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SCANNED JUN 1 2 201

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 **2014**

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Information about Form 990-EZ and its instructions is at www.lrs.gov/form990.

Α	F	For the	e 2014 calen	dar year, or tax year beginning , and ending				
В	_		applicable	C Name of organization] [) Emplo	yer identification number
L	┥	Address o	-				_	
L	۱ [Name cha	ange	HARDWICK COMMUNITY TELEVISION INC.			-3038000	
	ן '	nitial retu	ntu	Number and street (or P 0 box, if mail is not delivered to street address) PO BOX 736	Room/suite	6	-	one number
L	_ F	inal retu	rn/terminated	802	<u>2-472-6655</u>			
	싵	Amended		City or town, state or province, country, and ZIP or foreign postal code		F	Group	Exemption
		Application	on pending	HARDWICK VT 05843			Numb	
G			nting Method	Cash X Accrual Other (specify) ▶	_ ı		_	f the organization is not
1				I.hctv.us	_			ch Schedule B
<u>J</u>	_ 1	Tax-exe	empt status (c		27	(Form	990, 990	-EZ, or 990-PF)
K			of organization					
Ļ				b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ets			24 726
•				are \$500,000 or more, file Form 990 instead of Form 990-EZ			_ ▶ \$	34,706
	P	art I		nue, Expenses, and Changes in Net Assets or Fund Balances (s		struction	ons for	Part I) X
_	_			if the organization used Schedule O to respond to any question in this Pai	ת ו		Т. Т	
		1		gifts, grants, and similar amounts received			1	3,000
		2	-	rvice revenue including government fees and contracts			2	30,202
		3		dues and assessments			3	109
	1	4	Investment	1 _ 1			4	109
	ļ	5a		unt from sale of assets other than inventory 5a			-	
		b		or other basis and sales expenses	•		┥ᇎ╽	
		C	• •	from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	·
	-	6	-	I fundraising events				
	. l	а		ne from gaming (attach Schedule G if greater than	1	, 395	<u>. </u>	
)	בֻ בֻ	h	\$15,000)	<u> </u>			4 [
	Kevenue	b		ne from fundraising events (not including \$ of contributions) sing events reported on line 1) (attach Schedule G if the	1113			
2 (¥			a gross income and contributions exceeds \$15,000) 6b			1 1	
5		С	Loce direct	evnences from gaming and fundraising events		650	T	
0		d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			1	
		u	line 6c)	RECEIVED			6d	745
		7a		of inventory, less returns and allowances	၂႘			
		b		of goods sold MAY 179 2015	ő		7	
		C		or (loss) from sales of inventory (Subtract line 7b from line 7a)	(y)		7c	
	-	8		us (describe in Schedule O)	85		8	
		9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	34,056
		10		similar amounts paid (list in Schedule O)			10	
		11		d to or for members			11	
	ا ي	12	Salaries, ot	her compensation, and employee benefits			12	18,894
	Expenses	13	Professiona	Il fees and other payments to independent contractors			13	585
	ē	14	Occupancy	rent, utilities, and maintenance			14	·····
ı	ŭ	15	Printing, pu	blications, postage, and shipping			15	167
		16	Other exper	nses (describe in Schedule O)			16	8,587
_]	17	Total expe	nses. Add lines 10 through 16		<u> </u>	17	28,233
_		18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	5 <u>,823</u>
•	sets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with				
	ASS		end-of-year	figure reported on prior year's return)			19	33,721
٠	Net Assets	20	Other chan	ges 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		<u> </u>	21	39,544
F	or	Paper	work Reduc	tion Act Notice, see the separate instructions.				Form 990-EZ (2014)



