

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

November 28, 2018

CONFIDENTIAL

CONCORD COMMUNITY TV
170 WARREN STREET
CONCORD, NH 033017905

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Hennessey & Vallee, PLLC

Filing Instructions

CONCORD COMMUNITY TV

Exempt Organization Tax Return

Taxable Year Ended June 30, 2018

Date Due: May 15, 2019

Remittance: None is required. Your Form 990 for the tax year ended 6/30/18 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Hennessey & Vallee, PLLC
125 N State Street
Concord, NH 03301

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office. If previously signed and returned no further action is required.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 7/01, 2017, and ending 6/30, 20 18

**u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.**

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

CONCORD COMMUNITY TV

Employer identification number

02-0503677

Name and title of officer

**DORIS BALLARD
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	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>417,679</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **HENNESSEY & VALLEE, PLLC** to enter my PIN **03677** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 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 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **11/15/18**

Part III Certification and Authentication

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

02191903301

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature } **CHARLENE T. VALLEE, CPA**

Date } **11/15/18**

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** (2017)

Form **990**

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)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">CONCORD COMMUNITY TV</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>170 WARREN STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p>CONCORD NH 033017905</p>	D Employer identification number <p style="text-align: center;">02-0503677</p> E Telephone number <p style="text-align: center;">603-226-8872</p> G Gross receipts \$ 426,553
F Name and address of principal officer: <p>GLENN MATHEWS 22 GOLDENROD LANE CONCORD NH 03301</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.YOURCONCORDTV.ORG		L Year of formation: 1999 M State of legal domicile: NH
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">SEE SCHEDULE O</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	83
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 375,805	Current Year 369,908
	9 Program service revenue (Part VIII, line 2g)	4,328	29,255
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	204	611
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,893	17,905
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	385,230	417,679
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		227,849	268,191
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u 16,653			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		100,081	100,024
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	327,930	368,215	
19 Revenue less expenses. Subtract line 18 from line 12	57,300	49,464	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 451,257	End of Year 500,965
	21 Total liabilities (Part X, line 26)	10,509	10,753
	22 Net assets or fund balances. Subtract line 21 from line 20	440,748	490,212

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.

Sign Here	Signature of officer <p style="text-align: center;">DORIS BALLARD</p> Type or print name and title	Date <p style="text-align: center;">EXECUTIVE DIRECTOR</p>
	Print/Type preparer's name <p>CHARLENE T. VALLEE, CPA</p>	Preparer's signature <p>CHARLENE T. VALLEE, CPA</p>
Paid Preparer Use Only	Firm's name } HENNESSEY & VALLEE, PLLC Firm's address } 125 N STATE STREET CONCORD, NH 03301	Firm's EIN } 47-5012649 Phone no. 603-225-0941

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE LOCAL RESIDENTS WITH ACCESS TO CREATE CONTENT FOR THE LOCAL CABLE TELEVISION LINES.

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

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

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

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

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

4a (Code:) (Expenses \$ **265,659** including grants of \$) (Revenue \$ **29,255**)

TO PROVIDE 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.

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 265,659**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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 "Yes," complete Schedule D, Part I		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
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 Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
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		X
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)		X
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	X	
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		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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
4b	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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	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).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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 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 in Schedule O.		
1b	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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

DORIS BALLARD
CONCORD

170 WARREN STREET

NH 03301

603-226-8872

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACK DUNN	1.00									
SCHOOL DISTRICT APP	0.00	X					0	0	0	
(2) KELLY CUOMO WING	2.00									
VICE CHAIR	0.00	X		X			0	0	0	
(3) PAUL EBBS	2.00									
TREASURER	0.00	X		X			0	0	0	
(4) ALLWYNNE FINE	1.00									
AT-LARGE	0.00	X					0	0	0	
(5) MICHELLE GILBERT	1.00									
AT-LARGE	0.00	X					0	0	0	
(6) GLENN MATHEWS	2.00									
CHAIR	0.00	X		X			0	0	0	
(7) JOHN CIMIKOSKI	1.00									
AT-LARGE	0.00	X					0	0	0	
(8) PAMELA TARBELL	1.00									
AT-LARGE	0.00	X					0	0	0	
(9) CHARLES RUSSELL	2.00									
SECRETARY	0.00	X		X			0	0	0	
(10) JEFF WEBER	1.00									
AT-LARGE	0.00	X					0	0	0	
(11) DAVID MURDO	1.00									
AT-LARGE	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DAVID GILL	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) DORIS BALLARD	40.00									
EXECUTIVE DIRECTOR	0.00			X			46,833	0	0	
1b Sub-total u							46,833			
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u							46,833			

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	364,358				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,550				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	369,908				
	Program Service Revenue	2a COMMUNITY EDUCATION SERVICES	Busn. Code	23,000	23,000		
b CLASS AND WORKSHOP FEES			6,255	6,255			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	29,255				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	411			411
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		200			
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)		200				
	d Net gain or (loss)	u	200	200			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	24,970				
		b Less: direct expenses	b	8,874			
c Net income or (loss) from fundraising events		u	16,096				
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS INCOME			1,809	1,809			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u	1,809					
12 Total revenue. See instructions.	u	417,679	31,264	0	411		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	46,833	31,378	12,645	2,810
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	178,560	119,635	48,211	10,714
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,600	2,412	972	216
9 Other employee benefits	22,375	14,991	6,041	1,343
10 Payroll taxes	16,823	11,272	4,542	1,009
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,119	1,224	4,895	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,761	352	1,409	
12 Advertising and promotion	9,301	9,301		
13 Office expenses	9,354	6,267	2,526	561
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,654	1,654		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,258	2,258		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,349	56,240	1,109	
23 Insurance	7,106	3,553	3,553	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRAINING AND EDUCATION	1,660	1,660		
b REPAIRS AND MAINTENANCE	1,130	1,130		
c STUDIO AND WORKSHOP SUPPL	1,073	1,073		
d VOLUNTEER AND STAFF	1,009	1,009		
e All other expenses	250	250		
25 Total functional expenses. Add lines 1 through 24e	368,215	265,659	85,903	16,653
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	207,913	1	209,813
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	169
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 906,448		
	b	Less: accumulated depreciation	10b 615,465	10c 242,267	290,983
	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	1,077	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	451,257	16	500,965	
Liabilities	17	Accounts payable and accrued expenses	10,509	17	10,753
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	10,509	26	10,753
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	440,148	27	489,612
	28	Temporarily restricted net assets	600	28	600
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	440,748	33	490,212	
34	Total liabilities and net assets/fund balances	451,257	34	500,965	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	417,679
2	Total expenses (must equal Part IX, column (A), line 25)	2	368,215
3	Revenue less expenses. Subtract line 2 from line 1	3	49,464
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	440,748
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	490,212

