLICATOR	1/07/15	558		558	5 MO S/L	502	56
51 52	OFFICE EQUIPMENT TV PRODUCTION EQUIPMENT	6/30/15 7/10/15	6,615 126,434		6,615 126,434	5 MO S/L 5 MO S/L	5,292 101,147	1,323 25,287
	TV PRODUCTION EQUIPMENT	8/30/16	59,500		59,500	5 MO S/L	36,413	11,900
	EPSOM PRINTER	10/05/16	280		280	5 MO S/L	154	56
	COMPUTER 2 CASH REGISTERS	4/05/17 5/03/17	1,798 200		1,798 200	5 MO S/L 5 MO S/L	809 87	360 40
58	MONITOR	6/05/17	250		250	5 MO S/L	104	50
	TRIPOD	6/05/17	200		200	5 MO S/L	83	40
60 61	Signs Chairs for Studio	4/28/17 9/06/17	0 632		632	0 HY 5 MO S/L	0 232	0 126
62	48" Desk	9/07/17	469		469	5 MO S/L	172	94
63 64	Vacuum Flooring	10/06/17 9/28/17	200 2,950		200 2,950	5 MO S/L 40 MO S/L	70 129	40 74
65	2 Outdoor Signs	10/15/17	1,245		1,245	10 MO S/L	218	124
66	Lighting	5/30/18	5,800		5,800	40 MO S/L	157	145
67 68	Flat Screen Mount Shotgun Microphone	9/06/17 10/06/17	130 275		130 275	5 MO S/L 5 MO S/L	48 96	26 55
69	Small Drone	11/28/17	199		199	5 MO S/L	63	40

FYE: 6/30/2020

02-0503677

AMT Asset Report Form 990, Page 1

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		Date		Bus	Sec	Basis				
<u>Asset</u>	Description	In Service	Cost	_%_	_ <u>179</u> B <u>onu</u> s _	for Depr	Per	Conv Meth	Prior	Current
70	Lavalier Microphones	12/20/17	258			258	5	MO S/L	77	52
71	Equipment for Podcast Suite	1/19/18	802			802	5	MO S/L	227	161
72	Mac Book (Refurbished)	2/09/18	849			849	5	MO S/L	241	169
73	AV Access for Podcast Suite	3/05/18	1,887			1,887	5	MO S/L	503	378
74	Studio Lighting	4/03/18	86,777			86,777	40	MO S/L	2,712	2,169
75	TV Monitors for Training	4/09/18	526			526	5	MO S/L	132	105
76	B/H Microphones	4/30/18	799			799	5	MO S/L	160	160
77	Camera Gear for Sports	4/30/18	774			774	5	MO S/L	181	154
78	Mount for Monitor for Training	4/30/18	100			100	5	MO S/L	23	20
79	Speaker & Desktop Microphone	3/17/18	317			317	5	MO S/L	79	64
80	macbook	8/07/18	0			0	0	HY	0	0
81	external harddrive	10/31/18	0			0	0	HY	0	0
82	Access A/V, LLC	11/19/18	0			0	0	HY	0	0
83	web hosting	11/30/18	0			0	0	HY	0	0
84	camera equipment	2/01/19	0			0	0	HY	0	0
85	SDI cables	3/04/19	0			0	0	HY	0	0
86	BH Equipment	4/05/19	0			0	0	HY	0	0
87	SDI cable	6/20/19	0			0	0	HY	0	0
88	staples desk	10/31/18	0			0	0	HY	0	0
89	Air conditioner	8/07/18	0			0	0	HY	0	0
90	Printer	12/01/18	0			0	0	HY	0	0
91	computer	12/01/18	0			0	0	HY	0	0
92	TV PRODUCTION EQUIPMENT	1/01/20	0			0	0	HY	0	0
	Total Other Depreciation		905,371			905,371			665,132	48,418
	•				-					
	Total ACDS and Other Dec	modiation	005 371			005 371			665,132	48,418
	Total ACRS and Other Dep	reciation	905,371		-	905,371				40,410
										10.110
	Grand Totals		905,371			905,371			665,132	48,418
	Less: Dispositions and Tran	isters	0		-	0			0	0
	Net Grand Totals		905,371			905,371			665,132	48,418

C03677V CONCORD COMMUNITY TV 01/06/2021 10:53 AM Depreciation Adjustment Report 02-0503677 **All Business Activities** FYE: 6/30/2020 AMT Adjustments/ Preferences AMT Form Unit Asset Description Tax There are no assets that meet the criteria of this report

