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Form **990-EZ**

OMB No 1545-1150

Open to Public Inspection

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 frust or private foundation)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 900. 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 perporting requirements.

The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning and ending

B c	heck if pplicable	C Name of organization	D Employer i	dentification number
	7	ss change		
	Name	change MAD RIVER VALLEY TELEVISION, INC.		357623
		Number and street for P.O. box if mail is not delivered to street address) Room/cuite	E Telephone	number
	Termi	D 0 D0V 107E	496-	4484
	7		F Group Exe	mption
abla	ה	tion pending WAITSFIELD, VT 05673	Number >	·
G /		ting Method: Cash X Accrual Other (specify)	H Check	X if the organization is no
		e: ►N/A	required to	attach Schedule B
		empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527	(Form 990	, 990-EZ, or 990-PF).
		If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its g	ross receipts	are normally not more than
). A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction		
		, be sure to file a complete return.	,	•
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	II,	
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	131,778
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions for Par	t I)
		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received	1	1,919.
	2	Program service revenue including government fees and contracts	2	115,770.
	3	Membership dues and assessments	3	6,000.
	4	Investment income SEE SCHEDULE O	4	1,003
	5a	Gross amount from sale of assets other than inventory 5a 7, 0	——	_ / • • • •
	Ъ	Less, cost or other basis and sales expenses 5b 1,9		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	5,113
	6	Gaming and fundraising events		7,
_	a	Gross income from gaming (attach Schedule G if greater than		
Revenue	"	\$15,000) 6a		
š	h	Gross income from fundraising events (not including \$		
æ	"	from fundraising events reported on line 1) (attach Schedule G if the sum of such RECEIVED		
O	b			
	•	gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events		
1	2 4	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	₽ 7a	Gross sales of inventory, less returns and allowances	- 00	· · · · · · · · · · · · · · · · · · ·
i C	7a 7 b	Less; cost of goods sold		
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
JAN	. C	Other revenue (describe in Schedule 0)	8	
	1 .	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	129,805
<u>e</u>	10	Grants and similar amounts paid (list in Schedule 0)	10	227,000
_	1	Benefits paid to or for members	11	
Ĭ,	12	Salaries, other compensation, and employee benefits	12	64,214
Expenses	12	Professional fees and other payments to independent contractors	13	4,203
oen	13		14	15,649
ŭ	14	Occupancy, rent, utilities, and maintenance	15	1,055
	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule O) SEE SCHEDULE O	16	37,070
	16	, , ,		122,191
	17	Total expenses. Add lines 10 through 16	17	7,614
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18_	1,014
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	40	126,328
tΑ		(must agree with end-of-year figure reported on prior year's return)	_19	140,340
Š	20	Other changes in net assets or fund balances (explain in Schedule 0)	20	122 042
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	133,942

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

Desc	at is the organization's primary exempt purpose? PROVIDING ACCE cribe the organization's program service accomplishments for each of its three largest program service.	services, as measured by expense		N.	organizatio	and 501(c)(4) ons and section) trusts; optional)
	ner, describe the services provided, the number of persons benefited, and other relevant information		ACCECC ON	7	Tor others.	,
28	PROVIDING PUBLIC, EDUCATIONAL AND G			<u>A</u>		
	CABLE TELEVISION SYSTEM IN ACCORDAN	CE WITH THE V	ERMONT		•	
	PUBLIC SERVICE BOARD.			$\overline{}$		100 101
29	(Grants \$) If this amount includes foreign g	rants, check here		<u></u> _	28a	122,191.
••	(Grants \$) If this amount includes foreign g	rants, check here			29a	
30						
	(Grants \$) If this amount includes foreign g	rants, check here	•		30a	
31	Other program services (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·				
	(Grants \$) If this amount includes foreign g	rants, check here			31a	
32	Total program service expenses (add lines 28a through 31a)			▶	32	122,191.
Pi	art IV List of Officers, Directors, Trustees, and Key E	mployees List each one e	ven if not compensated (see the	instructions f	or Part IV)
	Check if the organization used Schedule O to res	pond to any questio	n in this Part I\			
	(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	conf empl plans,	ealth benefits, tributions to loyee benefit and deferred npensation	(e) Estimated amount of other compensation
LJ	SA LOOMIS					
PF	RESIDENT	0.00	0.		0.	0.
MI	CHAEL HOCK					
V]	CE-PRESIDENT	0.00	0.		0.	0.
ΑI	LEX MACLAY					
SE	ECRETARY/TREASURER	20.00	18,965.	1	L <u>,187.</u>	0.
BF	RIAN SHUPE					
D]	RECTOR	0.00	0.		0.	0.
D <i>P</i>	AN ECKSTEIN					
D]	RECTOR	0.00	0.		0.	0.
CF	HARLES ALLEN					
DJ	RECTOR	0.00	0.		0.	0.
L]	Z LEVEY					
D]	RECTOR	0.00	0.		0.	0.
L]	SA ITALIANO					
	RECTOR	0.00	0.		0.	0.
RC	OB WILLIAMS					
D]	RECTOR	0.00	0.		0.	0.
	DELE NICHOLS					
D]	RECTOR	0.00	0.		0.	0,
		l	1	l		1

Form **990-EZ** (2012)

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Fbrm 990-EZ (2012)

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25

26

Cash, savings, and investments

Other assets (describe in Schedule 0)