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CONCORD COMMUNITY TV

Employer identification number

02-0503677

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	260,373	265,782	318,563	375,805	369,908	1,590,431
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	304,573	309,982	362,763	420,005	414,108	1,811,431
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.						1,811,431

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	304,573	309,982	362,763	420,005	414,108	1,811,431
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	210	230	85	129	411	1,065
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.)	1,828	2,396	1,278	1,612	588	7,702
11 Total support. Add lines 7 through 10						1,820,198

12 Gross receipts from related activities, etc. (see instructions) 12 56,034

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.52%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.00%

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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 VI.)						
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

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

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER	\$	4,106
TAPE AND DVD DUBBING	\$	1,236
HEALTHCARE TAX CREDIT	\$	2,360

SUPPLEMENTAL INFORMATION

OTHER

2011 AMOUNT: \$1,931

2012 AMOUNT: \$8,440

2013 AMOUNT: \$1,828

TAPE/DVD DUBBING

2014 AMOUNT: \$1,236

2015 AMOUNT: \$1,073

HEALTHCARE TAX CREDIT

2014 AMOUNT: \$1,160

2015 AMOUNT: \$205

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2017

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
CONCORD COMMUNITY TV	02-0503677

Organization type (check one):

- | | |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- 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, II, and III.
- 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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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	\$ 15,628	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF CONCORD 41 GREEN STREET CONCORD NH 03301	\$ 52,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITY OF CONCORD 41 GREEN STREET CONCORD NH 03301	\$ 296,230	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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

2017

Open to Public Inspection

Name of the organization

CONCORD COMMUNITY TV

Employer identification number

02-0503677

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Temporarily restricted endowment **u**

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		127,968	24,145	103,823
d Equipment		778,480	591,320	187,160
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **290,983**

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	461,879
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	44,200
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	44,200
3	Subtract line 2e from line 1	3	417,679
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	417,679

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

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

1	Total expenses and losses per audited financial statements	1	412,415
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	44,200
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	44,200
3	Subtract line 2e from line 1	3	368,215
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	368,215

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION COMPLIES WITH THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES STANDARD AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. ACCORDINGLY, MANAGMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT THE ORGANIZATION HAS MAINTAINED ITS TAX EXEMPT STATUS, DOES NOT HAVE ANY SIGNIFICANT UNRELATED BUSINESS INCOME, AND HAS TAKEN NO UNCERTAIN POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION DOES NOT EXPECT THAT THE AMOUNTS OF UNRECOGNIZED TAX TRANSACTIONS WILL CHANGE SIGNIFICANTLY WITHIN THE NEXT TWELVE MONTHS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL OR STATE TAX AUTHORITIES FOR YEARS BEFORE 2014.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

⚡ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

CONCORD COMMUNITY TV

Employer identification number

02-0503677

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>EASTER EVENT</u>		<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	24,970		24,970
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	24,970		24,970
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,500		1,500
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	7,374		7,374
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				16,096

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

CONCORD COMMUNITY TV

Employer identification number

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.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

u **Attach to your tax return.**
u **Go to www.irs.gov/Form4562 for instructions and the latest information.**

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

CONCORD COMMUNITY TV

Identifying number

02-0503677

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount (see instructions)	1	510,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	57,349

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>	u	

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	57,349
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