C03677V CONCORD COMMUNITY TV 01
02-0503677 Future Depreciation Report FYE: 6/30/21

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Form 990, Page 1 FYE: 6/30/2020

Asset	Description	Date In Service	Cost	Tax	AMT	
Othor	Depreciation:					
Oulei	<u>Depreciation.</u>					
1	EQUIPMENT	6/30/05	10,876	0	0	
2 3	AIR CONDITIONERS FULLY DEPRECIATED TV EQUIPMENT	7/28/08 6/30/04	895 167,533	$0 \\ 0$	$0 \\ 0$	
4	TV PRODUCTION EQUIPMENT	12/31/07	125,546	0	0	
5	TV PRODUCTION EQUIPMENT	12/31/08	2,983	0	0	
6	TV PRODUCTION EQUIPMENT	12/31/08	33,267	0	0	
7 8	tv PRODUCTION EQUIPMENT tv PRODUCTION EQUIPMENT	12/31/10 12/31/12	39,875 979	$0 \\ 0$	$0 \\ 0$	
9	FULLY DEPRECIATED OFFICE EQUIPMEN		1,975	ő	ő	
10	HARDDRIVE	9/20/08	278	0	0	
11 12	COMPUTER FURNITURE	4/20/10 6/05/03	9,208 479	$0 \\ 0$	$0 \\ 0$	
13	FURNITURE	12/01/07	2,989	0	0	
14	LEASEHOLD IMPROVEMENTS	5/22/07	94,155	2,414	2,414	
15	LEASEHOLD IMPROVEMENTS	8/24/09	3,000	54	54	
16 17	LASER PRINTER PRINTER	1/13/11 3/15/11	380 100	$0 \\ 0$	$0 \\ 0$	
18	IMAC	6/30/11	1,166	Ö	ő	
19	SIGULAR SOFTWARE	3/30/11	149	0	0	
20 21	FINAL CUT PRO X DROID TABLET	6/30/11 4/03/12	300 549	$0 \\ 0$	$0 \\ 0$	
22	STORAGE FILES	3/14/12	545	0	0	
23	ADOBE	3/14/12	5,233	0	0	
24	CARPET	6/05/12	1,020	0	0	
25 26	tv PRODUCTION EQUIPMENT COMPUTER chs	12/31/12 10/03/12	3,204 480	$0 \\ 0$	$0 \\ 0$	
27	PRINTER	4/13/13	170	0	0	
28	GO PRO CAMERA	6/21/13	535	0	0	
29	DESK	3/05/13	369	0	0	
30 31	TABLES LOCKING FILE	3/05/13 4/03/13	196 199	$0 \\ 0$	$0 \\ 0$	
32	LEASEHOLD IMPROVEMENTS	6/30/13	17,068	427	427	
33	MONITOR	6/30/13	689	0	0	
34 35	APPLE COMPUTER - 1 APPLE COMPUTER - 2	6/30/13 6/30/13	2,936 1,749	$0 \\ 0$	0	
36	COMPUTER ACCESSORIES	6/30/13	249	0	0	
37	FURNITURE AND FIXTURES	6/30/13	1,640	0	0	
38	PRINTER - E.D.	10/03/12	182	0	0	
39 40	SERVER STUDIO A TV PRODUCTION EQUIPMENT	6/21/13 8/05/13	1,548 45,430	$0 \\ 0$	$0 \\ 0$	
41	OFFICE EQUIPMENT	3/14/14	825	Ö	ő	
42	COMPUTER	6/02/14	1,547	0	0	
43 44	FURNITURE AND FIXTURES - UNISET FURNITURE AND FIXTURES	8/13/13 9/10/13	8,900 495	106 12	106 12	
45	LEASEHOLD IMPROVEMENTS	7/23/13	3,750	94	94	
46	security camera	5/12/14	550	0	0	
47	tv PRODUCTION EQUIPMENT	12/31/11	6,147	0	0	
48 49	computer editing equipment LIVESTREAM BROADCASTER	4/14/15 4/17/15	1,701 508	$0 \\ 0$	$0 \\ 0$	
50	DVD DUPLICATOR	1/07/15	558	0	0	
51	OFFICE EQUIPMENT	6/30/15	6,615	0	0	
52 53	TV PRODUCTION EQUIPMENT	7/10/15 8/30/16	126,434 59,500	0 11,187	0 11,187	
55 55	TV PRODUCTION EQUIPMENT EPSOM PRINTER	10/05/16	39,300 280	56	11,187 56	
56	COMPUTER	4/05/17	1,798	359	359	
57	2 CASH REGISTERS	5/03/17	200	40	40	
58 59	MONITOR TRIPOD	6/05/17 6/05/17	250 200	50 40	50 40	
60	Signs	4/28/17	1,077	108	0	
61	Chairs for Studio	9/06/17	632	127	127	
62 63	48" Desk	9/07/17	469 200	94 40	94 40	
63 64	Vacuum Flooring	10/06/17 9/28/17	200 2,950	40 74	40 74	
65	2 Outdoor Signs	10/15/17	1,245	125	125	
66	Lighting	5/30/18	5,800	145	145	
67 68	Flat Screen Mount Shotgun Microphone	9/06/17 10/06/17	130 275	26 55	26 55	
00		_0,00,11	2,3	55		