Total liabilities (describe in Schedule O)

Land and buildings

Total assets

Part II Balance Sheets (see the instructions for Part II)

Net assets or fund balances (line 27 of column (B) must agree with line 21)

SEE SCHEDULE O

SEE SCHEDULE O

Section Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V y Check if the organization used Sch. O to respond to any question in this Part V \(\) \$\ \text{43} \) \$\ \text{43} \) \$\ \text{43} \] \$\ \text{44} \] \$\	F orm	990-EZ (2012) MAD RIVER VALLEY TELEVISION, INC. 03-035			Page 3
33 Def the organization elagate in any significant activity not previously reported to the IRSP If Yes, "provide a detailed description of each activity in Schedule 0 34 Were any significant changes made to the organization of poverning documents? If Yes," attent a conformed copy of the amended documents of their prefet in the prefet of change to the organization's rame. Otherwise, explain the change on Schedule 0 (see instructions) 35 Dot the organization have unrelated becames give costs increased. Whenever, explain the change on Schedule 0 (see instructions) 36 If Yes," to line 35, has the organization offed a Form 990-17 for the year? If Yes, "provide an explanation in Schedule 0 36 If Yes," to line 35, has the organization field a Form 990-17 for the year? If Yes, "provide an explanation in Schedule 0 37 If If Yes, "organization section 35 (schedule N) organization subgerial to section 053(s) inction, reporting, and proxy lax requirements during the year? If Yes, complete spliciably parts of Schedule N organization subgerial to section 053(s) inction, reporting, and proxy lax requirements of schedule N organization indeposition of schedule N organization subgerial to section 053(s) inction, reporting, and proxy lax sometiments of schedule N organization indeposition of schedule N organization subgerial to section 053(s) inction, reporting, and proxy lax sometiments of schedule N organization subgerial to section 053(s) inction, reporting, and proxy lax sometiments of schedule N organization subgerial to the report of schedule N organization subgerial to the schedule N organization subgerial subge	Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement	ts in t	he	
33		instructions for Part V) Check if the organization used Sch. O to respond to any question in the	is Par	t V	X
activity in Schedule 0 4 Were an syndromical changes mide to the organizating or governing documents? If "Yes," altach a conformed copy of the amended documents of they reflect a change to the organization's same. Otherwise, explain the change on Schedule 0 (see instructions) 5 of the organization have unrefeated wissenses ploss income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 5a, and 7a, among others)? 5 if "Yes," to line 3a, has the organization infect a Form 990-11 for the year? If "Not," provide an explanation in Schedule 0 (such as those reported on lines 2, 5a, and 7a, among others)? 5 if "Yes," to line 3a, has the organization infect a Form 990-11 for the year? If "Not," provide an explanation in Schedule 0 (such as those reported on lines 3a, 6a, 3b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7				Yes	No
activity in Schedule 0 4 Were an syndromical changes mide to the organizating or governing documents? If "Yes," altach a conformed copy of the amended documents of they reflect a change to the organization's same. Otherwise, explain the change on Schedule 0 (see instructions) 5 of the organization have unrefeated wissenses ploss income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 5a, and 7a, among others)? 5 if "Yes," to line 3a, has the organization infect a Form 990-11 for the year? If "Not," provide an explanation in Schedule 0 (such as those reported on lines 2, 5a, and 7a, among others)? 5 if "Yes," to line 3a, has the organization infect a Form 990-11 for the year? If "Not," provide an explanation in Schedule 0 (such as those reported on lines 3a, 6a, 3b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
44. Were any spontineant changes made to the organizations raism. Otherwise, spots the change on Schedule 0 (see mistractions) 45. But the organization is the organizations raism. Otherwise, spots the change on Schedule 0 (see mistractions) 46. If Yes, 1 on the 2, 6s, and 7s, among others)? 47. But the organization have unrelated business gross moome of \$1,000 or more during the year from business activities (such as those reported on leve 2, 6s, and 7s, among others)? 48. But the organization assection 601(c)(4), 601(c)(6), or 501(c)(6) organization subject to section 603(c)(-10,15), or 501(c)(6) organization subject to section 603(c)(-10,15), or 501(c)(6) organization assected of 603(c)(-10,15), or 501(c)(6) organization disposation of net assets during the year? If Yes, omplete applicable parts of Schedule 1 or indirect, as described in the instructions 47. Fortier amount of political expenditures, direct or indirect, as described in the instructions 47. Fortier amount of political expenditures, direct or indirect, as described in the instructions 47. Expenditure of the organization the Form 1120-11 for the year? 47. But the organization the Form 1120-11 for the year? 47. Section 601(c)(7) organizations, direct or indirect, set described in the instructions 48. If Yes, complete Schedule, I, Part II and enter the total amount involved 49. If Yes, complete Schedule, I, Part II and enter the total amount involved 50. Section 501(c)(3) organizations. Enter is removal of tax imposed on the organization during the year under: 50. Instruction of the year of the instructions included on line 9. Section 4912 ≥ 0. 1, section 4912 ≥ 0. 1, section 4915 ≥ 0			33		X
documents if they reflects alrange to the organization's name. Otherwise, explain the change on Schildulio (See instructions) 34	34	·			
35. In the organization have unreflieted business gross income of \$1,000 or more during the year from business activities (such as those reported on hises 2,6 a. and 7s, among others)? b ill Year, to line 33sh, has the organization filed a Form 990-7 for the year? If Yeo, "provide an explanation in Schedule 0 vivas the organization a section \$01(c)(4), 501(c)(5), or 501(c)(6), or 901(c)(6) organization subject to section 603(s)e nonzer, reporting, and proxy tax requirements for the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yeo," complete applicable parts of Schedule (2, Part III) b) the organization accordance, director indirect, as described in the instructions 7.7	•		34		X
on inex 2, 6s, and 7s, among others)? b) If Yes, 1 for the Sph, bas the organization filed a form 990-T for the year? If Yes, 2 prompted an explanation in Schedule 0 c) Was the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If Yes, 2 complete Schedule C, Part III B) Out the organization undergo a legislation, discribution, birministion, or significant disposition of not assets during the year? If Yes, 2 complete applicable parts of Schedule N 356.	35.2				
b. If Yes, 1 to line 35s, has the organization field a Form 990-T for the year? If Yes, provide an explanation in Schedule 0 c Was the organization a section 50 1(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(a) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule 0, Part III 35. Did the organization undergro a liquidation, dissolution, terrimation, or significant disposition of net assets during the year? If Yes, complete schedule N and the organization the Form 120-DL for this year? 37. Enter amount of political expenditures, direct or indirect, as described in the instructions 38. Did the organization the Form 120-DL for this year? 38. Did the organization the Form 120-DL for this year? 38. Did the organization the Form 120-DL for this year? 39. Section 501(c)(3) grapizations. Enter: 38. If Yes, complete Schedule, Part II and enter the total amount involved 39. Section 501(c)(3) organizations. Enter: 39. If Yes, complete Schedule, Part II and enter the total amount involved 39. Section 501(c)(3) organizations. Enter: 39. If Yes, complete Schedule, Part II and enter the total amount involved 39. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 495, and 4958 39. V.A. 39. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax with local part of the pa	004		35a		x
e Was the organization a section 501(v)(4), 51(v)(5), or 501(v)(6) organization subject to section 603(e) indices, reporting, and proxy tax requirements during the year? If Yes, complete spitication, or significant disposition of net assets during the year? If Yes,* 36 but the organization of policial expenditures, direct or indirect, as described in the instructions 37a	h			N/	
requirements during the year? If "Yes," complete Schedule C, Part III 356					
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 70 a. Enter amount of political expenditures, direct or indiract, as described in the instructions ▶ 37a ■ 0 37b ■ X 37c ■ 37b ■ X 37b ■ X 37c ■ 37c ■ X 37b ■ X 37c ■ X 37c ■ X 37d	•		35c		x
x 2 a Finer amount of poliucal expenditures, direct or indirect, as described in the instructions b Did the organization before 1120-POL for this year? 38 Did the organization before 1120-POL for this year? 38 Did the organization before 1120-POL for this year? 38 Did the organization before 1120-POL for this year? 38 Did the organization before 1120-POL for this year? 39 Did the organization before 1120-POL for this year? 39 Did the organization before 1120-POL for this year? 39 Did the organization before and still obtained and a tray are covered by this return? 39 Difference and still postsanding at the end of the tax year covered by this return? 39 Difference and capital contributions included on line 9 30 Gross recepts, woulded on line 9, for public use of club facilities 30 Difference and capital contributions included on line 9 30 Difference and capital contributions included on line 9 30 Difference and capital contributions included on line 9 30 Difference and capital contributions included on line 9 30 Difference and capital contributions included on line 9 31 Difference and capital contributions included on line 9 32 Difference and capital contributions included on line 9 33 Difference and capital contributions included on line 9 34 Difference and capital contributions included on line 9 35 Difference and capital contributions included on line 9 36 Difference and capital contributions included on line 9 38 Difference and capital contributions included on line 9 38 Difference and capital contributions included on line 9 38 Difference and capital contributions included on line 9 38 Difference and still and still an advantage and still a	36				
