Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014 Check if applicable: C Name of organization D Employer identification number Address change CONCORD COMMUNITY TV Name change 02-0503677 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-170 WARREN STREET 603-226-8872 Amended return 268,023. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-CONCORD, NH 03301 H(a) Is this a group return pendina F Name and address of principal officer:DORIS BALLARD Yes X No for subordinates? L SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.YOURCONCORDTV.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1999 M State of legal domicile: NH Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE LOCAL RESIDENTS AND Activities & Governance ORGANIZATIONS OF CONCORD WITH THE OPPORTUNITY, FACILITIES, AND Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) $\overline{10}$ 4 Number of independent voting members of the governing body (Part VI, line 1b) 7 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 25 6 Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 250,490. 260,373. Contributions and grants (Part VIII, line 1h) Revenue 5,272. 6,652. Program service revenue (Part VIII, line 2g) 411. 550. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,410. 1,828. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) $\overline{268,023}$ 265,963. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 197,908. 195,088. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 85,057. 93,642. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 282,965. 288,730. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -17,002.-20,707. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 401,270. 380,539. 20 Total assets (Part X, line 16) 10,105. 10,129. Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 391,141. 370,434. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DORIS BALLARD, EXECUTIVE DIRECTOR Here Type or print name and title Pressors singly Valle, CPA CHARLENE VALLEE Date PTIN Print/Type preparer's name rr self-employed P00049215 11/13/14 Paid CHARLENE VALLEE Firm's name CHARLENE T. VALLEE, CPA, PLLC 46-3714820 Firm's EIN Preparer Firm's address 30 SOUTH MAIN STREET, SUITE 107 Use Only Phone no. 603-856-8467 CONCORD, NH 03301

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 10-29-13

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2013)

X Yes

Eorm 0	90 (2013) CONCORD COMMUNITY TV U2-0503	0//	P8	age 3
Part	Checklist of Required Schedules		.	
			Yes	No
1 1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	Control of Cabadida A	1	<u>X</u>	
	U	2		X
•	Did the examination engage in direct or indirect political campaign activities on behalt of or in opposition to candidates to			17
	n er o is IIV II malete Cobodule C. Part I	_3		<u>X</u>
4	Section 501(a)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in election			
	15 IV - 1 Complete Schedule C. Part II	4		<u>X</u>
_	to the appropriation a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	to the annual on defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
_	But the contraction registate any deport advised funds or any similar funds or accounts for Which donors have the right to	ļ		l
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Ĺ	X
_	Did the organization receive or hold a conservation easement, including easements to preserve open space.	ļ	ļ	
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u></u>	X
	the environment, historic land areas, or historic structures with the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8	ļ	X
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-	ļ	
9	Did the organization report an amount in Fact X, into 21, including the control of the control of the pair, or debt negotiation services?			1
	amounts not listed in Part X; or provide credit couriseing, doct management, or state of the sta	9		X_
	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		1	1
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X_
	endowments, or quasi-endowments? If Yes, complete Schedule D, Parts VI, VII, VIII, IX, or X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11				
	as applicable.		7	
а	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	X	
	Part VI			
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b	[X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<u> </u>	-
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c	ļ	Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1.0	1	1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11d		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1	-	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	X	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	X	
	Debastula D. Borto VI and VII	12.0		+
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	.	X
	If INA = " and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	to the emporation a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	· ''		$\frac{1}{X}$
	Bid the amenimation maintain an office employees, or agents outside of the United States?	. [48	-	+
ь	Di Library region have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	}
	investment, and program service activities outside the United States, or aggregate to reign investments valued at \$100,000			X
	3 # "Voo." complete Schedule F. Parts I and IV	. 14t	'	+**
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		.	X
	: !	. 15		+
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			X
	for foreign in dividuals? If "Ves " complete Schedule F. Parts III and IV	16	'	+
17	Did the experization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l	,	X
	L (A) None 6 and 1102 If "Ves " complete Schedule G. Part I	· <u>17</u>	+-	+
18	Bit the appropriate report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		x
,0	4 4 9-9 15 "Von " complete Schedule G. Part II	18	<u>-</u>	1 A
19	Did the ergenization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9at it is res,		\backslash	X
		19		X
20:	B' 1 II and a pareto one or more hospital facilities? If "Yes," complete Schedule II	·· ==		→ ^
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<u>.] 20</u>		(2 013)