C03677V CONCORD COMMUNITY TV 01
02-0503677 Future Depreciation Report FYE: 6/30/21

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		Date In			
<u>Asset</u>	Description	<u>Service</u>	Cost	Tax	AMT
69	Small Drone	11/28/17	199	40	40
70	Lavalier Microphones	12/20/17	258	52	52
71	Equipment for Podcast Suite	1/19/18	802	160	160
72	Mac Book (Refurbished)	2/09/18	849	170	170
73	AV Access for Podcast Suite	3/05/18	1,887	377	377
74	Studio Lighting	4/03/18	86,777	2,169	2,170
75	TV Monitors for Training	4/09/18	526	105	105
76	B/H Microphones	4/30/18	799	160	159
77	Camera Gear for Sports	4/30/18	774	155	155
78	Mount for Monitor for Training	4/30/18	100	20	20
79	Speaker & Desktop Microphone	3/17/18	317	63	63
80	macbook	8/07/18	5,774	1,155	0
81	external harddrive	10/31/18	3,378	676	0
82	Access A/V, LLC	11/19/18	24,637	4,927	0
83	web hosting	11/30/18	275	55	0
84	camera equipment	2/01/19	21,399	4,280	0
85	SDI cables	3/04/19	495	99	0
86	BH Equipment	4/05/19	1,191	238	0
87	SDI cable	6/20/19	218	43	0
88	staples desk	10/31/18	150	30	0
89	Air conditioner	8/07/18	479	95	0
90	Printer	12/01/18	200	40	0
91	computer	12/01/18	1,268	253	0
92	TV PRODUCTION EQUIPMENT	1/01/20	64,155	12,831	0
	Total Other Depreciation		1,030,067	43,826	18,996
	Total ACRS and Other Depreciatio	n	1,030,067	43,826	18,996
	Grand Totals		1,030,067	43,826	18,996

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NH Future Depreciation Report FYE: 6/30/21