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ Did the organization file Form 1120-POL for this year? ■ Did the organization berrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still obitstanding at the end of the tax year covered by this return? ■ 11****Section 501(c)(7) organizations. Enter: ■ Initiation fees and capital contributions included on line 9 ■ Gross receipts, included on line 9, for public uses of club facilities ■ 15	••		36		x
b Did the organization file Form 1120-POL for this year? 8a Did the organization for your work, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still obtached in the store of the tax year covered by this return? b "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 39b	37 a				
38a Did the organization brorow from, or make any loans to, any officer, director, insules, or key employee or were any sech loans made in a prior year and stiff outstanding at the end of the tax year covered by this return? 38b N/A 39c Section 501(c)(7) organizations. Enter: 39a N/A 39b N/A 40b Extension 501(c)(3) and 501(c)(4) organizations. Enter amount of tax mipseed on organization managers or disqualified persone during the year under sections 4912, 4955, and 4958 40c No		· · · · · · · · · · · · · · · · · · ·	7		X
ma prior year and still outstanding at the end of the tax year covered by this return? b if Yes,* complete Schedule L, Part II and enter the total amount mvolved 38b N/A 38cetion 50 f(c)(?) organizations. Enter: a Intiation fees and capital contributions included on line 9 b Cross receipts, included on line 9, 5 or optible use of club facilities 40a Section 50 f(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 50 f(c)(3) and 50 f(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? if Yes,* complete Schedule L, Part I c Section 50 f(c)(3) and 50 f(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? if Yes,* complete Schedule L, Part I c Section 50 f(c)(3) and 50 f(c)(4) organizations. Enter amount of tax imposed on organization managers or insqualified persons during the year under sections 4912, 4955, and 4958 O. d Section 50 f(c)(3) and 50 f(c)(4) organizations. Enter amount of tax imposed on organization managers or insqualified persons during the year under sections 4912, 4955, and 4958 O. d Section 50 f(c)(3) and 50 f(c)(4) organizations. Enter amount of tax imposed on organization managers or insqualified persons during the year instance in the organization apage in any section 4956 excess benefit transaction during the year instance in the organization apage in any section 4956 excess benefit transaction during the year instance in the organization because in a nine 40 crembursed by the organization or exceptions 4912 for apage 2912 for year by the organization or exception and filing the year instance in the organization managers or instance in a significanc		•	V. J		
b If Yes,* complete Schedule L, Part II and enter the total amount involved 3 Section 501(c)(7) organizations. Enter: a Inhalation fees and capital contributions included on line 9 5 Gross receipts, included on line 9, for public use of club facilities a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4915 ▶ 0. 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax and the specific of the graph of the year under: section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or discussion of dequal discussions of dequal discussions of dequal discussions. Enter amount of tax on line 40c reimbursed by the organization. All organizations. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T 1 List the states with which a copy of this return is filed ▶ NONE 12 List the states with which a copy of this return is filed ▶ NONE 14 List the states with which a copy of this return is filed ▶ NONE 14 List the organization's blocks are in care of ▶ BOOKKEPING ETC., INC. Telephone no. ▶ 80.2 – 496 – 7797. 1 Located at ▶ MAIN STREET, WAITSFIELD, VT 2 Located at ▶ MAIN STREET, WAITSFIELD, VT 2 Located at ▶ Main structure of the foreign country (such as a bank account, securities account, or other financial accounts. 4 All organization maintain any donor advised funds during the lax year. 1 L'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. 4 All Did the organization maintain any donor advised funds during the lax year. 4 Life State of the amount of tax-exempt interest received or accrued during the lax year. 4 Life State of the organization maintain any donor advised funds during the year? If Yes,* Form 990 must be completed instead of Form	ooa		382		x
39 Section 501(e)(7) organizations. Enter a intation fees and capital contributions included on line 9 b Gross receipts, included on line 9 (or public use of club facilities 39b N/A	ь.	1 1 •-	000		1
a Intiation fees and capital contributions included on line 9 6 Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911		, , , , , , , , , , , , , , , , , , ,	1 '		
b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4915 ▶ 0.; section 4915 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a priority art that has not been reported on any of its prior Forms 990 or 990-E27 If 1'Yes, complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on 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 reimbursed by the organization of 101(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 886-T 11. List the states with which a copy of this return is fled ▶ NONE 12. Telephone no. ▶ 802-496-7797 13. Located at ▶ MAIN STREET, WAITSFIELD, VT 24. Telephone no. ▶ 802-496-7797 25. Located at ▶ MAIN STREET, WAITSFIELD, VT 26. 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 Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 11 'Yes,' enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form 990-21, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 11 'Yes,' enter the name of the foreign country. 43. Did the organization neceive any payments for indoor tanni					
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911		· · · · · · · · · · · · · · · · · · ·	1 '		
Section 4911		· · · · · · · · · · · · · · · · · · ·			
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, Compilete Schedule I, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on 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 imposed on 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 imposed on 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 imposed on organization managers or disqualified persons during the grant under section 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the experiments of the foreign section 510(c)(3) and 501(c)(4) organization and the foreign section 510(c)(4) organization for section 510(c)(4) organization and 510(c)(4) organization for section 510(c)(4) organization and 510(c)(4) organization for section 510(c)(4) organization section 510(c)(4) organization section 510(c)(4) organization for section 510(c)(4) organization for section 510(c)(4) organization for section 510(c)(4) organization for section 510(c)(4) organization filed a Form 720 to report these payments? If Yes, Form 990 must be completed instead of Form 990-EZ 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 b Did the organization filed a F	40 a				
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Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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) Form 990-EZ (2012		District the second control of the second se		162	INO
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 c Did the organization receive any payments for indoor tanning services during the year? 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 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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) Form 990-EZ (2012	44 a		١		.,
of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 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 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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) Form 990-EZ (2012			44a	ļ	_X
c Did the organization receive any payments for indoor tanning services during the year? 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 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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) Form 990-EZ (2012	b				l
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 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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 Form 990-EZ (2012				 	
un Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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 Form 990-EZ (2012			44c		<u>X</u>
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 b 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) 45 b Form 990-EZ (2012	d		1		
45b 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 Form 990-EZ (2012			44d		<u> </u>
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b Form 990-EZ (2012			45a		X
Form 990-EZ (2012	45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	1		
Form 990-EZ (2012		512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			<u> </u>
	2222	79	Form 9	90-EZ	(2012