Par	Checklist of Required Schedules (continued)			
			Yes	No_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		l	v
	Toward on Part IX column (A) line 17 If "Yes." complete Schedule I, Parts I and II	21		<u>X</u>
99	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IA,		İ	**
	(A) No. 22 If "You " complete Schedule Parts and	22		<u>X</u>
00	Bid the exceptization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current	i	Ì	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	}		
	0-1-44-1	23		<u>X</u>
242	Did the exemptation have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	a Little W Miller II an to line 252	24a		<u>X</u> .
h	bid the experiention invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	1	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
0 0=-	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		1	
	discussified person during the year? If "Yes." complete Schedule L, Part I	25a		<u>X</u> _
	to the exceptration aware that it engaged in an excess benefit transaction with a disqualmed person in a prior year, and		ĺ	
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u> _
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		<u>X</u>
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	}		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			İ
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	Bit the exemplation receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule W	29		X
29	Did the organization receive more than \$25,000 mmore above. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
30	contributions? If "Yes," complete Schedule M	30		<u>X</u>
	Did the organization liquidate, terminate, or dissolve and cease operations?	Ì		
31	If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Schedule N, Part II	32	<u> </u>	_X_
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		ļ	
34	Part V, line 1	34	1	X
	Part V, line 7 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1	1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
	The state of the propriet of make any transfers to an exempt non-charitable related organization in			
36	Section 501(c)(3) organizations. Did the organization make any transfer to an overlap organization of the	36		X
	the sectivities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
	the Color of the study of any provide explanations in Schedule O for Part VI, lines 110 and 191			
38	Note. All Form 990 filers are required to complete Schedule O	. 38	X	
	Note. All Form 990 filers are required to complete concessio 5	Fon	_m 990	(2013

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Par	Statements Regarding Other IRS Filings and Tax Compliance					
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			·····		
			1 0	********	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
L	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming			
C	(gambling) winnings to prize winners?	······	.,	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Zu	filed for the calendar year ending with or within the year covered by this return	2a	7			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Χ	20000000000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
- Ja	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b		
40	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			<u> </u>
**0	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
- <u>-</u>	If "Yes," enter the name of the foreign country:					
U	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	ınts.			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	X
Ja	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	?	5b		X_
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	.,.,		5c	<u> </u>	↓
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	he org	janization solicit			
Qa	any contributions that were not tax deductible as charitable contributions?			6a	ļ	<u> </u>
	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions :	or gifts			
Ð	were not tax deductible?			6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).					
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices	provided to the payor?	7a	<u> </u>	X
a L	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u> </u>	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	vas re	quired		Ì	
C	to file Form 8282?			7c		X_
	If "Yes," indicate the number of Forms 8282 filed during the year			_		
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	act?	7e	<u> </u>	X
e 4	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		7f	<u> </u>	Х
f	If the organization received a contribution of qualified intellectual property, did the organization file	Form 8	3899 as required?	<u>79</u>		
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	zation	file a Form 1098-C?	7h	<u> </u>	
h 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the	supporting			
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	at any t	ime during the year?	8	********	~~~~
9	Sponsoring organizations maintaining donor advised funds.					
	Di talle amplication make any toyable distributions under section 4966?			9a		
2	at the state a distribution to a donor donor advisor or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
10	1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10	3	-		
t t	to the least of the second of	101	<u>s </u>	_		
11	Section 501(c)(12) organizations. Enter:					
	a	11:	a	-		
	Gross income from other sources (Do not net amounts due or paid to other sources against	}				
	emounts due or received from them.)	11		_		
12:	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	m _, 104	1?	12a	1	*********
121	of "Yes," enter the amount of tax-exempt interest received or accrued during the year	12	<u>b</u>	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				4	4
	Is the organization licensed to issue qualified health plans in more than one state?			13a	ı	<u> </u>
1	Note. See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	. 13	b	_		
	Enter the amount of reserves on hand	. [13			400	
4.4	Did the erganization receive any payments for indoor tanning services during the tax year?			148	<u> </u>	X
1-7	bit "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheo	lule O		140		
-	I I Tool Bas Killon at All I - The Tool Bas Killon and All I and A			For	rm 99 '	O (2013

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

	to line 6a, 6b, 6i Tob Below, Good and Chief and Chief		1	X
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
Sect	on A. Governing Body and Management			No
	1.0		ies	NO
1a	Foter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	hody delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
-	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer director trustee or key employee?	2		<u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ļ		17
•	of officers, directors, or trustees, or key employees to a management company or other person?	3	+	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		X
- - 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
	Did the organization have members or stockholders?	6		X
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7a	more members of the governing body?	7a		<u>X</u>
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		Ì	
Ö	persons other than the governing body?	7b		X
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8	The governing body?	8a	X	
а	Each committee with authority to act on behalf of the governing body?	8b	X	
þ	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	is there any officer, director, trustee, or key employee listed in a lat viii, dection vi, who can organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ļ	X_
	organization's mailing address? If "Yes, provide the flames and addresses in concern by the Internal Revenue Code.)			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
	2 de la la la la la la la la la la la la la	10a		Х
10a	Did the organization have local chapters, branches, or affiliates?			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a	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.	12a	X	**********
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c		Х
	in Schedule O how this was done	13		X
13	Did the organization have a written whistleblower policy?	14	Х	
14	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?			X
а	The organization's CFO. Executive Director, or top management official	15a	 	X
b	Other officers or key employees of the organization	15b		_ <u>^</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			X
	taughte entity during the year?	16a		A
ŀ	. 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?	16b	<u> </u>	<u> </u>
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NH		-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 (Section 301(c)(3)3 011(y)	availa	ble	
.0	for public inspection, Indicate how you made these available. Check all that apply.			
	V Our wakaita Another's website X Upon request Other (explain in Schedule U)			
40	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
19	the transport and the text of the public during the tax year.			
00	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	-	
20	DORIS BALLARD - 603-226-8872			
	170 WARREN STREET, CONCORD, NH 03301			
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CONCORD COMMUNITY TV