02-0503677

Federal Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	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	6/30/04	167,533			167,533	5 MO S/L	167,533	0
4	TV PRODUCTION EQUIPMENT	12/31/07	125,546			125,546	7 MO S/L	125,546	0
5	TV PRODUCTION EQUIPMENT	12/31/08	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	tv PRODUCTION EQUIPMENT	12/31/10	39,875			39,875	5 MO S/L	39,875	0
8	tv PRODUCTION EQUIPMENT	12/31/12	979			979	3 MO S/L	979	0
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	COMPUTER	4/20/10	9,208			9,208	3 MO S/L	9,208	0
12	FURNITURE	6/05/03	479			479	5 MO S/L	479	0
13	FURNITURE	12/01/07	2,989			2,989	5 MO S/L	2,989	0
14	LEASEHOLD IMPROVEMENTS	5/22/07	94,155			94,155	39 MO S/L	22,305	2,415
15	LEASEHOLD IMPROVEMENTS	8/24/09	3,000			3,000	10 MO S/L	2,346	300
16	LASER PRINTER	1/13/11	380			380	5 MO S/L	380	0
17	PRINTER	3/15/11	100			100	5 MO S/L	100	0
18	IMAC	6/30/11	1,166			1,166	5 MO S/L	1,166	0
19	SIGULAR SOFTWARE	3/30/11	149			149	3 MO S/L	149	0
20	FINAL CUT PRO X	6/30/11	300			300	3 MO S/L	300	0
21	DROID TABLET	4/03/12	549			549	3 MO S/L	549	0
22	STORAGE FILES	3/14/12	545			545	5 MO S/L	545	0
23	ADOBE	3/14/12	5,233			5,233	3 MO S/L	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	2,933	271
26	COMPUTER chs	10/03/12	480			480	5 MO S/L	432	48
27	PRINTER	4/13/13	170			170	5 MO S/L	153	17
28	GO PRO CAMERA	6/21/13	535			535	5 MO S/L	481	54
29	DESK	3/05/13	369			369	5 MO S/L	333	36
30	TABLES	3/05/13	196			196	5 MO S/L	176	20
31	LOCKING FILE	4/03/13	199			199	5 MO S/L	180	19
32	LEASEHOLD IMPROVEMENTS	6/30/13	17,068			17,068	40 MO S/L	1,707	427
33	MONITOR	6/30/13	689			689	5 MO S/L	552	137
34	APPLE COMPUTER - 1	6/30/13	2,936			2,936	5 MO S/L	2,348	588
35	APPLE COMPUTER - 2	6/30/13	1,749			1,749	5 MO S/L	1,400	349
36	COMPUTER ACCESSORIES	6/30/13	249			249	5 MO S/L	200	49
37	FURNITURE AND FIXTURES	6/30/13	1,640			1,640	7 MO S/L	937	234
38	PRINTER - E.D.	10/03/12	182			182	5 MO S/L	163	19
39	SERVER STUDIO A	6/21/13	1,548			1,548	5 MO S/L	1,394	154
40	TV PRODUCTION EQUIPMENT	8/05/13	45,430			45,430	5 MO S/L	35,587	9,086
41	OFFICE EQUIPMENT	3/14/14	825			825	5 MO S/L	550	165
42	COMPUTER	6/02/14	1,547			1,547	5 MO S/L	954	309
43	FURNITURE AND FIXTURES - UNISSET	8/13/13	8,900			8,900	7 MO S/L	4,979	1,271
44	FURNITURE AND FIXTURES	9/10/13	495			495	7 MO S/L	271	71
45	LEASEHOLD IMPROVEMENTS	7/23/13	3,750			3,750	40 MO S/L	368	93
46	security camera	5/12/14	550			550	5 MO S/L	348	110
47	tv PRODUCTION EQUIPMENT	12/31/11	6,147			6,147	5 MO S/L	6,147	0
48	computer editing equipment	4/14/15	1,701			1,701	5 MO S/L	765	341
49	LIVESTREAM BROADCASTER	4/17/15	508			508	5 MO S/L	220	102
50	DVD DUPLICATOR	1/07/15	558			558	5 MO S/L	279	112
51	OFFICE EQUIPMENT	6/30/15	6,615			6,615	5 MO S/L	2,646	1,323
52	TV PRODUCTION EQUIPMENT	7/10/15	126,434			126,434	5 MO S/L	50,574	25,286
53	TV PRODUCTION EQUIPMENT	8/30/16	59,500			59,500	5 MO S/L	9,917	11,900
55	EPSOM PRINTER	10/05/16	280			280	5 MO S/L	42	56
56	COMPUTER	4/05/17	1,798			1,798	5 MO S/L	90	360
57	2 CASH REGISTERS	5/03/17	200			200	5 MO S/L	7	40
58	MONITOR	6/05/17	250			250	5 MO S/L	4	50
59	TRIPOD	6/05/17	200			200	5 MO S/L	3	40
60	Signs	4/28/17	1,077			1,077	10 MO S/L	0	108
61	Chairs for Studio	9/06/17	632			632	5 MO S/L	0	105
62	48" Desk	9/07/17	469			469	5 MO S/L	0	78
63	Vacuum	10/06/17	200			200	5 MO S/L	0	30
64	Flooring	9/28/17	2,950			2,950	40 MO S/L	0	55
65	2 Outdoor Signs	10/15/17	1,245			1,245	10 MO S/L	0	93
66	Lighting	5/30/18	5,800			5,800	40 MO S/L	0	12
67	Flat Screen Mount	9/06/17	130			130	5 MO S/L	0	22
68	Shotgun Microphone	10/06/17	275			275	5 MO S/L	0	41
69	Small Drone	11/28/17	199			199	5 MO S/L	0	23

02-0503677

Federal Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
70	Lavalier Microphones	12/20/17	258			258	5 MO S/L	0	26
71	Equipment for Podcast Suite	1/19/18	802			802	5 MO S/L	0	67
72	Mac Book (Refurbished)	2/09/18	849			849	5 MO S/L	0	71
73	AV Access for Podcast Suite	3/05/18	1,887			1,887	5 MO S/L	0	126
74	Studio Lighting	4/03/18	86,777			86,777	40 MO S/L	0	542
75	TV Monitors for Training	4/09/18	526			526	5 MO S/L	0	26
76	B/H Microphones	4/30/18	799			799	5 MO S/L	0	27
77	Camera Gear for Sports	4/30/18	774			774	5 MO S/L	0	26
78	Mount for Monitor for Training	4/30/18	100			100	5 MO S/L	0	3
79	Speaker & Desktop Microphone	3/17/18	317			317	5 MO S/L	0	16
	Total Other Depreciation		<u>906,448</u>			<u>906,448</u>		<u>558,116</u>	<u>57,349</u>
	Total ACRS and Other Depreciation		<u>906,448</u>			<u>906,448</u>		<u>558,116</u>	<u>57,349</u>
	Grand Totals		906,448			906,448		558,116	57,349
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>906,448</u>			<u>906,448</u>		<u>558,116</u>	<u>57,349</u>