orm 990-EZ (2	2012)	MAD	RIVER	VALL	EY TELE	VISIO	N, INC	•		03-0357	<u>623</u>		Page 4
	-	on engage, Schedule C		directly, in po	olitical campaigr	n activities o	n behalf of or	ın oppositio	on to candidates for pi	ublic office?	46	Yes	No X
			(3) orga	nization	s only								
	All sect	ion 501(c)	3) organiza	tions must	answer quest				te the tables for line	es 50 and 51			
	Check I	f the orga	nzation use	d Schedul	e O to respond	d to any qu	<u>iestion in thi</u>	s Part VI				Yes	No
47 D.d.454.4			n lobbyggg gy	atuutiaa or ba	wa a agatian EN	(1/b) alastici	a in offeet duri	na tha tay u	ear? If "Yes," complet	o Sob C Dort II	47	res	X
					0(b)(1)(A)(II)?				ear in tes, complet	e oun o, rait ii	48		X
-	•				non-charitable r			• •			49a		X
	-		ızatıon a sec	-		·					49b		
•			-	-	-			ers, directoi	rs, trustees and key ei	mployees) who e	ach re	ceived	more
than \$10	0,000 of				. If there is none	e, enter "Nor I		- have	1 (1)	(4)		1 Fatim	
			ind title of ea nore than \$1				(b) Averag per week de		(C) Reportable compensation (Forms	(d) Health benefi contributions to employee benef	ستما ا) Estimount of	
				NO	NE		positi		W-2/1099-MISC)	plans, and deferre		mpens	ation
				210.				 					
									<u> </u>				
							·		1				
								<u> </u>	 -		+		
									· -			•	
51 Complete	this tab	le for the or	=	five highest (dependent o	contractors wh	no each rece	eived more than \$100,	,000 of compens	ation f	rom the	9
			enter "None. denendent co		d more than \$1	00 000		(h) Type	of service	(c)	Comp	ensatio	
(a) manio un	4 444.00	0 01 00011 11	2000110011101	ontractor par	<u>σσ.σα</u> φ	00,000		(4) .) p c			ООППР	JII OULIO	
					- -								
				······································									
d Total nur	mber of c	ther indepe	ndent contra	ctors each re	eceiving over \$1	100,000			.				
	_				ection 501(c)(3) organizatio	ons and 4947(a)(1) nonex	empt		 -1	_	-
Charitable Under penalties of	e trusts r of perjury,	nust attach declare that	a completed have examined	Schedule A d this return, in	cluding accompan	ying schedule	s and statement	s, and to the t	pest of my knowledge and	belief, it is true, co	X Yo	es L	No lete
Declaration of pre	paren (oth	er than officer	is based on al	I information of	which preparer ha	as any knowle	dge	110	TTV	12/2/	7		
Sign Here	Signati	re of officer	/LA			9-1-1-7		_ρω	<u> </u>	Date			
nere	الم	sa Lo	omis	•		_							
	.,,	print name a			\mathcal{A}								
5 · ·	Print/	Type prepar	er's name		Prepare 's si	ignatyfe	1	Date	Check _	if PTIN			
Paid						'V / <i> </i>	h	19/1	3113 self- emplo	·	000	-	
Preparer Use Only	ROB:		. HOLD		IN IN C	V // "		1 1/"	1"			704	
OSE OTHY			HALL &			• / _				<u>1 ► 03-03</u> . 802 4		$\frac{37}{314}$	<u> </u>
	""" \$	4441633		FIELD		673			Phone no	. 0024	70-	J 1 4	J
May the IRS di	SCUSS th	ıs return wit			ove? See instru					<u> </u>	X Y	es l	No
													(2012)