Form 990 (2013)

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- ◆ List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

and former such persons. X Check this box if neither the organization n	or any related	orga	niza	tion	cor	npen	sat	ed any current officer, o	lirector, or trustee.	
(A) Name and Title	(B) Average hours per week	(do box, offic	not c	(C) Posi heck : ss per	tion more		one nan	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GENE CONNOLLY DIRECTOR	1.00	Х						0.	0.	0.
(2) JESSICA FOGG SECRETARY	2.00	Х		Х				0.	0.	0.
(3) JULIA FREEMAN-WOOLPERT AT LARGE	1.00	х						0.	0.	0.
(4) JACK DUNN DIRECTOR	1.00	х						0.	0.	0.
(5) DAVID MURDO CHAIR-ELECT	2.00	Х		Х				0.	0.	0.
(6) KIM MURDOCH TREASURER	2.00	x		х				0.	0.	0.
(7) GLENN MATHEWS AT LARGE	1.00	х						0.	0.	0.
(8) MICHAEL O'MEARA AT LARGE	1.00	x						0.	0.	0.
(9) BILL WHITMAN AT LARGE	1.00	х						0.	0.	0.
(10) TONYA ROCHETTE CHAIR	2.00	x		x				0.	0.	0.
(11) DORIS BALLARD EXECUTIVE DIRECTOR	40.00			х				46,042.	. 0.	0.
		_				<u> </u>				
		-								
		-								
		-								- 200 (2018)

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2013)

\$100,000 of compensation from the organization

Par	t VIII	Statement of Revenue						[
		Check if Schedule O contains a re	esponse o	r note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<u>(0 (0</u>			1a					
in an		Federated campaigns						
9 5		Membership dues						
T,S		Fundraising events	1d					
2.8		Related organizations		244,137.				
Sis		All other contributions, gifts, grants, and	-					
ž ž		similar amounts not included above	11	16,236.				
운동		Noncash contributions included in lines 1a-1f. \$_	سلت					
Contributions, Gifts, Grants and Other Similar Amounts	g	Total. Add lines 1a-1f		>	260,373.			
<u> </u>		Total. Add into 14 /1		Business Code				
0	2 a	PROGRAM EVENTS		611143	2,712.	2,712.		
ا <u>ځ</u>	b	SERVICE FEES		515100	2,560.	2,560.		
Ser	c							
E S	d		L.					
Program Service Revenue	e							
P.	f	All other program service revenue						
	g	Total. Add lines 2a-2f	· · · · · · · · · · · · · · · · · · ·	>	5,272.			
	3	Investment income (including divider	nds, intere	st, and	010			210.
	ļ	other similar amounts)		🟲	210.			210.
	4	Income from investment of tax-exem	pt bond p	roceeds 🕨	1100			
	5	Royalties						
		()	Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)		L				
		Net rental income or (loss)						
	7 a	GIOCO GINO CINE	ecurities	(ii) Other 340 •				
		assets other than inventory		340.				
	b	Less: cost or other basis		0.				
		and sales expenses		340.				
		Gain or (loss)			340	. 340.		
		Net gain or (loss)			310			
e E	8 a	Gross income from fundraising even	its (not					
		including \$						
Other Reven		contributions reported on line 1c). S						
Ĕ	_	Part IV, line 18						
₹		Less: direct expenses Net income or (loss) from fundraisin						
		Gross income from gaming activities						
	ya	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming a	ctivities	>				
		Gross sales of inventory, less return						
	"	and allowances		· <u> </u>				
	Ŀ	Less: cost of goods sold	b	·	ļ			
		Net income or (loss) from sales of in	ventory .	<u></u>				
		Miscellaneous Revenue		Business Cod	1 470	1 470		
	11 a	MISCELLANEOUS INC	OME		1,479			
	ł	THE THOUSANCE	CREDI	ļ	349	• 349	<u>•</u>	
		>						
	(All other revenue			1,828			
	•	e Total. Add lines 11a-11d			268,023			0. 210.
-	12	Total revenue. See instructions			200,023	-, -, -110		Form 990 (2013)