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Asset	Description	Date In Service	Cost	NH
Odl	Down of these			
Otner	Depreciation:			
1	EQUIPMENT	6/30/05	10,876	0
2 3	AIR CONDITIONERS FULLY DEPRECIATED TV EQUIPMENT	7/28/08 6/30/04	895 167,533	$0 \\ 0$
4	TV PRODUCTION EQUIPMENT	12/31/07	125,546	ő
5	TV PRODUCTION EQUIPMENT	12/31/08	2,983	0
6 7	TV PRODUCTION EQUIPMENT tv PRODUCTION EQUIPMENT	12/31/08 12/31/10	33,267 39,875	0
8	tv PRODUCTION EQUIPMENT	12/31/10	979	0
9	FULLY DEPRECIATED OFFICE EQUIPMENT		1,975	0
10	HARDDRIVE	9/20/08	278	0
11 12	COMPUTER FURNITURE	4/20/10 6/05/03	9,208 479	0
13	FURNITURE	12/01/07	2,989	ő
14	LEASEHOLD IMPROVEMENTS	5/22/07	94,155	2,414
15	LEASEHOLD IMPROVEMENTS LASER PRINTER	8/24/09	3,000 380	$0 \\ 0$
16 17	PRINTER	1/13/11 3/15/11	100	0
18	IMAC	6/30/11	1,166	ő
19	SIGULAR SOFTWARE	3/30/11	149	0
20 21	FINAL CUT PRO X DROID TABLET	6/30/11 4/03/12	300 549	0
22	STORAGE FILES	3/14/12	545	0
23	ADOBE	3/14/12	5,233	0
24	CARPET	6/05/12	1,020	0
25 26	tv PRODUCTION EQUIPMENT COMPUTER chs	12/31/12 10/03/12	3,204 480	0
27	PRINTER	4/13/13	170	ő
28	GO PRO CAMERA	6/21/13	535	0
29 30	DESK TABLES	3/05/13 3/05/13	369 196	$0 \\ 0$
31	LOCKING FILE	4/03/13	190	0
32	LEASEHOLD IMPROVEMENTS	6/30/13	17,068	427
33	MONITOR	6/30/13	689	0
34 35	APPLE COMPUTER - 1 APPLE COMPUTER - 2	6/30/13 6/30/13	2,936 1,749	$0 \\ 0$
36	COMPUTER ACCESSORIES	6/30/13	249	0
37	FURNITURE AND FIXTURES	6/30/13	1,640	0
38	PRINTER - E.D.	10/03/12	182	0
39 40	SERVER STUDIO A TV PRODUCTION EQUIPMENT	6/21/13 8/05/13	1,548 45,430	$0 \\ 0$
41	OFFICE EQUIPMENT	3/14/14	825	ő
42	COMPUTER	6/02/14	1,547	0
43 44	FURNITURE AND FIXTURES - UNISET FURNITURE AND FIXTURES	8/13/13 9/10/13	8,900 495	106 12
45	LEASEHOLD IMPROVEMENTS	7/23/13	3,750	94
46	security camera	5/12/14	550	0
47	tv PRODUCTION EQUIPMENT	12/31/11	6,147	0
48 49	computer editing equipment LIVESTREAM BROADCASTER	4/14/15 4/17/15	1,701 508	0
50	DVD DUPLICATOR	1/07/15	558	ő
51	OFFICE EQUIPMENT	6/30/15	6,615	0
52 53	TV PRODUCTION EQUIPMENT	7/10/15	126,434	0
53 55	TV PRODUCTION EQUIPMENT EPSOM PRINTER	8/30/16 10/05/16	59,500 280	11,187 56
56	COMPUTER	4/05/17	1,798	359
57	2 CASH REGISTERS	5/03/17	200	40
58 59	MONITOR TRIPOD	6/05/17 6/05/17	250 200	50 40
60	Signs	4/28/17	1,077	108
61	Chairs for Studio	9/06/17	632	127
62	48" Desk	9/07/17	469	94
63	Vacuum	10/06/17	200	40 74
64 65	Flooring 2 Outdoor Signs	9/28/17 10/15/17	2,950 1,245	125
66	Lighting	5/30/18	5,800	145
67	Flat Screen Mount	9/06/17	130	26
68	Shotgun Microphone	10/06/17	275	55
00	onorgan interophone	10/00/17	213	55

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NH Future Depreciation Report

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Date In Asset Description Service Cost NH 199 40 Small Drone 11/28/17 70 Lavalier Microphones 12/20/17 258 52 Equipment for Podcast Suite 1/19/18 802 160 71 72 Mac Book (Refurbished) 2/09/18 849 170 73 AV Access for Podcast Suite 3/05/18 1,887 377 74 Studio Lighting 4/03/18 86,777 2,170 75 TV Monitors for Training 4/09/18 526 105 76 B/H Microphones 4/30/18 799 160 77 Camera Gear for Sports 4/30/18 774 155 Mount for Monitor for Training 4/30/18 100 20 78 79 Speaker & Desktop Microphone 3/17/18 317 63 80 macbook 8/07/18 5,774 1,155 external harddrive 81 10/31/18 3,378 676 82 Access A/V, LLC 24,637 4,927 11/19/18 83 11/30/18 web hosting 275 55 84 camera equipment 2/01/19 21,399 4,280 SDI cables 85 3/04/19 495 99 238 86 BH Equipment 4/05/19 1,191 6/20/19 43 87 SDI cable 218 30 88 staples desk 10/31/18 150 89 Air conditioner 8/07/18 479 95 90 Printer 12/01/18 200 40 253 91 computer 12/01/18 1,268 92 TV PRODUCTION EQUIPMENT 1/01/20 64,155 12,831 **Total Other Depreciation** 1,030,067 43,773 **Total ACRS and Other Depreciation** 1,030,067 43,773 **Grand Totals** 1,030,067 43,773

Form 990 Two Year Comparison Report 2019, or tax year beginning 07/01/19 , ending 06/30/20 2018 & 2019