DAA

tion It - Woldboo Choose /aaa tha instruction	TY TELEVISION	***	38000		Page
Part II Balance Sheets (see the instruction		guestion in this Dod I	ı		X
Check if the organization used Sched	ule O to respond to any		inning of year		(B) End of year
22 Cash, savings, and investments		(A) Beg	25,180	22	30,85
23 Land and buildings			0	23	30700
24 Other assets (describe in Schedule O)			9,080	24	9,38
25 Total assets			34,260	25	40,23
26 Total liabilities (describe in Schedule O)			539	26	69
27 Net assets or fund balances (line 27 of column (B) m	nust agree with line 21)		33,721	27	39,54
Part III Statement of Program Service A		e the instructions for			
Check if the organization used Sched	•				Expenses
What is the organization's primary exempt purpose?		- *-		(Red	quired for section
See Schedule O				501	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishm	ents for each of its three la	rgest program services,		orga	anizations, optional for
as measured by expenses. In a clear and concise manner	, describe the services prov	vided, the number of		othe	ers)
persons benefited, and other relevant information for each	program title	· · · · · · · · · · · · · · · · · · ·			
28 TO PROVIDE EDUCATIONAL AND GOVERNMENT	(PEG) ACCESS				
THROUGH THE LOCAL CABLE TELEVISION FOR	THE COMMUNITY OF				
SUBSCRIBERS.					
(Grants \$) If this amount i	ncludes foreign grants, che	ck here	>	28a	21,08
29					
			<u>, ب</u>		
(Grants \$) If this amount i	ncludes foreign grants, che	ck here	•	29a	
30					
			رسر _		
	ncludes foreign grants, che	ak bara			
		ck liefe		30a	•
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount i	ncludes foreign grants, che		•	31a	21 08
(Grants \$) If this amount in 32 Total program service expenses (add lines 28a thro	ugh 31a)	eck here	nsated—see the	31a 32	21,08
(Grants \$) If this amount i	ugh 31a) d Key Employees (list eac	eck here th one even if not compe on in this Part IV	r	31a 32 e instruc	
(Grants \$) If this amount in the service expenses (add lines 28a through Part IV List of Officers, Directors, Trustees, and Check if the organization used Schedule (control of the service).	ugh 31a) d Key Employees (list eac) to respond to any questic (b) Average	ch one even if not compe on in this Part IV (c) Reportable compensation	(d) Heath ben	31a 32 e instruc	ctions for Part IV)
(Grants \$) If this amount in 32 Total program service expenses (add lines 28a through the service expenses). Trustees, and the service expenses are the service expenses.	ugh 31a) d Key Employees (list ead D to respond to any questic	ch one even if not comper on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heath ben contributions to e benefit plans,	31a 32 e instruc efits, mployee and	ctions for Part IV)
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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			П
	mondening of the type of the transfer of the t		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			١
	detailed description of each activity in Schedule O	33		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			_v
25-	change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		$\vdash $
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000		
Ū	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	_		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	1	ĺ	
	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	40b	ŀ	Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		1
·	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	The second of th			
	40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	<u>X</u>
41	List the states with which a copy of this return is filed ▶ None	- 1 =		
42a	The organization's books are in care of ▶ LEIF GOLDBERG Telephone no ▶ 80	2-47	2-6	655
	PO BOX 736	0.43		
		843	[V	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	425	Yes	No X
	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	42b		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Х
	If "Yes," enter the name of the foreign country			
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			
		<u>ρ</u>	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		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	44b	ļ	X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d	1	
	explanation in Schedule O		<u> </u>	Х
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	 ^-
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45b	1	x
	Form 990-EZ (see instructions)	orm 99	0-EZ	

orm 990	-EZ (2014) HARDWICK COMMUNITY T	<u> ELEVISION</u>	INC.	<u>74-30</u>	<u> 38000 </u>			۲	age 4
						-	<u> </u>	Yes	No
	d the organization engage, directly or indirectly, in political		s on behal	f of or in oppo:	sition		46		v
Part 1	candidates for public office? If "Yes," complete Schedule Section 501(c)(3) organizations only	C, Part I					46	L1	X
Latr.	All section 501(c)(3) organizations must ans	wer questions 47	–49b and	l 52, and con	nplete the ta	ables for li	nes		
	50 and 51.	•							
	Check if the organization used Schedule O t	o respond to any	question	in this Part \	<u> </u>		<u>.</u>		
17 DI	d the organization engage in lobbying activities or have a	section 501(h) elec	tion in effe	ct during the ta	ax		<u></u>	Yes	No
ye	ar? If "Yes," complete Schedule C, Part II						47		X
18 Is	the organization a school as described in section 170(b)(1	l)(A)(Ⅱ)? If "Yes," co	omplete So	hedule E			48		X
	d the organization make any transfers to an exempt non-c		ganization	?			49a		X
	'Yes," was the related organization a section 527 organiza		/-4b4b-		_4 4		49b		
	omplete this table for the organization's five highest compendingles) who each received more than \$100,000 of com								
CII		(b) Average		eportable	(d) Health		(-) =		
	(a) Name and title of each employee	hours per week devoted to position	comp	pensation	contributions to	o employee	(e) Estimate other com		
		devoted to position	(1 011115 11	271000 111100)	deferred con				
None	9								
			 				-		
		<u>-</u>							
f To	otal number of other employees paid over \$100,000	<u> </u>	<u> </u>	>					
51 C	omplete this table for the organization's five highest compe	ensated independe	nt contract	ors who each	received mor	e than			
\$1	00,000 of compensation from the organization. If there is		" 		. <u></u>				
	(a) Name and business address of each independent cor	itractor		(b) Typ	e of service		(c) Compe	nsation	
None			İ						
				•					
					·				—
d To	otal number of other independent contractors each receiving	ng over \$100,000	•						
52 D	d the organization complete Schedule A? Note. All section	n 501(c)(3) organız	ations mus	t attach a			_		
	empleted Schedule A					<u> </u>	X Yes		No
Under pe	enalties of perjury, I declare that I have examined this return, inclused, and complete. Declaration of preparer (other than officer) is	iding accompanying s	chedules ar	nd statements, a	and to the best	of my knowle	edge and belie	ef, it is	
true, con	ect, and complete Declaration of preparer (other trian officer) is	Dased on an informati			5/14/	2015			
Sign	Signature of officer			Da	ate	2015			
Here	Leif Goldberg	Execu	tive 1	Directo	<u></u>				
	Type or print name and title	^					lsrm		
	Print/Type preparer's name	epareds signature	ω_{λ}	W. CAA	Date	Check			
Paid	Debolan B. (Clulter, Cl.)	borah L. Verzi	111, CPF	<u> </u>	05/11	713		29570	
Prepar	The state of the s	and Compar		ic.	F	irm's EIN	03-03	<u> </u>	<u>33</u>
Use O	PO Box 732, 481 Morrisville, VT	3rookiyn S 05661-851				hone no 8	02-888	-77	81
May the	e IRS discuss this return with the preparer shown above?				<u> </u>	none no O	<u> </u>		No
	The second secon					-	Form 99	0-EZ	(2014)