Part IX Statement of Functional Expenses

Check if Schedule O contains a response	e or note to any line in t	his Part IX	(0)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and				
organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in				
the United States. See Part IV, line 22				
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	49 025	32,787.	13,212.	2,936
trustees, and key employees	48,935.	32,701.	13,212.	2,750
6 Compensation not included above, to disqualified	Ì			
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	118,048.	79,093.	32,138.	6,817
7 Other salaries and wages	110,040+	1570551		
8 Pension plan accruals and contributions (include	3,300.	2.211	891.	198
section 401(k) and 403(b) employer contributions)	11,443.	2,211. 7,611.	891. 3,112.	720
9 Other employee benefits	13,362.	8,899.	3,629.	834
10 Payroll taxes	10,002.	-,		
11 Fees for services (non-employees):	ļ			
a Management				
	5,000.		5,000.	
_				
d Lobbying e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch O.)	1,752. 5,199.	1,167. 5,199.	476.	109
12 Advertising and promotion				
13 Office expenses	9,067.	6,039.	2,463.	565
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,713.	1,713.		
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,148.	2,148.	ļ	
20 Interest				
21 Payments to affiliates	<u> </u>	EA 107	412.	
22 Depreciation, depletion, and amortization	50,609.	50,197.	4,359.	
23 Insurance	8,717.	4,358.	4,339.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a STUDIO AND WORKSHOP SUP	4,732.	4,732.		
h REPAIRS AND MAINTENANCE	2,437.			
c VOLUNTEER AND STAFF EXP	1,487.			
d OTHER	390.	390.		
e All other expenses	391.	266.	125.	40 400
25 Total functional expenses. Add lines 1 through 24e	288,730.	210,734.	65,817.	12,179
26 Joint costs. Complete this line only if the organization			1	
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 154,787. 183,358. Cash - non-interest-bearing 52,160. 52,101. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part || of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use _____ 239. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 602,338. 10a basis. Complete Part VI of Schedule D 173,592. 428,746. 165,572. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities ______ 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 380,539. 10,105. 401,270. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 10,129. 17 Accounts payable and accrued expenses ______ 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 10,105. 10,129. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 329,125. 349,832. Unrestricted net assets 41,309. 41,309. 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 370,434. 391,141. 33 Total net assets or fund balances 380,539. 401,270. 34 Total liabilities and net assets/fund balances

orm	990 (2013) CONCORD COMMUNITY TV	02-0503	<u>677</u>	Page 12
	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	·····	·	<u> </u>
			0.60	000
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,023.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		730.
3	Revenue less expenses. Subtract line 2 from line 1	3		,707.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	391	,141.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		270	424
	column (B))	10	3/0	<u>,434.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			T	es 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	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ion a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			37
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,		v
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		_	
	an audita, avalais why in Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 02-0503677

		CONCORD	COMMUNITY TV			المحمد منطا	\ Coo inot-	uctions			_
Part I	Reason for	or Public Chari	ity Status (All organizat	ions must	complete	uns part.	, see mstru	otions.			—
he organ	ization is not a p	orivate foundation l	because it is: (For lines 1 t	through 1	1, check or	ny one bo	DX.)				
1 🔲	A church, conv	ention of churches	s, or association of church	nes descri	bed in sect	tion 170(b)(1)(A)(i).				
2 🗀	A school descr	ibed in section 17	0(b)(1)(A)(ii). (Attach Sch	edule E.)			4 1 2000				
з 🗀	A hospital or a	cooperative hospit	tal service organization de	escribed in	section 1	70(b)(1)(A)(III).		Cotor th	o hospital's name	
4	A medical rese	arch organization o	operated in conjunction w	ith a hosp	ital describ	ed in sec	Ction 170(E))(1 <i>]</i> (/^)(iii)	. cittei u	e nospitars name,	
	city, and state:							antal unit	doporibe	d in	
5	An organization	n operated for the	benefit of a college or uni	versity ow	ned or ope	rated by	a governm	enta <u>un</u> it	Gescribe	d iii	
	section 170(b)(1)(A)(iv). (Comple	ete Part II.)			4 TO 11 V/4					
6	A federal, state	e, or local governm	ent or governmental unit	described	in section	ו)(פ)טיז ד)(A)(V). -t-lusitor	from the	neperal r	ublic described in	
7 X	An organization	n that normally rec	eives a substantial part o	f its suppo	ort from a g	overnme	ntai unit or	Hom me	Jenerai b	apic described in	
	section 170(b))(1)(A)(vi). (Comple	ete Part II.)		.						
8 🗀	A community t	rust described in s	section 170(b)(1)(A)(vi). (Complete :	Part II.)			barabin	fooe on	d arges receipts from	m
9 🗀	An organizatio	n that normally rec	eives: (1) more than 33 1	/3% of its	support fro	m contri	butions, me	embersinp	ouccort	trom aross investme	ent
	activities relate	ed to its exempt fu	nctions - subject to certai	n exceptio	ons, and (2)	no more	e uran 33 1/	the order	support sization a	fter June 30 1975	
			axable income (less secti	on 511 tax	k) trom bus	HIESSES 8	cquired by	me organ	nzauvii a		
	See section 5	09(a)(2). (Complete	e Part III.)		f-+- O		n 500/a\/4\				
10 🔲	An organizatio	n organized and o	perated exclusively to tes	t for publi	c sarety. Se	se sectio	ntions of	r or to carry	out the	purposes of one or	
11	An organizatio	n organized and o	perated exclusively for the	e denemii (- coc(-)/4	a, to perior	HENDANA	A Sec sec	tion 500/s	1(3), Che	ck the box that	
	more publicly	supported organiz	ations described in section	n 509(a)(1) or section	1 309(a)(2 115	.). dee sec	tion oost	17(0). One		
		type of supporting	organization and comple	re imes i	ne unough netionally ir	tearsted	d	Type	a III - Non	-functionally integra	ted
	a Ll Type I	b T	ype II c Ty	pe III - rui	directly or	indirectly	, by one or				
e	By checking to	his box, I certify th	at the organization is not than one or more publicly	controlled	d organizat	ione des	cribed in se	ection 509	(a)(1) or :	section 509(a)(2).	
	foundation ma	anagers and other	than one or more publicly	supporte	u organizat stitic a Tvr	a I Type	II or Type	III	(-)(-)		
f	If the organiza	ation received a wri	itten determination from t	ne ino liic	at it is a typ	ж, гурс	, II, O, 1, po	•••		[
	supporting or	ganization, check t	this box organization accepted an	v gift or co	ontribution	from any	of the follo	wina pers	ons?		
g	Since August	17, 2006, has the	organization accepted an directly controls, either al	y girt or or	athar with	nersons (described in	n (ii) and (i	ii) below.	Yes N	No
	(i) A person	who directly or in-	directly controls, either all supported organization?	offe of tog	CITICI WILL	persons	300011000	(, (,	11g(i)	
	the gove	rning body of the s	on described in (i) above?								
	(ii) A family	member of a perso	a person described in (i) o	wode fii) w							
	(iii) A 35% c	ontrolled entity of	a person described in (i) o	ranization	e:						
h	Provide the fo	ollowing information	n about the supported org	janization	(3).						
		410, 410	(tit) Town of proprietion	(iv) is the	organization	(v) Did yo	u notify the	(vi) Is	the	(vii) Amount of monet	tary
	ne of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) li	sted in your	organiza	tion in col.	organization (i) organiz	ed in the	support	•
01	rganization		above or IRC section	governing	document?	(i) of you	ır support?	U.S	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
				1						İ	
		<u> </u>		ļ			<u> </u>				
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	<u> </u>										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 CONCORD COMMUNITY TV 02-0503677 Page 2