02-0503677

NH Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NH Prior	NH Current	Federal Current	Difference Fed - NH
Other Depreciation:								
1	EQUIPMENT	6/30/05	10,876	10,876	10,876	0	0	0
2	AIR CONDITIONERS	7/28/08	895	895	895	0	0	0
3	FULLY DEPRECIATED TV EQUIPMENT	6/30/04	167,533	167,533	167,533	0	0	0
4	TV PRODUCTION EQUIPMENT	12/31/07	125,546	125,546	125,546	0	0	0
5	TV PRODUCTION EQUIPMENT	12/31/08	2,983	2,983	2,983	0	0	0
6	TV PRODUCTION EQUIPMENT	12/31/08	33,267	33,267	33,267	0	0	0
7	tv PRODUCTION EQUIPMENT	12/31/10	39,875	39,875	39,875	0	0	0
8	tv PRODUCTION EQUIPMENT	12/31/12	979	979	979	0	0	0
9	FULLY DEPRECIATED OFFICE EQUIPM	11/06/02	1,975	1,975	1,975	0	0	0
10	HARDDRIVE	9/20/08	278	278	278	0	0	0
11	COMPUTER	4/20/10	9,208	9,208	9,208	0	0	0
12	FURNITURE	6/05/03	479	479	479	0	0	0
13	FURNITURE	12/01/07	2,989	2,989	2,989	0	0	0
14	LEASEHOLD IMPROVEMENTS	5/22/07	94,155	94,155	24,343	2,415	2,415	0
15	LEASEHOLD IMPROVEMENTS	8/24/09	3,000	3,000	2,350	300	300	0
16	LASER PRINTER	1/13/11	380	380	380	0	0	0
17	PRINTER	3/15/11	100	100	100	0	0	0
18	IMAC	6/30/11	1,166	1,166	1,166	0	0	0
19	SIGULAR SOFTWARE	3/30/11	149	149	149	0	0	0
20	FINAL CUT PRO X	6/30/11	300	300	300	0	0	0
21	DROID TABLET	4/03/12	549	549	549	0	0	0
22	STORAGE FILES	3/14/12	545	545	545	0	0	0
23	ADOBE	3/14/12	5,233	5,233	5,233	0	0	0
24	CARPET	6/05/12	1,020	1,020	1,020	0	0	0
25	tv PRODUCTION EQUIPMENT	12/31/12	3,204	3,204	2,884	320	271	-49
26	COMPUTER chs	10/03/12	480	480	456	24	48	24
27	PRINTER	4/13/13	170	170	145	25	17	-8
28	GO PRO CAMERA	6/21/13	535	535	428	107	54	-53
29	DESK	3/05/13	369	369	320	49	36	-13
30	TABLES	3/05/13	196	196	170	26	20	-6
31	LOCKING FILE	4/03/13	199	199	169	30	19	-11
32	LEASEHOLD IMPROVEMENTS	6/30/13	17,068	17,068	1,707	427	427	0
33	MONITOR	6/30/13	689	689	551	138	137	-1
34	APPLE COMPUTER - 1	6/30/13	2,936	2,936	2,349	587	588	1
35	APPLE COMPUTER - 2	6/30/13	1,749	1,749	1,399	350	349	-1
36	COMPUTER ACCESSORIES	6/30/13	249	249	199	50	49	-1
37	FURNITURE AND FIXTURES	6/30/13	1,640	1,640	937	234	234	0
38	PRINTER - E.D.	10/03/12	182	182	173	9	19	10
39	SERVER STUDIO A	6/21/13	1,548	1,548	1,238	310	154	-156
40	TV PRODUCTION EQUIPMENT	8/05/13	45,430	45,430	35,587	9,086	9,086	0
41	OFFICE EQUIPMENT	3/14/14	825	825	550	165	165	0
42	COMPUTER	6/02/14	1,547	1,547	954	309	309	0
43	FURNITURE AND FIXTURES - UNISSET	8/13/13	8,900	8,900	4,980	1,271	1,271	0
44	FURNITURE AND FIXTURES	9/10/13	495	495	271	71	71	0
45	LEASEHOLD IMPROVEMENTS	7/23/13	3,750	3,750	367	94	93	-1
46	security camera	5/12/14	550	550	348	110	110	0
47	tv PRODUCTION EQUIPMENT	12/31/11	6,147	6,147	6,147	0	0	0
48	computer editing equipment	4/14/15	1,701	1,701	765	341	341	0
49	LIVESTREAM BROADCASTER	4/17/15	508	508	220	102	102	0
50	DVD DUPLICATOR	1/07/15	558	558	279	112	112	0
51	OFFICE EQUIPMENT	6/30/15	6,615	6,615	2,646	1,323	1,323	0
52	TV PRODUCTION EQUIPMENT	7/10/15	126,434	126,434	50,574	25,286	25,286	0
53	TV PRODUCTION EQUIPMENT	8/30/16	59,500	59,500	9,917	11,900	11,900	0
55	EPSOM PRINTER	10/05/16	280	280	42	56	56	0
56	COMPUTER	4/05/17	1,798	1,798	90	360	360	0
57	2 CASH REGISTERS	5/03/17	200	200	7	40	40	0
58	MONITOR	6/05/17	250	250	4	50	50	0
59	TRIPOD	6/05/17	200	200	3	40	40	0
60	Signs	4/28/17	1,077	1,077	0	108	108	0
61	Chairs for Studio	9/06/17	632	632	0	105	105	0
62	48" Desk	9/07/17	469	469	0	78	78	0
63	Vacuum	10/06/17	200	200	0	30	30	0
64	Flooring	9/28/17	2,950	2,950	0	55	55	0
65	2 Outdoor Signs	10/15/17	1,245	1,245	0	93	93	0
66	Lighting	5/30/18	5,800	5,800	0	12	12	0
67	Flat Screen Mount	9/06/17	130	130	0	22	22	0
68	Shotgun Microphone	10/06/17	275	275	0	41	41	0
69	Small Drone	11/28/17	199	199	0	23	23	0

