

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

Α	For the	2011 calend	dar year, or tax year beginning , and ending										
В	Check if a	1	C Name of organization		D Emp	loyer identification number							
	Address o	change											
	Name cha	ange	HARDWICK COMMUNITY TELEVISION INC.	·		1-3038000							
	Initial retu	ım	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	í '	phone number							
	Terminate	ed	PO BOX 736		8.0	02-472-6655							
	Amended	l return	City or town, state or country, and ZIP + 4		F Grou	up Exemption							
\bigsqcup	Applicatio	n pending	HARDWICK VT 05843		Num								
G		iting Method.	Cash X Accrual Other (specify) ▶	H Check		ne organization is not							
I	Websit	te: ▶ <u>W</u> W	W.hctv.us	 '		Schedule B							
<u>J</u>	Tax-exe		neck only one) — X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or			Z, or 990-PF)							
K	Check I		e organization is not a section 509(a)(3) supporting organization or a section 527 (
			00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-pos	card) may be requ	ıred (see ii	nstructions) But if							
	•	ne organization chooses to file a return, be sure to file a complete return											
L			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets (Part II,		e 20 424							
			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ	(asa tha matrix	etions for	<u> </u>							
۲	art i		iue, Expenses, and Changes in Net Assets or Fund Balances if the organization used Schedule O to respond to any question in this		ctions for	X							
	1		gifts, grants, and similar amounts received	1 art i	1	5,165							
	2		rvice revenue including government fees and contracts		2	24,381							
	3	•	dues and assessments		3								
	4	Investment is			4	60							
	5a		int from sale of assets other than inventory 5a										
	b		r other basis and sales expenses 5b	•									
	6		from sale of assets other than inventory (Subtract line 5b from line 5a)		5c								
			I fundraising events										
Φ	ra Ta	Gross incom	ne from gaming (attach Schedule G if greater than										
Revenue	Ē	\$15,000)	6a										
æ	CARINED	Gross incom											
		from fundras	sing events reported on line 1) (attach Schedule G if the										
	11.11	sum of such	gross income and contributions exceeds \$15,000) 6b										
	С	Less direct	expenses from gaming and fundraising events										
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		 1								
	3	line 6c)	ſ Ŗ	ECEIVED	6d								
	∑7a		of inventory, less returns and anowaries	- V B	⊣ ∳[
	√ 2 b	Less cost of	f goods sold	IIIN 2 5 2012	- 18 61								
	C	•	17.	IUN 2 3 ZUIZ	12 C	010							
	8		ue (describe in Schedule O)		1	818 30,424							
_	9		11 11 71		=10	30,424							
	10		similar amounts paid (list in Schedule O)	724	11	 							
	11	-	d to or for members ner compensation, and employee benefits		12	20,699							
Expenses	12		I fees and other payments to independent contractors		13	430							
eü	14		rent, utilities, and maintenance		14	130							
X	15		blications, postage, and shipping		15								
	16		16	3,948									
	17	•	nses (describe in Schedule O) nses. Add lines 10 through 16		▶ 17	25,077							
	18		deficit) for the year (Subtract line 17 from line 9)		18	5,347							
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with										
Ass			figure reported on prior year's return)	19	14,736								
Net Assets	20	-	ges in net assets or fund balances (explain in Schedule O)		20								
Z	24	-	or find halances at and of year. Combine lines 18 through 20		21	20 083							

Form	990-EZ (2011) HARDWICK COMMUNITY TELEVISION INC. 74-3038000		F	age
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.	•		
	The first and the first and the significant access concerns to the respond to any question in this hart y		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		i	
	detailed description of each activity in Schedule O	33	ļ	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	١.,		١,,
25-	change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			١,,
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	-	Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	ļ	-
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			٠,
20	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	 	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			\ •
27.	during the year? If "Yes," complete applicable parts of Schedule N	36	-	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	٠		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	20-		v
.		38a		X
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter	-		
ээ a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b	-		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	-		
+va	section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
D	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		1	•
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		<u></u>
·	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
u	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
·	transaction? If "Yes," complete Form 8886-T	40e		х
11	List the states with which a copy of this return is filed. None	100		122
 12a	The organization's books are in care of ▶ MEREDITH E. HOLCH Telephone no ▶			
	PO BOX 736			
	Located at ▶ HARDWICK VT ZIP+4 ▶ 05	843		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	If "Yes," enter the name of the foreign country			
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		Х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
5b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		Х
DAA		Form 99	90-E2	