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

ouppoint comments of	the contraction and the fithe argentization
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the or	ganization failed to quality under Part III. II the organization
fails to qualify under the tests listed below, please complete Part III.)	

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not		1				1011000
	include any "unusual grants.")	237,080.	223,969.	242,388.	250,490.	260,373.	1214300.
	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
•	furnished by a governmental unit to	ļ					007 000
	the organization without charge	44,200.	44,200.	44,200.	44,200.	44,200.	221,000.
4	Total. Add lines 1 through 3	281,280.	268,169.	286,588.	294,690.	304,573.	1435300.
	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.						1435300.
	ction B. Total Support				_		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	281,280.	268,169.	286,588.	294,690.	304,573	. 1435300.
8	Gross income from interest,						
_	dividends, payments received on			ļ			
	securities loans, rents, royalties					0.1.0	C 041
	and income from similar sources	4,291.	567.	562.	411.	210	6,041.
9	Net income from unrelated business						
	activities, whether or not the						2 475
	business is regularly carried on	3,475.					3,475.
10	Other income. Do not include gain					1	
	or loss from the sale of capital					1 000	10 100
	assets (Explain in Part IV.)			1,931.	8,440.	1,828	
11	Total support. Add lines 7 through 10						1457015
12	Gross receipts from related activities	, etc. (see instruct	ions)			12	39,545
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
	organization, check this box and sto	p here		<u></u> <u></u>	***************************************		<u>,,,</u>
Se	ction C. Computation of Pub	lic Support Pe	ercentage			T.:1	00 51
14	Public support percentage for 2013	(line 6, column (f)	divided by line 11,	column (f))		14	98.51 9 98.07
4 5	Public cupport percentage from 201	2 Schedule A. Par	t [], line 14			15	
16	a 33 1/3% support test - 2013. If the	organization did n	ot check the box	on line 13, and line	∍ 14 is 33 1/3% or	more, check this	box and ►X
	stop here. The organization qualifies	s as a publicly sup	ported organization	n			
	ь 33 1/3% support test - 2012. If the	organization did n	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3	% or more, check	this box
	and stop here. The organization qua	alifies as a publicly	supported organi	zation			
	a 10% -facts-and-circumstances te	st - 2013. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
17	and if the organization meets the "fa	acts-and-circumsta	inces" test, check	this box and stop	here. Explain in P	art IV now the org	anization
17	and if the organization meets the 12		4177	a publicly supports	ed organization		▶∟
	meets the *facts-and-circumstances	i" test. The organiz	tation qualifies as	a pasiloly seleption			
	meets the *facts-and-circumstances	st - 2012. If the or	rganization did not	check a box on lii	ne 13, 16a, 16b, oi	r 17a, and line 15	IS 10% or
	meets the "facts-and-circumstances b 10% -facts-and-circumstances te	est - 2012. If the or the "facts-and-circ	rganization did not cumstances" test,	check a box on lii check this box and	ne 13, 16a, 16b, o d stop here . Expla	r 17a, and line 15 iin in Part IV how t	is 10% or he
	meets the *facts-and-circumstances	st - 2012. If the or the "facts-and-circ ircumstances" test	rganization did not cumstances" test, t. The organization	check a box on li check this box and qualifies as a pub	ne 13, 16a, 16b, o d stop here. Expla blicly supported on	r 17a, and line 15 in in Part IV how t ganization	is 10% or the