02-0503677

NH Asset Report

FYE: 6/30/2018

Form 990, Page 1

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	0	26	26	0
71	Equipment for Podcast Suite	1/19/18	802	802	0	67	67	0
72	Mac Book (Refurbished)	2/09/18	849	849	0	71	71	0
73	AV Access for Podcast Suite	3/05/18	1,887	1,887	0	126	126	0
74	Studio Lighting	4/03/18	86,777	86,777	0	542	542	0
75	TV Monitors for Training	4/09/18	526	526	0	26	26	0
76	B/H Microphones	4/30/18	799	799	0	27	27	0
77	Camera Gear for Sports	4/30/18	774	774	0	26	26	0
78	Mount for Monitor for Training	4/30/18	100	100	0	3	3	0
79	Speaker & Desktop Microphone	3/17/18	317	317	0	16	16	0
Total Other Depreciation			<u>906,448</u>	<u>906,448</u>	<u>559,894</u>	<u>57,614</u>	<u>57,349</u>	<u>-265</u>
Total ACRS and Other Depreciation			<u>906,448</u>	<u>906,448</u>	<u>559,894</u>	<u>57,614</u>	<u>57,349</u>	<u>-265</u>
Grand Totals			906,448	906,448	559,894	57,614	57,349	-265
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>906,448</u>	<u>906,448</u>	<u>559,894</u>	<u>57,614</u>	<u>57,349</u>	<u>-265</u>

02-0503677

AMT Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	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	6/30/04	167,533			167,533	5 MO S/L	167,533	0
4	TV PRODUCTION EQUIPMENT	12/31/07	125,546			125,546	7 MO S/L	125,546	0
5	TV PRODUCTION EQUIPMENT	12/31/08	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	tv PRODUCTION EQUIPMENT	12/31/10	39,875			39,875	5 MO S/L	39,875	0
8	tv PRODUCTION EQUIPMENT	12/31/12	979			979	3 MO S/L	979	0
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	COMPUTER	4/20/10	9,208			9,208	3 MO S/L	9,208	0
12	FURNITURE	6/05/03	479			479	5 MO S/L	479	0
13	FURNITURE	12/01/07	2,989			2,989	5 MO S/L	2,989	0
14	LEASEHOLD IMPROVEMENTS	5/22/07	94,155			94,155	39 MO S/L	22,305	2,415
15	LEASEHOLD IMPROVEMENTS	8/24/09	3,000			3,000	10 MO S/L	2,346	300
16	LASER PRINTER	1/13/11	380			380	5 MO S/L	380	0
17	PRINTER	3/15/11	100			100	5 MO S/L	100	0
18	IMAC	6/30/11	1,166			1,166	5 MO S/L	1,166	0
19	SIGULAR SOFTWARE	3/30/11	149			149	3 MO S/L	149	0
20	FINAL CUT PRO X	6/30/11	300			300	3 MO S/L	300	0
21	DROID TABLET	4/03/12	549			549	3 MO S/L	549	0
22	STORAGE FILES	3/14/12	545			545	5 MO S/L	545	0
23	ADOBE	3/14/12	5,233			5,233	3 MO S/L	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	2,933	271
26	COMPUTER chs	10/03/12	480			480	5 MO S/L	432	48
27	PRINTER	4/13/13	170			170	5 MO S/L	153	17
28	GO PRO CAMERA	6/21/13	535			535	5 MO S/L	481	54
29	DESK	3/05/13	369			369	5 MO S/L	333	36
30	TABLES	3/05/13	196			196	5 MO S/L	176	20
31	LOCKING FILE	4/03/13	199			199	5 MO S/L	180	19
32	LEASEHOLD IMPROVEMENTS	6/30/13	17,068			17,068	40 MO S/L	1,707	427
33	MONITOR	6/30/13	689			689	5 MO S/L	552	137
34	APPLE COMPUTER - 1	6/30/13	2,936			2,936	5 MO S/L	2,348	588
35	APPLE COMPUTER - 2	6/30/13	1,749			1,749	5 MO S/L	1,400	349
36	COMPUTER ACCESSORIES	6/30/13	249			249	5 MO S/L	200	49
37	FURNITURE AND FIXTURES	6/30/13	1,640			1,640	7 MO S/L	937	234
38	PRINTER - E.D.	10/03/12	182			182	5 MO S/L	163	19
39	SERVER STUDIO A	6/21/13	1,548			1,548	5 MO S/L	1,394	154
40	TV PRODUCTION EQUIPMENT	8/05/13	45,430			45,430	5 MO S/L	35,587	9,086
41	OFFICE EQUIPMENT	3/14/14	825			825	5 MO S/L	550	165
42	COMPUTER	6/02/14	1,547			1,547	5 MO S/L	954	309
43	FURNITURE AND FIXTURES - UNISSET	8/13/13	8,900			8,900	7 MO S/L	4,979	1,271
44	FURNITURE AND FIXTURES	9/10/13	495			495	7 MO S/L	271	71
45	LEASEHOLD IMPROVEMENTS	7/23/13	3,750			3,750	40 MO S/L	368	93
46	security camera	5/12/14	550			550	5 MO S/L	348	110
47	tv PRODUCTION EQUIPMENT	12/31/11	6,147			6,147	5 MO S/L	6,147	0
48	computer editing equipment	4/14/15	1,701			1,701	5 MO S/L	765	341
49	LIVESTREAM BROADCASTER	4/17/15	508			508	5 MO S/L	220	102
50	DVD DUPLICATOR	1/07/15	558			558	5 MO S/L	279	112
51	OFFICE EQUIPMENT	6/30/15	6,615			6,615	5 MO S/L	2,646	1,323
52	TV PRODUCTION EQUIPMENT	7/10/15	126,434			126,434	5 MO S/L	50,574	25,286
53	TV PRODUCTION EQUIPMENT	8/30/16	59,500			59,500	5 MO S/L	9,917	11,900
55	EPSOM PRINTER	10/05/16	280			280	5 MO S/L	42	56
56	COMPUTER	4/05/17	1,798			1,798	5 MO S/L	90	360
57	2 CASH REGISTERS	5/03/17	200			200	5 MO S/L	7	40
58	MONITOR	6/05/17	250			250	5 MO S/L	4	50
59	TRIPOD	6/05/17	200			200	5 MO S/L	3	40
60	Signs	4/28/17	0			0	0 HY	0	0
61	Chairs for Studio	9/06/17	632			632	5 MO S/L	0	105
62	48" Desk	9/07/17	469			469	5 MO S/L	0	78
63	Vacuum	10/06/17	200			200	5 MO S/L	0	30
64	Flooring	9/28/17	2,950			2,950	40 MO S/L	0	55
65	2 Outdoor Signs	10/15/17	1,245			1,245	10 MO S/L	0	93
66	Lighting	5/30/18	5,800			5,800	40 MO S/L	0	12
67	Flat Screen Mount	9/06/17	130			130	5 MO S/L	0	22
68	Shotgun Microphone	10/06/17	275			275	5 MO S/L	0	41
69	Small Drone	11/28/17	199			199	5 MO S/L	0	23