orm 9	990-EZ	Z (2011) HARDWICK COMMUNITY TELEVISION	$\underline{\text{INC.}}$	<u>4-3038000</u>			P	age 4
							Yes	No
		e organization engage, directly or indirectly, in political campaign activities of	on behalf of or in o	pposition				
		didates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations and section 4947(a)(1	1) nonevemnt	charitable trus	ste only All se	46		<u> </u>
Par	t vi	501(c)(3) organizations and section 4947(a)(1) nonexempt cl	haritable trusts	must answer que	estions 47-49b			
		and 52, and complete the tables for lines 50 and 51.						
		Check if the organization used Schedule O to respond to any	y question in this	s Part VI			Yes	No
17	Did the	e organization engage in lobbying activities or have a section 501(h) electio	on in effect during t	the tax			165	
	•	If "Yes," complete Schedule C, Part II				47		X
		organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," com				48		X
19a	Did the	e organization make any transfers to an exempt non-chantable related orga	anization?			49a		X
		s," was the related organization a section 527 organization?				49b		Щ_
	-	lete this table for the organization's five highest compensated employees (c						
	emplo	yees) who each received more than \$100,000 of compensation from the or			· , 			
		(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	I	imated a	amount of ensation
					compensation	 		
None								
						<u> </u>		
			<u> </u>	<u> </u>		<u> </u>		
51	Compl	number of other employees paid over \$100,000 lete this table for the organization's five highest compensated independent 000 of compensation from the organization. If there is none, enter "None."	contractors who e	ach received more	 than			
		Name and address of each independent contractor paid more than \$100,000	(b) 1	Type of service	(c) Co	mpensa	ation	
Non						<u> </u>		
1101								
	Total :	number of other independent contractors each receiving over \$100,000				-		
		number of other independent contractors each receiving over \$100,000 is organization complete Schedule A? Note : All section 501(c)(3) organization	ions and 4947(a)(1)				
		re organization complete Schedule A≥ Note. All section 55 (c)(5) organization completed Schedule A	ions and 4547 (a)(''	▶ [X	Yes		No
		es of perjury, I declare that Phave examined this return, including accompanying sch	edules and statemer	nts, and to the best of				110
rue, c	orrect, a	and complete Declaration of preparer (other than officer) is based on all information	of which preparer ha	as any knowledge	,euge ame ee	,		
				6-2	0-12			
Sign		Signature of briber D. PURVIS TREA	1.1000	Date				
Here			SUPER					
		Type or print name and title		Inc.		DTIP		
		Print/Type preparer's name Preparer's signature	.)	Date	Check r	f PTIN	ī	
Paid		Deborah L. Verzilli, CPA	Dermi	, GA Q	Self-employed	_	29570	
Prep		Firm's name Marckres Norder and Compan			Firm's EIN 03	-03	221	<u>.33</u>
Use (Only	Firm's address PO Box 732, 481 Brooklyn S			000	000		01
Marri	he IDC	Morrisville, VT 05661-853 S discuss this return with the preparer shown above? See instructions	Τ.0	_	Phone no 802-		es [No
iviay 1	HE IKS	3 discuss this return with the preparer shown above? See instructions						Z (2011)
						rom 🗗	JU-E4	– (∠∪11)

SCHEDULE A (Form 990 or 990-EZ)

Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

			HARDWIC	CK COM	<u>YTINUM</u>	<u> </u>	ON INC	<u>: </u>			<u> 74 -</u>	3038	<u> 3000 </u>		
P	rt I	Reaso	on for Public	Charity S	tatus (All o	rganizations	must con	nplete t	his par	t) See	instru	ctions.	·		
The	orgar	nization is not a	private foundation	on because	it is. (For lines	1 through 11, cl	heck only on	e box)							
1		A church, con	vention of church	es, or assoc	ciation of church	hes descnbed i	n section 1 7	70(b)(1)(<i>/</i>	۹)(i).						
2	П	A school desc	nbed in section	170(b)(1)(A)(ii).(Attach So	chedule E)									
3	П	A hospital or a	cooperative hos	pital service	organization d	escribed in sec	tion 170(b)	(1)(A)(iii)	١.						
4	П		earch organizatio)(A)(iii).	Enter th	e hospit	tal's name,		
	_	city, and state													
5		An organization	on operated for th	e benefit of	a college or un	iversity owned	or operated l	oy a gove	rnmenta	il unit de	scnbed	ın			
			b)(1)(A)(iv).(Con												
6		A federal, stat	e, or local govern	nment or gov	ernmental unit	described in s	ection 170(l	o)(1)(A)(v	<i>(</i>).						
7	П		on that normally r							the ger	eral pu	blic			
		-	ection 170(b)(1												
8			trust described in				t II)								
9	X	An organization	on that normally r	eceives (1)	more than 33	1/3% of its supp	ort from con	tributions	, membe	ership fe	es, and	gross			
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its													
			gross investment												
		acquired by th	ne organization at	fter June 30,	1975 See se	ction 509(a)(2)	. (Complete l	Part III.)							
10		An organization	on organized and	operated ex	clusively to tes	st for public safe	ety See sect	ion 509(a)(4).						
11			on organized and												
			ne or more public									tion			
		509(a)(3) . Ch	eck the box that	describes the					11e thr	ough 11	h				
		a Type		Type II		ype III-Functio			d		e III–Otl				
е			his box, I certify t												
		other than fou	ındatıon manager	rs and other	than one or mo	ore publicly sup	ported organ	izations o	describe	d in sect	ion 509	(a)(1)			
		or section 509													
f		-	ation received a v	vritten deterr	mination from th	he IRS that it is	a Type I, Ty	pe II, or T	ype III s	upportin	g				
			check this box												
g		Since August	17, 2006, has the	e organizatio	on accepted an	y gift or contrib	ution from ar	y of the							
		following per								_					1 .
			who directly or i				with persons	describe	ed in (ii) a	and				Yes	No
			v, the governing t										11g(i)		┼
		• •	member of a pers										11g(ii)		_
		• •	ontrolled entity of	•									11g(iii	Д	1
<u>h</u>			ollowing informat				(ha) to the o		64.04	ou sately	(44)	o tho	(w) Am		
(•	ne of supported ganization	(II) EIN	'		of organization ed on lines 1–9	(îv) is the o	_		ou notify	organizat	is the ion in col		nount of port	
	.	g				r IRC section	governing			of your		zed in the S ?			
					(see In	structions)	Yes	No	Yes	port? No	Yes	No			
/A \							100	110	1.55	 	100				
(A)															
(B)										·					
(B)															
									_	-					
(C)															
(D)					-										
										ļ					-
(E)															
							 -								
Tot	al		1		I		1		1			1			

74-3038000

Page 2

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

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

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					_	
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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (12	!
13	First five years. If the Form 990 is for the	organızation's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	_
	organization, check this box and stop here						•
Sec	tion C. Computation of Public Su	*	· · · · ·				,
14	Public support percentage for 2011 (line 6,	column (f) divided	by line 11, column	(f))		14	
15	Public support percentage from 2010 Sche					1	<u> </u>
16a					1/3% or more, che	ck this	. □
	box and stop here. The organization qualif	• •			00.41007		
b	33 1/3% support test—2010. If the organi				is 33 1/3% or more	·•	▶ □
47-	check this box and stop here. The organiz	•		•	or 16h and kno 1	4.0	
174	10%-facts-and-circumstances test—20 10% or more, and if the organization meets	_					
	Part IV how the organization meets the "fac				-		
	organization	as-ang-ch comstant	ces test The organ	mzanon quames as	s a publicly support	Cu	▶ □
ь	10%-facts-and-circumstances test—20	10 If the organizate	on did not check a l	hox on line 13, 16a	16b or 17a and I	ine	نیا ۲
Ü	15 is 10% or more, and if the organization i	•		•	•		
	Explain in Part IV how the organization med				-	dv	
	supported organization				4	•	▶□
18	Private foundation. If the organization did	not check a box or	n 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality ander the	7 10010 110104 20	mont, piedee coi	inpicto i dit ii.)		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	75	3,718	2,200	2,254	5,165	13,412
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	19,297	18,759	19,562	17,867	24,381	99,866
3	Gross receipts from activities that are not an unrelated trade or business under section 513			1,440	956	818	3,214
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	19,372	22,477	23,202	21,077	30,364	116,492
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						116,492
	tion B. Total Support		ı		ı		
Cale	ndar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	19,372	22,477	23,202	21,077	30,364	116,492
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	490	468	139	80	60	1,237
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	490	468	139	80	60	1,237
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,					T	
	and 12)	19,862	22,945	23,341	21,157	30,424	117,729
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	econd, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	>
Sec	tion C. Computation of Public Su	pport Percentag	ge				
15	Public support percentage for 2011 (line 8,	column (f) divided by	y line 13, column (f))		15	98.95 %
<u>16</u>	Public support percentage from 2010 Schei					16	98.82 %
<u>Sec</u>	tion D. Computation of Investmen						
17	Investment income percentage for 2011 (lin		•	olumn (f))		17	1 %
18	Investment income percentage from 2010 S					18	1 %
19a	33 1/3% support tests—2011. If the organ 17 is not more than 33 1/3%, check this box	x and stop here . Th	e organization qua	lifies as a publicly s	supported organiza	ition	▶ [X
b	33 1/3% support tests—2010. If the organ						_ r
20	line 18 is not more than 33 1/3%, check this Private foundation . If the organization did	-	-		-		P