Name Taxpayer Identification Number

C	ONCORD COMMUNITY TV				02-0	503677
			2018	2019		Differences
	1. Contributions, gifts, grants	1.	41,132	1.	4,101	-27,031
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3.	349,889	33.	5,004	-14,885
n e	4. Program service revenue	4.	5,567		4,044	-1,523
⊑	5. Investment income	5.	2,103		735	-1,368
>	6. Proceeds from tax exempt bonds	6.				
R e	7. Net gain or (loss) from sale of assets other than inventory	7.	1,452		275	-1,177
	8. Net income or (loss) from fundraising events	8.	16,644			-16,644
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.				
	12. Total revenue. Add lines 1 through 11	12.	416,787	35	4,159	-62,628
	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.				
S	15. Compensation of officers, directors, trustees, etc.	15.	46,779	5	7,885	11,106
s	16. Salaries, other compensation, and employee benefits	16.	240,106	17	5,305	-64,801
e n	17. Professional fundraising fees	17.				
α	18. Other professional fees	18.	7,680		8,008	328
Ш	19. Occupancy, rent, utilities, and maintenance	19.				
	20. Depreciation and Depletion	20.	57 , 187	6	6,834	9,647
	21. Other expenses	21.	37,509	3.	3,426	-4,083
	22. Total expenses. Add lines 13 through 21	22.	389,261	34:	1,458	-47,803
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	27,526	1:	2,701	-14,825
	24. Total exempt revenue	24.	416,787	35	4,159	-62,628
	25. Total unrelated revenue	25.				
<u>io</u>	26. Total excludable revenue	26.	9,122		5,054	-4,068
nat	27. Total assets	27.	531,417		2,859	11,442
Information	28. Total liabilities	28.	13,679		2,420	-1,259
	29. Retained earnings	29.	517,738	53	0,439	12,701
the	30. Number of voting members of governing body	30.	12	11		
ō	31. Number of independent voting members of governing body	31.	12	11		
	32. Number of employees	32.	9	9		
	33. Number of volunteers	33.	70			

Form 990	Tax Return History	2019
Name	CONCORD COMMUNITY TV	dentification Number 03677

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	318,563	375,805	369,908	391,021	349,105	
Membership dues						
Program service revenue	4,296	4,328	29,255	5,567	4,044	
Capital gain or loss		75	200	1,452	275	
Investment income	85	129	411	2,103	735	
Fundraising revenue (income/loss)			16,096	16,644		
Gaming revenue (income/loss)						
Other revenue	1,278	4,893	1,809			
Total revenue	324,222	385,230	417,679	416,787	354,159	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	49,061	47,114	46,833	46,779	57,885	
Other compensation	162,105	180,735	221,358	240,106	175,305	
Professional fees	10,398	7,522	7,880	7,680	8,008	
Occupancy costs						
Depreciation and depletion	45,619	54,366	57,349	57,187	66,834	
Other expenses	31,159	38,193	34,795	37,509	33,426	
Total expenses		327,930	368,215	389,261	341,458	
Excess or (Deficit)	25,880	57,300	49,464	27,526	12,701	
Total exempt revenue	324,222	385,230	417,679	416,787	354,159	
Total unrelated revenue						
Total excludable revenue	5,659	9,425	31,675	9,122	5,054	
Total Assets	390,870	451,257	500,965	531,417	542,859	
Total Liabilities	7,422	10,509	10,753	13,679	12,420	
Net Fund Balances	383,448	440,748	490,212	517,738	530,439	

Federal Statements

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FYE: 6/30/2020

Taxable Interest on Investments

Description	on				
INTEREST INCOME	_	Amount	Exclusion Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME	\$	735	1		
TOTAL	\$	735			

02-0503677

Federal Statements

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Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	E	Total xpenses	rogram Service	agement & General	 Fund Raising
NH FILING FEE PAYROLL SERVICE FEES	\$	100 1,658	\$ 20 332	\$ 80 1,326	\$
TOTAL	\$	1,758	\$ 352	\$ 1,406	\$ 0

Federal Statements

FYE: 6/30/2020

02-0503677

Schedule A, Part II, Line 1(e)

Description	Amount
CONTRIBUTIONS SPONSORSHIPS COMMUNITY BRIDGES GRANT	\$ 12,522 1,579
CASH CONTRIBUTION CITY OF CONCORD	11,204
CASH CONTRIBUTION CITY OF CONCORD	52,500
CASH CONTRIBUTION TUFTS HEALTH PLAN FOUNDATION	261,300
CASH CONTRIBUTION TOTAL	\$ 10,000 \$ 349,105

Schedule A, Part II, Line 9(e)

Description		Amount
INTEREST INCOME	\$	735
LESS: DEDUCTIONS	_	-1,000
TOTAL	\$_	-265

Schedule A, Part II, Line 12 - Current year

Description		Amount
CLASS AND WORKSHOP FEES TAPE/DVD DUBBING EASTER EVENT	\$	3,518 526
TOTAL	\$ _	4,044