02-0503677

AMT Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
70	Lavalier Microphones	12/20/17	258			258	5 MO S/L	0	26
71	Equipment for Podcast Suite	1/19/18	802			802	5 MO S/L	0	67
72	Mac Book (Refurbished)	2/09/18	849			849	5 MO S/L	0	71
73	AV Access for Podcast Suite	3/05/18	1,887			1,887	5 MO S/L	0	126
74	Studio Lighting	4/03/18	86,777			86,777	40 MO S/L	0	542
75	TV Monitors for Training	4/09/18	526			526	5 MO S/L	0	26
76	B/H Microphones	4/30/18	799			799	5 MO S/L	0	27
77	Camera Gear for Sports	4/30/18	774			774	5 MO S/L	0	26
78	Mount for Monitor for Training	4/30/18	100			100	5 MO S/L	0	3
79	Speaker & Desktop Microphone	3/17/18	317			317	5 MO S/L	0	16
	Total Other Depreciation		<u>905,371</u>			<u>905,371</u>		<u>558,116</u>	<u>57,241</u>
	Total ACRS and Other Depreciation		<u>905,371</u>			<u>905,371</u>		<u>558,116</u>	<u>57,241</u>
	Grand Totals		905,371			905,371		558,116	57,241
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>905,371</u>			<u>905,371</u>		<u>558,116</u>	<u>57,241</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	EQUIPMENT	6/30/05	10,876	0	0
2	AIR CONDITIONERS	7/28/08	895	0	0
3	FULLY DEPRECIATED TV EQUIPMENT	6/30/04	167,533	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	tv PRODUCTION EQUIPMENT	12/31/10	39,875	0	0
8	tv PRODUCTION EQUIPMENT	12/31/12	979	0	0
9	FULLY DEPRECIATED OFFICE EQUIPMEN	11/06/02	1,975	0	0
10	HARDDRIVE	9/20/08	278	0	0
11	COMPUTER	4/20/10	9,208	0	0
12	FURNITURE	6/05/03	479	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	300	300
16	LASER PRINTER	1/13/11	380	0	0
17	PRINTER	3/15/11	100	0	0
18	IMAC	6/30/11	1,166	0	0
19	SIGULAR SOFTWARE	3/30/11	149	0	0
20	FINAL CUT PRO X	6/30/11	300	0	0
21	DROID TABLET	4/03/12	549	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	tv PRODUCTION EQUIPMENT	12/31/12	3,204	0	0
26	COMPUTER chs	10/03/12	480	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	TABLES	3/05/13	196	0	0
31	LOCKING FILE	4/03/13	199	0	0
32	LEASEHOLD IMPROVEMENTS	6/30/13	17,068	427	427
33	MONITOR	6/30/13	689	0	0
34	APPLE COMPUTER - 1	6/30/13	2,936	0	0
35	APPLE COMPUTER - 2	6/30/13	1,749	0	0
36	COMPUTER ACCESSORIES	6/30/13	249	0	0
37	FURNITURE AND FIXTURES	6/30/13	1,640	234	234
38	PRINTER - E.D.	10/03/12	182	0	0
39	SERVER STUDIO A	6/21/13	1,548	0	0
40	TV PRODUCTION EQUIPMENT	8/05/13	45,430	757	757
41	OFFICE EQUIPMENT	3/14/14	825	110	110
42	COMPUTER	6/02/14	1,547	284	284
43	FURNITURE AND FIXTURES - UNISSET	8/13/13	8,900	1,272	1,272
44	FURNITURE AND FIXTURES	9/10/13	495	71	71
45	LEASEHOLD IMPROVEMENTS	7/23/13	3,750	94	94
46	security camera	5/12/14	550	92	92
47	tv PRODUCTION EQUIPMENT	12/31/11	6,147	0	0
48	computer editing equipment	4/14/15	1,701	340	340
49	LIVESTREAM BROADCASTER	4/17/15	508	101	101
50	DVD DUPLICATOR	1/07/15	558	111	111
51	OFFICE EQUIPMENT	6/30/15	6,615	1,323	1,323
52	TV PRODUCTION EQUIPMENT	7/10/15	126,434	25,287	25,287
53	TV PRODUCTION EQUIPMENT	8/30/16	59,500	11,900	11,900
55	EPSOM PRINTER	10/05/16	280	56	56
56	COMPUTER	4/05/17	1,798	359	359
57	2 CASH REGISTERS	5/03/17	200	40	40
58	MONITOR	6/05/17	250	50	50
59	TRIPOD	6/05/17	200	40	40
60	Signs	4/28/17	1,077	107	0
61	Chairs for Studio	9/06/17	632	127	127
62	48" Desk	9/07/17	469	94	94
63	Vacuum	10/06/17	200	40	40
64	Flooring	9/28/17	2,950	74	74
65	2 Outdoor Signs	10/15/17	1,245	125	125
66	Lighting	5/30/18	5,800	145	145
67	Flat Screen Mount	9/06/17	130	26	26
68	Shotgun Microphone	10/06/17	275	55	55