* 5. *

'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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			MAD RI	VER VALLEY TE	LEVIS	ION,	INC.			0:	<u>3-0357</u>	<u>623</u>	
Pa	rt I	Reason	for Public Ch	arity Status (All organiz	ations mu	st complet	e this part) See inst	ructions.				
he	organ	zation is not a	a private foundation	on because it is. (For lines	1 through	11, check	only one b	ox.)					
1		A church, cor	nvention of churc	hes, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in section	170(b)(1)(A)(ii). (Attach So	hedule E.)								
3		A hospital or	a cooperative hos	spital service organization	described	n section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	n operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	ii). Enter t	the hospita	's nam	ne,
		city, and state											
5		An organizati	on operated for th	ne benefit of a college or u	niversity ov	wned or op	perated by	a governr	nental uni	t describ	ed in		
		section 170	(b)(1)(A)(iv). (Com	plete Part II)									
6		A federal, sta	ite, or local govern	nment or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
	X	An organizati	on that normally r	eceives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	ribed i	n
		section 170(b)(1)(A)(vi). (Com	olete Part II)			•						
8		A community	trust described ii	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9				eceives: (1) more than 33			rom contri	butions, m	nembershi	p fees, a	nd gross re	ceipts	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). (Compl	ete Part III)									
10		An organizati	ion organized and	operated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	l).				
11		An organizati	ion organized and	operated exclusively for the	ne benefit (of, to perfo	orm the fui	nctions of,	or to carr	y out the	purposes of	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 that											
		describes the	e type of supporti	ng organization and compl	ete lines 1	1e through	11h.						
		a Type I	। Ь	Type II c T	ype III - Fu	nctionally	ıntegrated	C	∣ ∐ Тур	e III - Nor	n-functional	ly integ	grated
е	Ш	By checking	this box, I certify	that the organization is not	controlled	directly o	r indirectly	by one o	more dis	qualified	persons otl	ner tha	n
			-	er than one or more publicl		-				9(a)(1) or	section 509	9(a)(2)	
f		If the organiz	ation received a v	vritten determination from	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				$\overline{}$
			rganızatıon, check										Ш
g		•		e organization accepted a			-						г
				ndirectly controls, either a	lone or tog	ether with	persons c	lescribed i	n (II) and (iii) below,		Yes	No
		-		supported organization?							11g(i)		<u> </u>
				son described in (i) above?		_					11g(ii)		<u> </u>
				f a person described in (i)							11g(iii)	L	<u> </u>
h		Provide the fo	ollowing informati	on about the supported or	ganization	(S).							
	-		1		l	 :	1		6.316	tho I			
(i)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	r ,	organization sted in your	, , ,	u notify the ion in col.	(vi) la organizati	on in col.	(vii) Amoun		netary
	orga	inization		above or IRC section	governing	•		r support?	(i) organız U.S	ed in the ?	sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
					103	110	- 103	110	163	110			
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2012.04000 MAD RIVER VALLEY TELEVISION MA058__1

Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012 MAD RIVER VALLEY TELEVISION, INC. 03-03576 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 03-0357623 Page 2

(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						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and					i	
	membership fees received (Do not						
	include any "unusual grants.")	8,706.	7,987.	8,141.	12,772.	7,919.	<u>45,525.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	89,610.	103,885.	108,382.	120,239.	115,770.	537,886.
3	The value of services or facilities	• -					
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	98,316.	111,872.	116,523.	133,011.	123,689.	583,411.
	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		-				583,411.
	ction B. Total Support						303/1111
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	98,316.	111,872.	116,523.	133,011.	123,689.	583,411.
-	Gross income from interest,	50,0201					
٠	dividends, payments received on						
	securities loans, rents, royalties			'			
	and income from similar sources	5,354.	5,345.	4,440.	3,372.	6,116.	24,627.
^	Net income from unrelated business	J, JJ= .	<u> </u>	4,440.	3,372.	0,110.	24,0274
9							
	activities, whether or not the						•
40	business is regularly carried on			· · · · · · · · · · · · · · · · · · ·			
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV) Total support. Add lines 7 through 10						608,038.
		oto (ooo instructi	nno)			12	000,050.
	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth to	av voar as a soctio		
ış	organization, check this box and stor		s mat, second, tim	a, loaren, or mente	ax year as a sectio	11 30 1 (0)(0)	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (column (f))		14	95.95 %
	Public support percentage from 2011					15	%
	33 1/3% support test - 2012. If the			n line 13, and line	14 is 33 1/3% or n		
100	stop here. The organization qualifies						▶ X
۲	33 1/3% support test - 2011. If the				l line 15 is 33 1/3%	or more, check th	
•	and stop here. The organization qua	-					▶□
17:	10% -facts-and-circumstances tes				e 13. 16a. or 16b. a	and line 14 is 10%	or more.
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶
	10% -facts-and-circumstances tes	-	•		-	17a, and line 15 is	10% or
	more, and if the organization meets to						
	organization meets the "facts-and-cir						▶ □
10	Private foundation. If the organization						
10	Filvate toutidation, it the organization	AT GIOTHOLOHOOK &	DOX OIT IIIIO TO, TO	<u> </u>		dule A (Form 990	

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

_	quality dilider the tests listed b	ciow, picase com	picto i art ii.j			· · · · · · · · · · · · · · · · · · ·	
	ction A. Public Support		T	T	1	T	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 per- formed, 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 bus-						
	iness under section 513						ļ
4	Tax revenues levied for the organ-]
	ızatıon's benefit and either paid to						1
	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						
7 2	Amounts included on lines 1, 2, and						1
	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				<u> </u>	<u> </u>	
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)					_	
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	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						
_	Add lines 10a and 10b					· ·	
	Net income from unrelated business			-		 	
- •	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain		-	<u> </u>	-		
• •	or loss from the sale of capital						
40	assets (Explain in Part IV.)		-	 		 	
	Total support. (Add lines 9, 10c, 11, and 12)	the organization	o first second the	rd formula == 5.6% s		== F01(a)(0) =====	L
14	First five years. If the Form 990 is for	tne organization	s iirst, second, thi	ra, tourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation, ⊾ ┌──
<u> </u>	check this box and stop here	ic Support Pa	rcentage				
	ction C. Computation of Publ			00h (6)		145	
	Public support percentage for 2012 (column (t))		15	
	Public support percentage from 2011					16	%
	ction D. Computation of Inve	-					
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from:					18	%
19 <i>a</i>	33 1/3% support tests - 2012. If the						17 is not
	more than 33 1/3%, check this box a						▶ L
b	33 1/3% support tests - 2011. If the	-					
	line 18 is not more than 33 1/3%, che						>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
2320	23 12-04-12				Sc	hedule A (Form 99	O or 990-EZ) 201

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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

MAD RIVER VALLEY TELEVISION, INC	03-	0357623
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT IN	ICOME:	
DESCRIPTION OF PROPERTY:		AMOUNT:
INTEREST (INCOME)	· · · · · · · · · · · · · · · · · · ·	1,003.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
SUPPLIES		1,967.
DVD'S / TAPES		1,283.
EQUIPMENT REPAIR		2,971.
OFFICE		4,126.
CONTRACT LABOR		5,184.
DEPRECIATION EXPENSE		13,279.
DUES, FEES, MEMBERSHIPS		686.
TRAVEL & MILEAGE		214.
MEETING EXPENSES		211.
INSURANCE - GENERAL		1,616.
INTEREST EXPENSE		844.
PAYROLL - TAXES		4,689.
TOTAL TO FORM 990-EZ, LINE 16		_37,070.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		-
DESCRIPTION	BEG. OF YEAR	END OF YEAR
RENT DEPOSIT	1,566.	1,030.
PREPAID EXPENSE	0.	1,930.
OTHER DEPRECIABLE ASSETS	23,858.	36,299.
TOTAL TO FORM 990-EZ, LINE 24	25,424.	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Fe	orm 990 or 990-EZ) (2012)

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.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

MAD RIVER VALLEY TELEVISION, INC.

