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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2013
**Open to Public
Inspection**
Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A For the 2013 calendar year, or tax year beginning**

, and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

HARDWICK COMMUNITY TELEVISION INC.

Number and street (or P O box, if mail is not delivered to street address)

PO BOX 736

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

HARDWICK

VT 05843

D Employer identification number

74-3038000

E Telephone number

802-472-6655

F Group Exemption

Number ▶

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ▶ WWW.hctv.us**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 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

▶ \$ 32,021

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	520
	2	Program service revenue including government fees and contracts	2	28,924
	3	Membership dues and assessments	3	
	4	Investment income	4	79
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	2,062
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c	1,000	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,062	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	436	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	31,021	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	20,419
	13	Professional fees and other payments to independent contractors	13	1,050
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	86
	16	Other expenses (describe in Schedule O)	16	7,216
	17	Total expenses. Add lines 10 through 16	17	28,771
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,250
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	31,471
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	33,721

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	23,264	22	25,180
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	8,908	24	9,080
25 Total assets	32,172	25	34,260
26 Total liabilities (describe in Schedule O)	701	26	539
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	31,471	27	33,721

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 TO PROVIDE EDUCATIONAL AND GOVERNMENT (PEG) ACCESS THROUGH THE LOCAL CABLE TELEVISION FOR THE COMMUNITY OF SUBSCRIBERS.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	21,359
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	21,359

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(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-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LEIF GOLDBERG EXECUTIVE DIRECTOR	20.00	10,032	0	0
DAVE MITCHELL SECRETARY	1.00	0	0	0
MONTE SHATNEY PRESIDENT	1.00	0	0	0
JOHN LUSSIER DIRECTOR	1.00	0	0	0
NANCY KELLOGG DIRECTOR	1.00	0	0	0
RACHEL KANE DIRECTOR	1.00	0	0	0
JOHN KLEE VICE PRESIDENT	1.00	0	0	0
KURT BOS TREASURER	1.00	0	0	0

Part V 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 ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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 change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
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		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b 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, section 4912, section 4955		
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-EZ? If "Yes," complete Schedule L, Part I		X
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		
e 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		X
41 List the states with which a copy of this return is filed		
42a The organization's books are in care of LEIF GOLDBERG Telephone no 802-472-6655 PO BOX 736 Located at HARDWICK VT ZIP + 4 05843		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.		X
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country		X
43 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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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)?		X
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)		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

- b If "Yes," was the related organization a section 527 organization?

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) 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 compensation	(e) Estimated amount of other compensation
None				

- f Total number of other employees paid over \$100,000 ▶

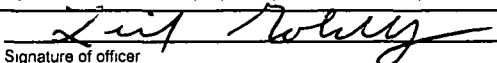
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

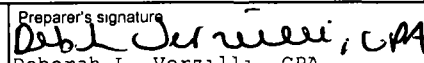
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

- d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		Date
	Leif Goldberg, executive director	6/19/14

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Deborah L. Verzilli, CPA		06/06/14		P00295703
	Firm's name ▶	Marckres Norder and Company, Inc.		Firm's EIN ▶	03-0322133
	Firm's address ▶	PO Box 732, 481 Brooklyn St Morrisville, VT 05661-8510		Phone no	802-888-7781

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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.

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

OMB No. 1545-0047

2013**Open to Public Inspection**

Name of the organization

HARDWICK COMMUNITY TELEVISION INC.

Employer identification number

74-3038000

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 carried 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. (see instructions) 12**13** **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐**b** **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐**17a** **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐**b** **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐**18** **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

(Complete only if you checked the box on line 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,200	2,254	5,165	11,910	520	22,049
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	19,562	17,867	24,381	27,378	28,924	118,112
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1,440	956	818	628	2,498	6,340
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	23,202	21,077	30,364	39,916	31,942	146,501
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						146,501

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	23,202	21,077	30,364	39,916	31,942	146,501
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	139	80	60	40	79	398
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	139	80	60	40	79	398
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, and 12.)	23,341	21,157	30,424	39,956	32,021	146,899
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.73 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.43 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1 %

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** 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)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.