Schedule A (Form 990 or 990-EZ) 2011 HARDWICK COMMUNITY TELEVISION INC. 74-3038000 Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O ` (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

2011
Open to Public inspection

Department of the Treasury Internal Revenue Service Name of the organization

HARDWICK COMMUNITY TELEVISION INC.

Employer identification number 74 - 3038000

Form 990-EZ, 1	Part I,	Line	8 -	Other	Revenue	
Description					Amount	:
OTHER INCOME					\$	818
				Total	\$	818

	•	
Form 990-EZ, Part I, Line 16 - Other	r Exper	nses
Description	An	nount
Expenses		
OFFICE EXPENSE	\$	125
INSURANCE	\$	1,099
DUES	\$	68
EXPENDABLE EQUIPMENT	\$	199
MISCELLANEOUS	\$	42
POST OFFICE BOX	\$	70
REPAIRS AND MAINTENANCE	\$	55
SUPPLIES	\$	893
TELEPHONE & INTERNET	\$	772
WEBSITE	\$	94
Non-investment Depreciation	\$	531
Total	\$	3,948

Form 990-EZ, Part II, Line 24 - Other Assets	
Description	Beg. of Year End of Year
EQUIPMENT	\$ 32,527 \$ 34,873
Less Accumulated Depreciation	\$ 31,818 \$ 32,349

Total \$

709 \$

2,524

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description

Beg. of Year End of Year

Accounts Payable and Accrued Expenses

\$

0 \$

983

Form 990-EZ, Part III - Primary Exempt Purpose

TO PROVIDE EDUCATIONAL AND GOVERNMENTAL (PEG) ACCESS

THROUGH THE LOCAL CABLE TELEVISION SYSTEM FOR THE COMMUNITY

OF SUBSCRIBERS.