Employer identification number 03-0357623

DECODIONI	LITIES:	
DESCRIPTION		
ACCRUED INTEREST	216.	0.
ACCOUNTS PAYABLE	234.	1,313.
CREDIT CARD PAYABLE	685.	346.
FEDERAL W/H TAX PAYABLE	301.	293.
FICA W/H TAX PAYABLE	687.	689.
STATE W/H TAX PAYABLE	264.	261.
SIMPLE IRA	286.	286.
NOTE PAYABLE	100,000.	0.
TOTAL TO FORM 990-EZ, LINE 26	102,673.	3,188.
FORM 990-EZ, PART V, INFORMATION REGARDING THE ORGANIZATION DID NOT, DURING THE YEAR,		
FORM 990-EZ, PART V, INFORMATION REGARDING THE ORGANIZATION DID NOT, DURING THE YEAR, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONA THE ORGANIZATION, DID NOT, DURING THE YEAR OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRA	RECEIVE ANY FUNDS, I	DIRECTLY,
THE ORGANIZATION DID NOT, DURING THE YEAR, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONA THE ORGANIZATION, DID NOT, DURING THE YEAR	RECEIVE ANY FUNDS, I	DIRECTLY,

orm 8863 (Rev. 1-2013)					Page 2 ▶ X
If you are filing for an Additional (Not Automatic) 3-Month Ext				000	
Note. Only complete Part II if you have already been granted an a			ilea Form a	3000	
Part II Additional (Not Automatic) 3-Month Extension, completed and Additional (Not Automatic) 3-Month Extension (Not Automatic) 3-Month Exten	xtensio	of Time Only file the origin	al (no c	opies ne	eded)
Part II Additional (Not Adtornatio) 0-Month E	<u> </u>				, see instructions
Type or Name of exempt organization or other filer, see instru	ctions	Enter mer s			ion number (EIN) or
	CHOIS		Lilipioyei	dontinoat	ion namber (Ent) or
orint Gale by the MAD RIVER VALLEY TELEVISION /	TNC			03-03	357623
tile by the MAD RIVER VALUEY TELEVISION, structured the for Number, street, and room or suite no. If a P.O. box, si			Socialise	curity numi	
iling your D O DOY 1275	ee manuc	iiona	Cociai se	ounty num	DCI (OOI4)
nstructions City, town or post office, state, and ZIP code For a fo	reign add	ress see instructions			
WAITSFIELD, VT 05673	noigh dad	7000, 000 mendenene.			
MITIDI IDD, VI 03073				*	****
Enter the Return code for the return that this application is for (file	a senara	te application for each return)			0 1
and the fieldin code for the feldin that this application is for the	, а осрага	to application for each rotally	•		<u> </u>
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990 or Form 990-EZ	01	13 1 0.			- 0000
Form 990-BL	02	Form 1041·A			08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069		····	11
Form 990-T (trust other than above)	Form 8870			12	
STOP! Do not complete Part II if you were not already granted	06 an auton		iously file	d Form 88	
BOOKKEEPING ET					
• The books are in the care of ▶ MAIN STREET - V					
Telephone No ▶ 802-496-7797		FAX No. ▶			
If the organization does not have an office or place of business	s in the Ur				▶ □
If this is for a Group Return, enter the organization's four digit			f this is fo	r the whole	group check this
box ►	,	· · · · · · · · · · · · · · · · · · ·			
4 I request an additional 3-month extension of time until			r dii momb	OTO THE OAT	0110101110101
5 For calendar year 2012, or other tax year beginning	.10 1 1111	, and endin	ď		
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	·	Final r	eturn	
Change in accounting period	1100111040			Old III	
7 State in detail why you need the extension					
BOOKEEPING ALMOST COMPLETE. RI	ETURN	WILL BE FILED SHO	RTIY		•
Doordan Ind		22 2110			
					-
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, 6	or 6069. e	nter the tentative tax, less any			-
nonrefundable credits See instructions			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated		-	
tax payments made Include any prior year overpayment all	•				
previously with Form 8868		and any amount paid	8b	\$	0.
c Balance due. Subtract line 8b from line 8a Include your pa	vment wit	h this form if required, by using			
EFTPS (Electronic Federal Tax Payment System). See instru	-	Transform, in required, by coming	8c	s	0.
		st be completed for Part II		Ψ	
Under penalties of perjury, I declare that I have examined this form, includ t is true, correct, and complete, and that I am authorized to prepare this fo	ing accomp	•	•	f my knowle	dge and belief,
		TDFD	D-1		
Signature Title .	<u> PREASI</u>	UKEK	Date		
				Form	8868 (Rev 1-201

223842 01-21-13

Federal

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

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

► See separate instructions.