OMB No 1545-0047

2013**Open to Public
Inspection**

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

HARDWICK COMMUNITY TELEVISION INC.

Employer identification number

74-3038000

Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
DVD SALES	\$ 436
Total	\$ 436

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
ADVERTISING	\$ 236
OFFICE EXPENSE	\$ 184
INSURANCE	\$ 1,097
DUES	\$ 110
EXPENDABLE EQUIPMENT	\$ 42
MISCELLANEOUS	\$ 310
SUPPLIES	\$ 33
TELEPHONE & INTERNET	\$ 833
WEBSITE	\$ 131
SOFTWARE	\$ 260
VIDEO HOSTING SERVICE	\$ 70
EQUIPMENT REPAIRS	\$ 176
Non-investment Depreciation	\$ 3,734
Total	\$ 7,216

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
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Schedule O (Form 990 or 990-EZ) (2013)

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Name of the organization

HARDWICK COMMUNITY TELEVISION INC.

Employer identification number

74-3038000

EQUIPMENT	\$	44,247	\$	47,774
Less Accumulated Depreciation	\$	35,339	\$	39,073
DUE FROM EMPLOYEES	\$	0	\$	379
Total	\$	8,908	\$	9,080

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

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 701	\$ 539

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

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2013Attachment
Sequence No **179**Department of the Treasury
Internal Revenue Service

(99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

HARDWICK COMMUNITY TELEVISION INC.

Identifying number

74-3038000

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	218

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	3,516
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,734
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2013)

Year Ended: December 31, 2013

74-3038000

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.