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
69	Small Drone	11/28/17	199	40	40
70	Lavalier Microphones	12/20/17	258	51	51
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	2,170	2,170
75	TV Monitors for Training	4/09/18	526	106	106
76	B/H Microphones	4/30/18	799	159	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
	Total Other Depreciation		<u>906,448</u>	<u>49,926</u>	<u>49,819</u>
	Total ACRS and Other Depreciation		<u>906,448</u>	<u>49,926</u>	<u>49,819</u>
	Grand Totals		<u>906,448</u>	<u>49,926</u>	<u>49,819</u>

Asset	Description	Date In Service	Cost	NH
Other Depreciation:				
1	EQUIPMENT	6/30/05	10,876	0
2	AIR CONDITIONERS	7/28/08	895	0
3	FULLY DEPRECIATED TV EQUIPMENT	6/30/04	167,533	0
4	TV PRODUCTION EQUIPMENT	12/31/07	125,546	0
5	TV PRODUCTION EQUIPMENT	12/31/08	2,983	0
6	TV PRODUCTION EQUIPMENT	12/31/08	33,267	0
7	tv PRODUCTION EQUIPMENT	12/31/10	39,875	0
8	tv PRODUCTION EQUIPMENT	12/31/12	979	0
9	FULLY DEPRECIATED OFFICE EQUIPMEN	11/06/02	1,975	0
10	HARDDRIVE	9/20/08	278	0
11	COMPUTER	4/20/10	9,208	0
12	FURNITURE	6/05/03	479	0
13	FURNITURE	12/01/07	2,989	0
14	LEASEHOLD IMPROVEMENTS	5/22/07	94,155	2,414
15	LEASEHOLD IMPROVEMENTS	8/24/09	3,000	300
16	LASER PRINTER	1/13/11	380	0
17	PRINTER	3/15/11	100	0
18	IMAC	6/30/11	1,166	0
19	SIGULAR SOFTWARE	3/30/11	149	0
20	FINAL CUT PRO X	6/30/11	300	0
21	DROID TABLET	4/03/12	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	tv PRODUCTION EQUIPMENT	12/31/12	3,204	0
26	COMPUTER chs	10/03/12	480	0
27	PRINTER	4/13/13	170	0
28	GO PRO CAMERA	6/21/13	535	0
29	DESK	3/05/13	369	0
30	TABLES	3/05/13	196	0
31	LOCKING FILE	4/03/13	199	0
32	LEASEHOLD IMPROVEMENTS	6/30/13	17,068	426
33	MONITOR	6/30/13	689	0
34	APPLE COMPUTER - 1	6/30/13	2,936	0
35	APPLE COMPUTER - 2	6/30/13	1,749	0
36	COMPUTER ACCESSORIES	6/30/13	249	0
37	FURNITURE AND FIXTURES	6/30/13	1,640	235
38	PRINTER - E.D.	10/03/12	182	0
39	SERVER STUDIO A	6/21/13	1,548	0
40	TV PRODUCTION EQUIPMENT	8/05/13	45,430	757
41	OFFICE EQUIPMENT	3/14/14	825	110
42	COMPUTER	6/02/14	1,547	284
43	FURNITURE AND FIXTURES - UNISSET	8/13/13	8,900	1,272
44	FURNITURE AND FIXTURES	9/10/13	495	70
45	LEASEHOLD IMPROVEMENTS	7/23/13	3,750	94
46	security camera	5/12/14	550	92
47	tv PRODUCTION EQUIPMENT	12/31/11	6,147	0
48	computer editing equipment	4/14/15	1,701	340
49	LIVESTREAM BROADCASTER	4/17/15	508	101
50	DVD DUPLICATOR	1/07/15	558	111
51	OFFICE EQUIPMENT	6/30/15	6,615	1,323
52	TV PRODUCTION EQUIPMENT	7/10/15	126,434	25,287
53	TV PRODUCTION EQUIPMENT	8/30/16	59,500	11,900
55	EPSOM PRINTER	10/05/16	280	56
56	COMPUTER	4/05/17	1,798	359
57	2 CASH REGISTERS	5/03/17	200	40
58	MONITOR	6/05/17	250	50
59	TRIPOD	6/05/17	200	40
60	Signs	4/28/17	1,077	107
61	Chairs for Studio	9/06/17	632	127
62	48" Desk	9/07/17	469	94
63	Vacuum	10/06/17	200	40
64	Flooring	9/28/17	2,950	74
65	2 Outdoor Signs	10/15/17	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

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NH</u>
69	Small Drone	11/28/17	199	40
70	Lavalier Microphones	12/20/17	258	51
71	Equipment for Podcast Suite	1/19/18	802	160
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	106
76	B/H Microphones	4/30/18	799	159
77	Camera Gear for Sports	4/30/18	774	155
78	Mount for Monitor for Training	4/30/18	100	20
79	Speaker & Desktop Microphone	3/17/18	317	63
	Total Other Depreciation		<u>906,448</u>	<u>49,925</u>
	Total ACRS and Other Depreciation		<u>906,448</u>	<u>49,925</u>
	Grand Totals		<u>906,448</u>	<u>49,925</u>

Form 990	Two Year Comparison Report	2016 & 2017
For calendar year 2017, or tax year beginning 07/01/17 , ending 06/30/18		