Form **4562**

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Internal Revenue Service

(99)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 179

	HARDWIC	K COMMUNIT	Y TELEVIS	ION_	INC.			74-	303	8000
	ss or activity to which this form relates	 -								
	<u>ndirect Depreciati</u>									
Pa	rt I Election To Expens	-	•			1	- D-41			
_	Note: If you have ar		, complete Pan	v ber	ore you co	mpie	е Рап I.		4	E00 000
1	Maximum amount (see instructions)		:tt						1 2	500,000
2	Total cost of section 179 property p	•	•	oto iotioni	٠,				3	2,000,000
3	Threshold cost of section 179 proper Reduction in limitation. Subtract line	•		struction	5)				4	2,000,000
4 5	Dollar limitation for tax year Subtract line			ned filma	canarataly cad	netru	tione		5	
6	(a) Description		less, enter -0- il mai		businėss use oni			lected cost	-	
•	(a) Description	TOT PROPERTY		(2) 000. (20111000 400 011	'''	(0).		-	
-								<u>-</u>	$\neg \neg$	
7	Listed property Enter the amount fr	rom line 29				7				
8	Total elected cost of section 179 pro		ın column (c), lines	6 and 7	,				8	
9	Tentative deduction Enter the sma		• •						9	
10	Carryover of disallowed deduction f								10	
11	Business income limitation. Enter th	e smaller of business	s income (not less t	than zero	o) or line 5 (s	ee inst	ructions)		11	
12	Section 179 expense deduction Ad		•						12	
13	Carryover of disallowed deduction to				•	13				
Note	Do not use Part II or Part III below f	or listed property Ins	stead, use Part V							
Pa	rt II Special Depreciation	on Allowance ar	nd Other Depre	ciatio	n (Do not	incli	ude liste	d proper	ty.) (§	See instructions)
14	Special depreciation allowance for o	qualified property (oth	er than listed prop	erty) plac	ced in service	•				
	during the tax year (see instructions	s)							14	
15	Property subject to section 168(f)(1)) election							15	
16	Other depreciation (including ACRS								16	188
Pa	rt III MACRS Depreciati	on (Do not inclu			ee instruc	<u>tions</u>)			
				ion A				7	1	
17	MACRS deductions for assets place								17	225
18	If you are electing to group any assets placed	in service during the tax ye Assets Placed in Se					oral Denr	eciation S	Sveton	<u> </u>
	Section B-7	(b) Month and year	(c) Basis for depre			001	ierai bepi	Colation	Jy Stell	
	(a) Classification of property	placed in service	(business/investmen only-see instruct	t use	(d) Recovery period	(e) C	Convention	(f) Metho	od	(g) Depreciation deduction
19a	3-year property	SOLVICO	01117-000 111011 001							
b	5-year property		2	,346	5.0		MQ	200	DB	118
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property				25 yrs			S/L		
h	Residential rental				27 5 yrs		MM	S/L		
	property				27.5 yrs		MM	S/L		
i	Nonresidential real		<u> </u>		39 yrs		ММ	S/L		
	property	L	l				MM	S/L		<u>.</u>
		sets Placed in Ser	vice During 2011	Tax Yea	r Using the	Alter	native De _l	preciation	Syste	em
20a		.				ļ		S/L		
	12-year				12 yrs			S/L		
	40-year	L	<u> </u>		40 yrs	L	MM	S/L		
	rt IV Summary (See inst								64	
21 22	Listed property Enter amount from		oo 10 and 20	leanne (m)	and line 04	Cata-	hara		21	
22	Total. Add amounts from line 12, lin			_		⊏nter	nere		,,	E21
22	and on the appropriate lines of your For assets shown above and place	=			ISUUCIONS				22	531
23	portion of the basis attributable to s	-	e current year, ente	51 UIC		23				
	portion of the vasis attributable to s	COLOTI ZOUM COSIS				_ 23	<u> </u>			