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) (f) Total (e) 2013 Section A. Public Support (d) 2012 (c) 2011 **(b)** 2010 (a) 2009 Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees 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 Gross receipts from activities that are not an unrelated trade or business under section 513 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 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (f) Total (e) 2013 (c) <u>201</u>1 (d) 2012 (b) 2010 Calendar year (or fiscal year beginning in) (a) 2009 9 Amounts from line 6 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 c 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 IV.) Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15 <u>%</u> 16 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2012 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

	02-0503677 Page 4
Schedule A (Form 990 or 990-EZ) 2013 CONCORD COMMUNITY TV	ne 10: Part II, line 17a or 17b; and Part III, line 12.
Schedule A (Form 990 or 990-EZ) 2013 CONCORD COMMUNITY TV Part W Supplemental Information. Provide the explanations required by Part II, line Also complete this part for any additional information. (See instructions).	10 101 101
Also complete this part for any assured	
EXPLANATION: MISCELLANEOUS REVENUE 2011 \$1,931	
MISCELLANEOUS REVENUE 2012 \$1,780	
HEALTH INSURANCE CREDIT 2012 \$6,660	
MISCELLANEOUS REVENUE 2013 \$1,828	
	0.1 - 1.1 A (Farm 000 or 990-E7) 2013

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Employer identification number 02-0503677

me of the organization	02 0300
CONCORD COMMUNITY TV Concord Community TV	unds or Accounts. Complete if the
art I Organizations Maintaining Donor Advised Funds of Culti-	
organizations (Yes' to Form 990, Part IV, line 6.	(b) Funds and other accounts
Organization with the control of the	
1 Total number at end of year	
to from (during Vear)	
4 Aggregate value at end of year	or advised funds
	Yes No
5 Did the organization inform all donors and donor advisors are the organization's property, subject to the organization's exclusive legal control? are the organization's property, subject to the organization's exclusive legal control?	ann he used only
are the organization's property, subject to the organization's exclusive legal control. are the organization's property, subject to the organization's exclusive legal control. bid the organization's property, subject to the organization's exclusive legal control. bid the organization's property, subject to the organization's exclusive legal control. bid the organization's property, subject to the organization's exclusive legal control. bid the organization's property, subject to the organization's exclusive legal control. bid the organization inform all grantees, donors, and donor advisors in writing that grant funds. bid the organization inform all grantees, donors, and donor advisors in writing that grant funds.	urpose conferring
6 Did the organization inform all grantees, donors, and donor advisors in writing that green for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes.	Yes No
for charitable purposes and not for the benefit of the donor or donor advisor, or lot any other purposes impermissible private benefit? ———————————————————————————————————	990 Part IV. line 7.
impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form	1350,1 (1011)
	of an historically important land area
Preservation of land for public use (e.g., recreation or education) Preservation of land for public use (e.g., recreation or education) Preservation of land for public use (e.g., recreation or education)	of a certified historic structure
Protection of natural habitat	of a certified filatorio structura
Protection of flatural resolution	
Protection of integral variables and protection of open space Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the complete lines 2a through 2d if the organization held a qualified conservation contribution in the complete lines 2a through 2d if the organization held a qualified conservation contribution in the complete lines 2a through 2d if the organization held a qualified conservation contribution in the complete lines 2a through 2d if the organization held a qualified conservation contribution in the complete lines 2a through 2d if the organization held a qualified conservation contribution in the complete lines 2a through 2d if the organization held a qualified conservation contribution in the complete lines 2a through 2d if the organization held a qualified conservation contribution in the complete lines 2d through 2d if the organization held a qualified conservation contribution in the complete lines 2d through 2d if the organization held a qualified conservation contribution in the complete lines 2d through 2d if the organization held a qualified conservation contribution in the complete lines 2d through 2d if the organization held a qualified conservation contribution in the complete lines 2d through 2d if the organization contribution in the complete lines 2d through 2d if the organization contribution	he form of a conservation occurrence
2 Complete lines 2a tillough 2d it till o significant	Held at the End of the Tax Year
day of the tax year.	
a Total number of conservation easements	2b
d Number of conservation easements included in (c) acquired arter of the National Register	
listed in the National Register	ed by the organization during the tax
listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminate	
year ►	
Number of states where property subject to conservation data with the periodic monitoring, inspection, hard Does the organization have a written policy regarding the periodic monitoring, inspection, hard property subject to conservation data with the periodic monitoring, inspection, hard property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and property subject to conservation data with the periodic monitoring and the periodic monitoring and the periodic monitoring and the periodic monitoring and the periodic monitoring and the periodic monitoring and the periodic monitoring and the periodic monitoring and the periodic monitoring and the periodic monitoring and the periodic monitoring and the periodic monitoring and the periodic monitoring and the periodic monitoring and the periodic monitoring and the periodic monitoring and the periodic monitoring and the periodic monitoring and the	ndling of
5 Does the organization have a written policy regarding the periodic monitoring, inspection, many violations, and enforcement of the conservation easements it holds?	Yes No
violations, and enforcement of the conservation easements it notes? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemen	ements during the year -
 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemen Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easemen 	nts during the year ▶ \$
 Amount of expenses incurred in monitoring, inspecting, and chloring street Boes each conservation easement reported on line 2(d) above satisfy the requirements of sec 	ction 170(h)(4)(B)(i)
9 In Part XIII, describe how the organization reports conservation easements in the revenue of the footnote to the organization's financial statements that discussed include, if applicable, the text of the footnote to the organization's financial statements that discussed in the footnote of the footnote to the organization.	describes the organization's accounting for
include, if applicable, the text of the footnote to the organization's interioral organization	
Conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasure	es, or Other Similar Assets.
	nue statement and balance sheet works of art,
1a If the organization elected, as permitted under SFAS TTO (ASC 936), not to report in the research in historical treasures, or other similar assets held for public exhibition, education, or research in the research in th	in furtherance of public service, provide, in Part XII
the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue.	statement and balance sheet works of art, historic
b If the organization elected, as permitted under SFAS 116 (ASC 956), to report in to retain the reasures, or other similar assets held for public exhibition, education, or research in furtheral	ance of public service, provide the following amour
	4100 01 600.00 001
relating to these items: (i) Revenues included in Form 990, Part VIII, line 1	> \$
	· · · · · · · · · · · · · · · · · · ·
2. With a propriet on received or held works of art, historical treasures, or other similar assets in	Of Illianolar Sami) in a con-
	ILCH IIS.
the following amounts required to be reported under 31 A0 110 (100 505). a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	
a Revenues included in Point 990, Pare 711, 1112	• •