Business or activity to which this form relates

Attachment Sequence No 179 Identifying number

Mad River Valley Television, Inc

990, Pg 10 #1 - Form 990, Page 10

03-0357623

雨	ant II Election To Expense Certain Proper	v Under Cestion	170 Note: If v	ou hove any lie	ted pr	onarty c	omplete Part V	hefore you	complete Part I
		y Under Section	179 NOIC. 11 9	ou have any ha	icu pi	operty, co	omplete Fait v	1	500000 00
1	Maximum amount (see instructions)	anuas (aas instri	otions)					2	
	Total cost of section 179 property placed in s	-	-						2000000 00
3	Threshold cost of section 179 property befor							3	0 00
4 5	Reduction in limitation Subtract line 3 from I			and congrataly see	inetriiet	one		4	500000 00
_	Dollar limitation for tax year Subtract line 4 from line 1		-o- ii iiiaiied iii				/-> =1	5	300000 00
6	(a) Description of prop	erty		(b) Cost (busine	ess use	only)	(c) Elected	COST	
7	Listed property Enter the amount from line 2	:9				7			
8	Total elected cost of section 179 property A	dd amounts in co	lumn (c), lınes	6 and 7				8	
9	Tentative deduction Enter the smaller of line	5 or line 8						9	
10	Carryover of disallowed deduction from line 1	10							
11	Business income limitation. Enter the smaller	11	500000 00						
12	Section 179 expense deduction Add lines 9	and 10, but do no	ot enter more	than line 11				12	
13	Carryover of disallowed deduction to 2013 A	dd lines 9 and 10	, less line 12			13			
_	te: Do not use Part II or Part III below for lis	ted property Ins	tead, use Pa	rt V					
P	Special Depreciation Allowance	and Other Depre	ciation (Do no	ot include listed	d prop	erty.)			
14	Special depreciation allowance for qualified p	property (other tha	n listed prope	erty) placed in se	ervice (during			
	the tax year							14	
15	Property subject to section 168(f)(1) election							15	
16	Other depreciation (including ACRS)							16	
P	MACRS Depreciation (Do not inc	lude listed prope	erty.) (See ins	tructions.)					
			Se	ection A					
17	MACRS deductions for assets placed in serv	ice in tax years be	eginning befor	е 2012			· 	17	11358 01
	If you are electing to group any assets placed in service	•			unts, ch	eck here	▶ □		
	Section B - Assets Pla	ced in Service D	uring 2012 Ta	ax Year Using ti	he Ger	neral Dep	reciation Syste	em	
		(b) Month and		or depreciation	(d)	Recovery	100	(0.54.11	(1)
	(a) Classification of property	year placed in service		nvestment use instructions)		period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					_			
b				6507 67		5 yrs	HY	DB 200	1301 54
				1076 43		7 yrs	HY	DB 200	153 78
						•	<u> </u>		
				13957 40	1	5 yrs	HY	S/L	465 25
<u>e</u> f									
	05					5 yrs	 	S/L	
	25-year property	/			_	5 yrs	MM	S/L	
ŀ	h Residential rental property	,				5 yrs	MM	S/L	
	-	,				9 yrs	MM	S/L	· — -
i	Nonresidential real property	', -				9 yıs	MM	S/L	
				M					·
	Section C - Assets Place	ed in Service Dui	1ng 2012 Tax	Year Using the	e Alter	native De	preciation Sys		
<u>20 a</u>	a Class life							S/L	
	b 12-year					2 yrs	1	S/L	
_	c 40-year	/			4	0 yrs	MM	S/L_	
P	Summary (See Instructions.)								
21	Listed property Enter amount from line 28							21	
22	Total. Add amounts from line 12, lines 14 th	rough 17, lines 19	and 20 in co	lumn (g), and lin	e 21				
	Enter here and on the appropriate lines of yo	ur return Partner	ships and S c	orporations - see	e ınstr			22	13278 58
23	For assets shown above and placed in service	e during the curre	ent year, entei	r the					
	nortion of the basis attributable to section 26								

Form 4562 (2012) Page 2 (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or **Listed Property** Part V Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? No 24b if "Yes," is the evidence written? Yes No Yes (1) (c) (e) (b) (f) (a) (h) (d) Basis for depreciation Elected Date Business/ Recovery Method/ Depreciation Type of property Cost or (business/investment section 179 placed in investment deduction period Convention (list vehicles first) other basis use only) service use percentage cost Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use S/L S/L· S/L· 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (f) (a) (b) (c) (d) (e) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year Total other personal (noncommuting) miles 33 Total miles driven during the year Add lines 30 through 32 Yes Yes Yes Y<u>es</u> Yes No No Nο 34 Was the vehicle available for personal use Yes No No No Г Г ٢ Г Г Г Г Г during off-duty hours? Was the vehicle used primarily by a more Г Г Г Г г than 5% owner or related person? Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your Г employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Г 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about Γ the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (b) (d) **(f)** (c) (e) (a) Date amortization Amortizable amount Description of costs Amortization period or percentage 42 Amortization of costs that begins during your 2012 tax year 43 43 Amortization of costs that began before your 2012 tax year 44 44 Total. Add amounts in column (f) See the instructions for where to report