Year Ended: December 31, 2011

HARDWICK COMMUNITY TELEVISION INC. PO BOX 736 HARDWICK, VT 05843

Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

74-3038000

FYE: .12/31/2011

HAR8000 HARDWICK COMMUNITY TELEVISION INC.
74-3038000 Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
36 I 37 I	GDS Property: LAPTOP COMPUTER HARD DRIVE CARD READER ME-66 SHOUTGUN MIC	12/07/11 12/07/11 12/28/11	831 995 520 2,346	-	831 995 520 2,346	5 MQ200DB 5 MQ200DB 5 MQ200DB	0 0 0 0	42 50 26 118
1 F 2 F 3 F 4 I 5 J 6 F 8 F 10 I 11 I 12 S 13 F 14 I 15 I 16 S 17 S 18 F 19 I 20 S 21 F 22 I 23 I 24 I 25 I 26 I 27 I 28 I 29 I 20 I 21 I 22 I 23 I 24 I 25 I 26 I 27 I 28 I 2	ACRS: RACK MOUNT RACK MOUNT SHELF RACK MOUNT SHELF RACK MOUNT SHELF DIGITAL PLAYER FOR MINIDV BEACH CAMERA ZIP ZOOMFLY RETN EDITING COMPUTER DATA MEM NTERNAL HARD DRIVE SOUND SYSTEM PRINTER'SCANNER B+H AUDIO & VIDEO FRIPODS CAMERA CASES STUDIO/ AUDIO AUDIO LAVLIER MICROPHO SHOTGUN MICROP BOOM POLE FAPLE TOP MICRO SHURE LOWELL LIGT KIT 13" NTSC REFERR MAIN VIDEO CAMERA FABLE STOCK CAMERA LOCKUP ON BOARD MICRO CANON 19"LCD MONITOR HEADPHONES SWITCHER BRD CAMERA PANASONIC PV FITLER TITLEMAKER 3000 SCAN CONVERTOR	6/01/05 6/01/05 6/01/05 6/01/05 8/25/05 9/13/05 9/06/05 9/06/05 6/07/05 8/31/05 9/30/05 8/30/05 11/03/05	250 75 45 8,000 1,615 268 113 250 7,101 364 244 115 173 115 770 350 399 170 385 410 180 360 1,430 275 3,990 292 180 135 270 244 1,104 760 582 573 31,587	-	250 75 45 8,000 1,615 268 113 250 7,101 364 244 115 173 115 770 350 399 170 385 410 180 360 1,430 275 3,990 292 180 135 270 244 1,104 760 582 573 31,587	7 HY 200DB 7 HY 200DB 7 HY 200DB 5 HY 200DB 6 HY 200DB 7 HY 200DB 7 HY 200DB	217 65 39 8,000 1,615 268 113 250 7,101 364 244 115 173 115 770 350 399 170 385 410 180 360 1,430 275 3,990 292 180 135 270 244 1,040 717 549 445 31,270	22 7 4 0 0 0 0 0 0 0 0 0 0 0 0 0
	Depreciation: Mac Mıni Total Other Depreciation	2/13/08 _ _	940 940		940 940	5 MO S/L	548 548	188 188
	Total ACRS and Other Depre	ciation =	940	=	940		548	188
	Grand Totals Less: Dispositions and Transfo Less: Start-up/Org Expense Net Grand Totals	ers 	34,873 0 0 34,873		34,873 0 0 34,873		31,818 0 0 31,818	531 0 0 531

HAR8000 HARDWICK COMMUNITY TELEVISION INC.
74-3038000 AMT Asset Report

74-3038000

FYE: 12/31/2011

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year 36 37 38	CODS Property: LAPTOP COMPUTER HARD DRIVE CARD READER ME-66 SHOUTGUN MIC	12/07/11 12/07/11 12/28/11 _	831 995 520 2,346	-	831 995 520 2,346	5 MQ200DB 5 MQ200DB 5 MQ200DB	0 0 0 0	42 50 26 118
Prior 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	MACRS: RACK MOUNT RACK MOUNT SHELF RACK MOUNT SHELF DIGITAL PLAYER JVC MINIDV BEACH CAMERA ZIP ZOOMFLY RETN EDITING COMPUTER DATA MEM INTERNAL HARD DRIVE SOUND SYSTEM PRINTER/SCANNER B+H AUDIO & VIDEO TRIPODS CAMERA CASES STUDIO/ AUDIO AUDIO LAVLIER MICROPHO SHOTGUN MICROP BOOM POLE TAPLE TOP MICRO SHURE LOWELL LIGT KIT 13" NTSC REFERR MAIN VIDEO CAMERA TABLE STOCK CAMERA LOCKUP ON BOARD MICRO CANON 19"LCD MONITOR HEADPHONES SWITCHER 3RD CAMERA PANASONIC PV TITLER TITLEMAKER 3000 SCAN CONVERTOR	6/01/05 6/01/05 6/01/05 6/01/05 8/01/05 8/25/05 9/13/05 9/06/05 6/07/05 8/31/05 9/30/05 8/30/05 11/03/05	250 75 45 8,000 1,615 268 113 250 7,101 364 244 115 173 115 770 385 410 180 360 1,430 275 3,990 292 180 135 270 244 1,104 760 582 573		250 75 45 8,000 1,615 268 113 250 7,101 364 244 115 173 115 770 385 410 180 3,990 1,430 275 3,990 292 180 135 270 244 1,104 760 582 573	7 HY 150DB 7 HY 150DB 7 HY 150DB 5 HY 150DB 6 HY 150DB 7 HY 150DB 7 HY 150DB 7 HY 150DB 7 HY 150DB	204 61 37 8,000 1,615 268 113 250 7,101 364 244 115 173 115 770 350 399 170 385 410 180 360 1,430 275 3,990 292 180 135 270 244 1,012 697 534 398	31 9 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other	Depreciation:	=	31,587	=	31,587		31,141	318
35	Mac Mini Total Other Depreciation	2/13/08 _	940 940	-	940 940	5 MO S/L	548 548	188
	Total ACRS and Other Depre	eciation =	940		940		548	188
	Grand Totals Less: Dispositions and Transi	fers _	34,873 0	_	34,873 0		31,689 0	624 0
	Net Grand Totals	=	34,873	=	34,873		31,689	624