Federal Asset Report

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
1	RACK MOUNT	6/01/05	250				250	7 HY 200DB	250	0
2	RACK MOUNT SHELF	6/01/05	75				75	7 HY 200DB	75	0
3	RACK MOUNT SHELF	6/01/05	45				45	7 HY 200DB	45	0
4	DIGITAL PLAYER	6/01/05	8,000				8,000	5 HY 200DB	8,000	0
5	JVC MINIDV	8/25/05	1,615				1,615	5 HY 200DB	1,615	0
6	BEACH CAMERA	9/13/05	268				268	5 HY 200DB	268	0
7	ZIP ZOOMFLY	9/06/05	113				113	5 HY 200DB	113	0
8	RETN	9/06/05	250				250	5 HY 200DB	250	0
9	EDITING COMPUTER	6/07/05	7,101				7,101	5 HY 200DB	7,101	0
10	DATA MEM	8/31/05	364				364	5 HY 200DB	364	0
11	INTERNAL HARD DRIVE	9/30/05	244				244	5 HY 200DB	244	0
12	SOUND SYSTEM	8/30/05	115				115	5 HY 200DB	115	0
13	PRINTER/SCANNER	8/30/05	173				173	5 HY 200DB	173	0
14	B+H AUDIO & VIDEO	10/09/05	115				115	5 HY 200DB	115	0
15	TRIPODS	11/03/05	770				770	5 HY 200DB	770	0
16	CAMERA CASES	11/03/05	350				350	5 HY 200DB	350	0
17	STUDIO/ AUDIO	11/03/05	399				399	5 HY 200DB	399	0
18	AUDIO	11/03/05	170				170	5 HY 200DB	170	0
19	LAVLIER MICROPHO	11/03/05	385				385	5 HY 200DB	385	0
20	SHOTGUN MICROP	11/03/05	410				410	5 HY 200DB	410	0
21	BOOM POLE	11/03/05	180				180	5 HY 200DB	180	0
22	TAPLE TOP MICRO SHURE	11/03/05	360				360	5 HY 200DB	360	0
23	LOWELL LIGT KIT	11/03/05	1,430				1,430	5 HY 200DB	1,430	0
24	13" NTSC REFERR	11/03/05	275				275	5 HY 200DB	275	0
25	MAIN VIDEO CAMERA	11/04/05	3,990				3,990	5 HY 200DB	3,990	0
26	TABLE STOCK	11/09/05	292				292	5 HY 200DB	292	0
27	CAMERA LOCKUP	11/21/05	180				180	5 HY 200DB	180	0
28	ON BOARD MICRO CANON	12/08/05	135				135	5 HY 200DB	135	0
29	19"LCD MONITOR	8/30/05	270				270	5 HY 200DB	270	0
30	HEADPHONES	11/03/05	244				244	5 HY 200DB	244	0
31	SWITCHER	2/14/06	1,104				1,104	5 HY 200DB	1,104	0
32	3RD CAMERA PANASONIC PV	5/16/06	760				760	5 HY 200DB	760	0
33	TITLER TITLEMAKER 3000	6/19/06	582				582	5 HY 200DB	582	0
34	SCAN CONVERTOR	2/16/06	573				573	7 HY 200DB	548	25
36	LAPTOP COMPUTER	12/07/11	831				831	5 MQ200DB	358	189
37	HARD DRIVE CARD READER	12/07/11	995				995	5 MQ200DB	428	227
38	ME-66 SHOUTGUN MIC	12/28/11	520				520	5 MQ200DB	224	118
39	B&H PHOTO VIDEO	2/27/12	558				558	7 HY 200DB	80	136
40	1029 NEXUS BROADCAST COMPUTER	5/16/12	8,816				8,816	5 HY 200DB	1,763	2,821
			<u>43,307</u>				<u>43,307</u>		<u>34,415</u>	<u>3,516</u>
Other Depreciation:										
35	Mac Mini	2/13/08	940				940	5 MO S/L	924	16
41	JVC EQUIPMENT	11/14/13	2,029				2,029	5 MO S/L	0	68
42	JVC EQUIPMENT	12/30/13	374				374	5 MO S/L	0	0
43	AZDEN UHF	4/16/13	499				499	5 MO S/L	0	67
44	EQUIPMENT	5/02/13	300				300	5 MO S/L	0	40
45	EQUIPMENT	7/18/13	325				325	5 MO S/L	0	27
	Total Other Depreciation		<u>4,467</u>				<u>4,467</u>		<u>924</u>	<u>218</u>
	Total ACRS and Other Depreciation		<u>4,467</u>				<u>4,467</u>		<u>924</u>	<u>218</u>
	Grand Totals		47,774				47,774		35,339	3,734
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>47,774</u>				<u>47,774</u>		<u>35,339</u>	<u>3,734</u>