Schedu Dari	III Organizations Maintaining Co	ollections of Ar	t, Histor	ical Tre	easures, o	r Other	Simila	r Asse	ts (continu	ıed)	
	Ising the organization's acquisition, accession	n and other record	s. check a	nv of the	following that	are a sign	ificant u	se of its	collection	items	;
		,,, 4,,0 04,10, 1000.0	-,	.,	•	_					
"	check all that apply):	d	10	an or excl	hange prograr	ns					
ą l	Public exhibition	e e	-								
b l	Scholarly research	e		101							
c	Preservation for future generations		1 11	. £ 41 41		n ⁱ a ayamr	t nume	se in Par	YIII		
4 P	rovide a description of the organization's co	llections and explain	n now they	turther ti	ne organizatio	1) S EXCITI	n puipe	Se III Fai	. //!!!•		
5 D	ouring the year, did the organization solicit or	receive donations	of art, histo	orical trea	sures, or otne	r sımılar a	ssets	Г	٦٧	[]	No
	be sold to raise funds rather than to be ma	intained as part of t	he organiz	ation's co	ollection?			<u> </u>	_ Yes		NO
Part	reported an amount on Form 990, Par	t X, line 21.						, Part IV, I	ine 9, or		
c	s the organization an agent, trustee, custodian Form 990, Part X?						cluded		Yes		No
b !	"Yes," explain the arrangement in Part XIII a	and complete the fo	llowing tab	xle:	<u> </u>						
							+		Amount		
c F	Beginning balance						10				
d A	Additions during the year						1d				
/ ب آیم	Distributions during the year						1e				
f	Ending balance		,,,,				1f	· ·			
20 1	oid the organization include an amount on Fo	orm 990. Part X. line	21?					□	Yes	<u></u>	No
2d 1	f "Yes," explain the arrangement in Part XIII.	Check here if the ex	xolanation	has been	provided in F	art XIII .	,,,,,,,,,,,,,				<u> </u>
BA.	V Endowment Funds. Complete it	the organization ar	swered "Y	'es" to Fo	rm 990, Part I	V, line 10.					
1.(31)1	LifeOwillets , and competen	(a) Current year	(b) Pric		(c) Two years	s back (d) Three \	ears back	(e) Four	years	back
_			10) 1110	Ji youi	(0)	1				*	
	Beginning of year balance							.,			
	Contributions	~			-						
	Net investment earnings, gains, and losses				ļ						
d (Grants or scholarships								 		
e l	Other expenditures for facilities				ļ						
:	and programs		ļ <u>.</u>		 				-		
	Administrative expenses								ļ		
	End of year balance				<u> </u>				<u> </u>		
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g,	column (a)) held as:						
	Board designated or quasi-endowment		%								
	Permanent endowment ▶	%									
	Temporarily restricted endowment	%									
С	The percentages in lines 2a, 2b, and 2c shot										
	The percentages in lines 2a, 2b, and 2c shot Are there endowment funds not in the posse	region of the organi	zation that	are held :	and administe	red for the	e organi	zation			
3a	Are there endowment funds not in the posse	SSION OF THE ORGANIA	Lation that	ale ficia i	and daniminote					Yes	No
	by:	•							3a(i)		
	(i) unrelated organizations						•••••				
	(ii) related organizations							-			Γ
b	If "Yes" to 3a(ii), are the related organization	s listed as required	on Schedu	ие Н?					[30		
4	Describe in Part XIII the intended uses of the	e organization's end	lowment fu	ınds							
Par	Land, Buildings, and Equipn Complete if the organization answere	nent. od "Yes" to Form 99	0 Part Ⅳ.	line 11a. S	See Form 990	, Part X, li	ne 10.				
		(a) Cost or			st or other	(c) Ac	cumulat	ed	(d) Boo	k valu	e
	Description of property	basis (invest			s (other)		reciatio		,		
											-
	Land	1					<u></u>				0.
	Buildings			1	15 054		16,0	100	Q	9 · n	54.
c	Leasehold improvements				15,054.		$\frac{10,0}{12,7}$				38.
d	Equipment			4	87,284.	- 4	14,1	70.		<u> </u>	0.
	Other								17	2 E	· · ·
T . 4 . 1	Add lines 1a through 1e. (Column (d) must	egual Form 990. Pai	rt X. colum	n (B), line	10(c).)			▶	1/	3,3	92.