	Amount \$ 3,000 2,165 \$ 5,165	Amount \$ 24,381 \$ 24,381 \$ 24,381 \$ 818	\$ 60
HAR8000 HARDWICK COMMUNITY TELEVISION INC. 74-3038000 FYE: 12/31/2011	Schedule A, Part III, Line 1(e) TOWN APPROPRIATION Other Total	Schedule A, Part III, Line 2(e) CABLE SUBSCRIBER FEES Total Schedule A, Part III, Line 3(e) Description Total Total	Schedule A, Part III, Line 10a(e) Interest Total

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury		► File a separate application for each return.									
If you are filing for an Automatic 3-Month Extension, complete only Part and check this box									▶ X		
			•	mplete only Part (on page 2 of this for	m)				تے ،		
	-	· · · · · · · · · · · · · · · · · · ·		month extension on a previously filed Fo		368					
Electronic fil	ing (e-file).You	can electronically file Form 8868 if you	ı need a 3-m	onth automatic extension of time to file (6 moi	nths fo	or				
				th extension of time You can electronica							
				t II with the exception of Form 8870, Info							
-				nust be sent to the IRS in paper format (
				v/efile and click on e-file for Charities & 1		ofits					
Part I	Automatic	3-Month Extension of Time.	Only sub	mit original (no copies needed)			•				
A corporation	required to file f	orm 990-T and requesting an automati	c 6-month e	xtension-check this box and complete							
Part I only									▶ □		
All other corpo	rations (includii	ng 1120-C filers), partnerships, REMICs	s, and trusts	must use Form 7004 to request an exter	nsion	of tım	е		_		
o file income t	ax returns			·							
				Enter filer					instruction		
Type or	Name of exe	mpt organization or other filer, see instr	uctions		=	mploy	er identi	ification numb	oer (EIN) or		
orint 	דומרם אנו	CV COMMINITAN TELEVI	COTON THE			71					
lie by the		CK COMMUNITY TELEVI		X			38000	1)			
iling your	PO BOX	street, and room or suite no. If a P.O. box, see instructions					Social security number (SSN)				
eturn See nstructions	City, town or	City, town or post office, state, and ZIP code. For a foreign address, see instructions									
	HARDWI	CK V'I'	05843	3			-				
Enter the Retu	rn code for the	return that this application is for (file a s	eparate app	lication for each return)							
Application			Return	Application					Return		
Is For			Code	Is For					Code		
Form 990		<u> </u>	01	Form 990-T (corporation)					07		
Form 990-BL			02	Form 1041-A				08			
Form 990-E2	<u>z</u>		01	Form 4720					09		
Form 990-PF			04 05	Form 5227					10		
Form 990-T (sec 401(a) or 408(a) trust)				Form 6069	form 6069						
Form 990-T	(trust other than	above)	06	Form 8870					12		
Telephone If the organ If this is for or the whole go	nization does no a Group Retur roup, check this ames and EINs	2 - 472 - 6655 It have an office or place of business in a number of the properties of the propertie	oup Exemption the group, ch	States, check this box on Number (GEN) neck this box If and attached	this is	5			▶ □		
until for the or	rganization's re calendar year _ tax year beginn year entered ir	um for. or ng , and ending line 1 is for less than 12 months, chec	for the orga	inization named above. The extension is	i						
	nange in accour plication is for F	ting period orm 990-BL, 990-PF, 990-T, 4720, or 6	6069, enter t	he tentative tax. less anv			i				
• •	dable credits S	, , ,		.,,	\perp	3a	\$				
		orm 990-PF, 990-T, 4720, or 6069, ent	-			<u>.</u> ا					
		made Include any prior year overpayn ine 3b from line 3a Include your paym			\dashv	3b	>				
		ral Tax Payment System) See instruct		, ir roquirou, by using		3c_	\$				
				_ · · · · · · · · · · · · · · · · · · ·		-					