AMT Asset Report

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
1	RACK MOUNT	6/01/05	250			250	7 HY 150DB	250	0
2	RACK MOUNT SHELF	6/01/05	75			75	7 HY 150DB	75	0
3	RACK MOUNT SHELF	6/01/05	45			45	7 HY 150DB	45	0
4	DIGITAL PLAYER	6/01/05	8,000			8,000	5 HY 150DB	8,000	0
5	JVC MINIDV	8/25/05	1,615			1,615	5 HY 150DB	1,615	0
6	BEACH CAMERA	9/13/05	268			268	5 HY 150DB	268	0
7	ZIP ZOOMFLY	9/06/05	113			113	5 HY 150DB	113	0
8	RETN	9/06/05	250			250	5 HY 150DB	250	0
9	EDITING COMPUTER	6/07/05	7,101			7,101	5 HY 150DB	7,101	0
10	DATA MEM	8/31/05	364			364	5 HY 150DB	364	0
11	INTERNAL HARD DRIVE	9/30/05	244			244	5 HY 150DB	244	0
12	SOUND SYSTEM	8/30/05	115			115	5 HY 150DB	115	0
13	PRINTER/SCANNER	8/30/05	173			173	5 HY 150DB	173	0
14	B+H AUDIO & VIDEO	10/09/05	115			115	5 HY 150DB	115	0
15	TRIPODS	11/03/05	770			770	5 HY 150DB	770	0
16	CAMERA CASES	11/03/05	350			350	5 HY 150DB	350	0
17	STUDIO/ AUDIO	11/03/05	399			399	5 HY 150DB	399	0
18	AUDIO	11/03/05	170			170	5 HY 150DB	170	0
19	LAVLIER MICROPHO	11/03/05	385			385	5 HY 150DB	385	0
20	SHOTGUN MICROP	11/03/05	410			410	5 HY 150DB	410	0
21	BOOM POLE	11/03/05	180			180	5 HY 150DB	180	0
22	TABLE TOP MICRO SHURE	11/03/05	360			360	5 HY 150DB	360	0
23	LOWELL LIGT KIT	11/03/05	1,430			1,430	5 HY 150DB	1,430	0
24	13" NTSC REFERR	11/03/05	275			275	5 HY 150DB	275	0
25	MAIN VIDEO CAMERA	11/04/05	3,990			3,990	5 HY 150DB	3,990	0
26	TABLE STOCK	11/09/05	292			292	5 HY 150DB	292	0
27	CAMERA LOCKUP	11/21/05	180			180	5 HY 150DB	180	0
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29	19"LCD MONITOR	8/30/05	270			270	5 HY 150DB	270	0
30	HEADPHONES	11/03/05	244			244	5 HY 150DB	244	0
31	SWITCHER	2/14/06	1,104			1,104	5 HY 150DB	1,104	0
32	3RD CAMERA PANASONIC PV	5/16/06	760			760	5 HY 150DB	760	0
33	TITLER TITLEMAKER 3000	6/19/06	582			582	5 HY 150DB	582	0
34	SCAN CONVERTOR	2/16/06	573			573	7 HY 150DB	538	35
36	LAPTOP COMPUTER	12/07/11	831			831	5 MQ200DB	358	189
37	HARD DRIVE CARD READER	12/07/11	995			995	5 MQ200DB	428	227
38	ME-66 SHOUTGUN MIC	12/28/11	520			520	5 MQ200DB	224	118
39	B&H PHOTO VIDEO	2/27/12	558			558	7 HY 150DB	60	107
40	1029 NEXUS BROADCAST COMPUTER	5/16/12	8,816			8,816	5 HY 150DB	1,322	2,248
			<u>43,307</u>			<u>43,307</u>		<u>33,944</u>	<u>2,924</u>
Other Depreciation:									
35	Mac Mini	2/13/08	940			940	5 MO S/L	924	16
41	JVC EQUIPMENT	11/14/13	2,029			2,029	5 MO S/L	0	68
42	JVC EQUIPMENT	12/30/13	374			374	5 MO S/L	0	0
43	AZDEN UHF	4/16/13	499			499	5 MO S/L	0	67
44	EQUIPMENT	5/02/13	300			300	5 MO S/L	0	40
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	Total Other Depreciation		<u>4,467</u>			<u>4,467</u>		<u>924</u>	<u>218</u>
	Total ACRS and Other Depreciation		<u>4,467</u>			<u>4,467</u>		<u>924</u>	<u>218</u>
	Grand Totals		47,774			47,774		34,868	3,142
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>47,774</u>			<u>47,774</u>		<u>34,868</u>	<u>3,142</u>

Form

8868

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	HARDWICK COMMUNITY TELEVISION INC.	74-3038000
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	PO BOX 736	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	HARDWICK VT 05843	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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)	06	Form 8870	12

LEIF GOLDBERG
PO BOX 736

- The books are in the care of ► HARDWICK

VT 05843

Telephone No ► 802-472-6655

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/14, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 2013 or

► ☐ tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructionsFor Privacy Act and Paperwork Reduction Act Notice, see instructions.
DAAForm **8868** (Rev. 1-2014)