chedule D (Form 990) 2013 CONCORD COMM	IUNITY TV		02	USUSUIT Page U
Part VII Investments - Other Securities.	- T 000 Port IV line 1	1h See Form 990 P	art X. line 12.	
Complete if the organization answered "Yes" to	(b) Book value	(c) Method of va	luation: Cost or end-	of-year market value
(a) Description of security or category (including name of security)	(b) DOOK VAIGO	(6)		
) Financial derivatives				
Closely held equity interests				
) Other				
(A)				
(B)				
(C)		<u></u>		
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, F	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Deut IX Other Assets				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990,	Part X, line 15.	(b) Book value
(a)	Description			(D) BOOK 10100
(1)				<u> </u>
(2)				
(3)				
(4)				
(5)	<u>.</u>			
(6)				
(7)				
(8)				
(9)	45)		>	
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)			
Part X Other Liabilities. Complete if the organization answered "Yes	to Form 000 Part IV line	a 11e or 11f. See For	m 990, Part X, line 25	j.
Complete if the organization answered tes	to Form 990, 1 are (v) in	(b) Book value		
<u>]. </u>				
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(8)			\neg	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

40

Schedule D (Form 990) 2013

	dule D (Form 990) 2013 CONCORD COMMUNITY TV			-0503677	Page 4
Day	Reconciliation of Revenue per Audited Financial Sta	tements With F	Revenue per Retu	ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements	***************************************	1	312	,223.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
_	Net unrealized gains on investments	2a			
a	Donated services and use of facilities	2b	44,200.		
	Recoveries of prior year grants				
С	Other (Describe in Part XIII.)	2d			
d	Add lines 2a through 2d		26		,200.
e	Add lines 2a through 2d Subtract line 2e from line 1		3	268	3,023.
3	Subtract line 2e from line 1	***************************************			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4b			
	Other (Describe in Part XIII.)		40	·	0
C.					3,023.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	totomonte With		turn_	
Par	Total revenue. Add lines 3 and 46. (This must equal Form 396, Factorial St. Reconciliation of Expenses per Audited Financial St.	atemento min	Experises per re	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	le IZa.		332	2,930.
1	Total expenses and losses per audited financial statements	·····		302	2,7,5,5,5
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	44,200.		
а	Donated services and use of facilities		44,200		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d		4	1 200
e	Add lines 2a through 2d				4,200.
3	Subtract line 2e from line 1			3 287	3 , 730.
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:				

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.)

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

4a

PART X, LINE 2:

332054 09-25-13

EXPLANATION: THE ORGANIZATION IS A NON-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED AS TAX EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND AS A PUBLIC CHARITY PURSUANT TO SECTION 170(B)(1)(A)(11) OF THAT THE ORGANIZATION IS ALSO EXEMPT FROM STATE TAXES BY VIRTUE OF ITS CODE. ONGOING EXEMPTION FROM FEDERAL INCOME TAXES. ACCORDINGLY, NO PROVISION IS RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION COMPLIES WITH THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES STANDARD, AS REQUIRED BE GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. ACCORDINGLY, MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT THE ORGANIZATON HAS MAINTAINED ITS TAX EXEMPT STATUS, DOES NOT HAVE ANY SIGNIFICANT UNRELATED BUSINESS INCOME AND HAS TAKEN NO UNCERTAIN

Department of Justice 33 Capitol Street Concord, NH 03301-6397



ANNUAL FILING FEE: \$75.00 Make check payable to: STATE OF NEW HAMPSHIRE

ANNUAL REPORT CERTIFICATE

Concord Community TV 170 Warren Street Concord, NH 03301 Fiscal Year End: June 2014

State Registration # 11046

First Name Gene Jack Jessica Julia Glenn David Kim Michael Tonya Bill	Last Name Connolly Dunn Fogg Freeman-Woolpert Mathews Murdo Murdoch O'Meara Rochette Whitman	Title Concord High School Rep. School District Rep. Secretary At-Large At-Large Chair-Elect Treasurer At-Large Chair At-Large	Term begins 2011 2011 Aug. 2011 2013 2009 Aug. 2011 Nov. 2012 2011 2012
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Doris C. Ballard
Executive Director
Concord Community TV
603-226-8872
170 Warren St., Concord, NH 03301
www.yourconcordtv.org