Name

Taxpayer Identification Number

CONCORD COMMUNITY TV**02-0503677**

		2016	2017	Differences
R e v e n u e	1. Contributions, gifts, grants	14,110	5,550	-8,560
	2. Membership dues and assessments			
	3. Government contributions and grants	361,695	364,358	2,663
	4. Program service revenue	4,328	29,255	24,927
	5. Investment income	129	411	282
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	75	200	125
	8. Net income or (loss) from fundraising events		16,096	16,096
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	4,893	1,809	-3,084
	12. Total revenue. Add lines 1 through 11	385,230	417,679	32,449
E x p e n s e s	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	47,114	46,833	-281
	16. Salaries, other compensation, and employee benefits	180,735	221,358	40,623
	17. Professional fundraising fees			
	18. Other professional fees	7,522	7,880	358
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	54,366	57,349	2,983
	21. Other expenses	38,193	34,795	-3,398
	22. Total expenses. Add lines 13 through 21	327,930	368,215	40,285
	23. Excess or (Deficit). Subtract line 22 from line 12	57,300	49,464	-7,836
O t h e r I n f o r m a t i o n	24. Total exempt revenue	385,230	417,679	32,449
	25. Total unrelated revenue			
	26. Total excludable revenue	9,425	31,675	22,250
	27. Total assets	451,257	500,965	49,708
	28. Total liabilities	10,509	10,753	244
	29. Retained earnings	440,748	490,212	49,464
	30. Number of voting members of governing body	10	12	
	31. Number of independent voting members of governing body	10	12	
	32. Number of employees	10	9	
	33. Number of volunteers	35	83	

Form **990****Tax Projection Worksheet****2017 & 2018**

Name

Taxpayer Identification Number

CONCORD COMMUNITY TV**02-0503677**

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1. 5,550	5,550	
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 364,358	364,358	
	4. Program service revenue	4. 29,255	29,255	
	5. Investment income	5. 411	411	
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 200	200	
	8. Net income or (loss) from fundraising events	8. 16,096	16,096	
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 1,809	1,809	
	12. Total revenue. Add lines 1 through 11	12. 417,679	417,679	
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 46,833	46,833	
	16. Salaries, other compensation, and employee benefits	16. 221,358	221,358	
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 7,880	7,880	
	19. Occupancy, rent, utilities, and maintenance	19.		
	20. Depreciation and Depletion	20. 57,349	57,349	
	21. Other expenses	21. 34,795	34,795	
	22. Total expenses. Add lines 13 through 21	22. 368,215	368,215	
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 49,464	49,464	
Other	24. Total exempt revenue	24. 417,679	417,679	
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 31,675	31,675	
	27. Total assets	27. 500,965	500,965	
	28. Total liabilities	28. 10,753	10,753	
	29. Retained earnings	29. 490,212	490,212	
	30. Number of voting members of governing body	30. 12	12	
	31. Number of independent voting members of governing body	31. 12	12	
	32. Number of employees	32. 9	9	
	33. Number of volunteers	33. 83	83	

Form 990	Tax Return History	2017
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Name CONCORD COMMUNITY TV	Employer Identification Number 02-0503677
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	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants			318,563	375,805	369,908	369,908
Membership dues						
Program service revenue			4,296	4,328	29,255	29,255
Capital gain or loss				75	200	200
Investment income			85	129	411	411
Fundraising revenue (income/loss)					16,096	16,096
Gaming revenue (income/loss)						
Other revenue			1,278	4,893	1,809	1,809
Total revenue			324,222	385,230	417,679	417,679
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			49,061	47,114	46,833	46,833
Other compensation			162,105	180,735	221,358	221,358
Professional fees			10,398	7,522	7,880	7,880
Occupancy costs						
Depreciation and depletion			45,619	54,366	57,349	57,349
Other expenses			31,159	38,193	34,795	34,795
Total expenses			298,342	327,930	368,215	368,215
Excess or (Deficit)			25,880	57,300	49,464	49,464
Total exempt revenue			324,222	385,230	417,679	417,679
Total unrelated revenue						
Total excludable revenue			5,659	9,425	31,675	31,675
Total Assets			390,870	451,257	500,965	500,965
Total Liabilities			7,422	10,509	10,753	10,753
Net Fund Balances			383,448	440,748	490,212	490,212

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ <u>411</u>		1			
TOTAL	\$ <u><u>411</u></u>					

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
INDEPENDENT CONTRACTOR	\$ 75	\$ 15	\$ 60	\$
PAYROLL SERVICE FEES	1,686	337	1,349	
TOTAL	\$ 1,761	\$ 352	\$ 1,409	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
SCHOLARSHIPS	\$ 250	\$ 250	\$	\$
TOTAL	\$ 250	\$ 250	\$ 0	\$ 0

Federal Statements**Schedule A, Part II, Line 1(e)**

Description	Amount
CONTRIBUTIONS	\$ 4,550
SPONSORSHIPS	1,000
COMMUNITY BRIDGES GRANT	
CASH CONTRIBUTION	15,628
CITY OF CONCORD	
CASH CONTRIBUTION	52,500
CITY OF CONCORD	
CASH CONTRIBUTION	296,230
TOTAL	<u>\$ 369,908</u>

Schedule A, Part II, Line 9(e)

Description	Amount
INTEREST INCOME	\$ 411
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ -589</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
CLASS AND WORKSHOP FEES	\$ 6,255
COMMUNITY EDUCATION SERVICES	23,000
MISCELLANEOUS INCOME	1,809
EASTER EVENT	24,970
TOTAL	<u>\$ 56,034</u>

Federal Statements**EASTER EVENT****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SCRATCH TICKETS	\$ 1,000
SUPPLIES	<u>6,374</u>
TOTAL	<u>\$ 7,374</u>