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

Open to Public Inspection

Name of the organization

HARDWICK COMMUNITY TELEVISION INC.

Employer identification number 74-3038000

P	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions									
The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 11, o	check only	one box)			
1		A church, cor	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(I)(A)(i).			
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	П	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										
	section 170(b)(1)(A)(iv). (Complete Part II)									
6										
7	Н	•	•	substantial part of its support fro			• • •	;		
		•	section 170(b)(1)(A)(vi). (C		Ŭ					
8				70(b)(1)(A)(vi). (Complete Part	: 11)					
9	X	-) more than 33 1/3% of its supp	•	contributi	ons, membership fees, and gro	oss		
	ш	-	• •	ppt functions—subject to certain			· · · · · · · · · · · · · · · · · · ·			
		•		nd unrelated business taxable in	•		•			
		• •	~	0, 1975 See section 509(a)(2)	•		•			
10			•	exclusively to test for public safe						
11		•	•	exclusively for the benefit of, to	•			ses of		
		one or more	publicly supported organizati	ions described in section 509(a	a)(1) or se	ction 509	9(a)(2). See section 509(a)(3).	Check		
				cribes the type of supporting org						
а				ed, supervised, or controlled by						
		the supported	d organization(s) the power t	o regularly appoint or elect a m	ajority of t	he directo	ors or trustees of the supporting	9		
			You must complete Part I	-						
b		Type II. A su	pporting organization superv	used or controlled in connection	with its s	upported	organization(s), by having			
		control or ma	nagement of the supporting	organization vested in the same	e persons	that conf	rol or manage the supported			
		organization(s) You must complete Par	t IV, Sections A and C.						
C		Type III func	tionally integrated. A supp	orting organization operated in a	connectio	n with, an	d functionally integrated with,			
		its supported	organization(s) (see instruct	tions) You must complete Pai	rt IV, Sect	tions A, [D, and E.			
d		Type III non-	functionally integrated. A	supporting organization operate	d in conn	ection wit	h its supported organization(s)			
		that is not fur	nctionally integrated. The org	janization generally must satisfy	y a distribi	ution requ	irement and an attentiveness			
		requirement ((see instructions) You must	t complete Part IV, Sections A	and D, a	nd Part \	/ .			
е		Check this bo	ox if the organization receive	d a written determination from t	he IRS th	at it is a T	ype I, Type II, Type III			
		functionally in	ntegrated, or Type III non-fur	nctionally integrated supporting	organizati	on				
f	Ent	ter the number	r of supported organizations							
_ g	Pro	vide the follow	ving information about the su	ipported organization(s)	T					
(i) Nam	e of supported	(ii) EIN	(fil) Type of organization	1 ' ' .	rganization	(v) Amount of monetary	(vi) Amount of		
	org	ganization		(described on lines 1–9 above or IRC section		ir göverning ment?	support (see instructions)	other support (see instructions)		
				(see instructions))			,	,		
					Yes	No				
(A)										
(B)										
					<u> </u>			· · · · · · · · · · · · · · · · · · ·		
(C)										
(D)										
(E)										
					ļ					
Tota	al					.				

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.)

	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her	е				**	>
Sec	tion C. Computation of Public Su	ipport Percen	tage				
14	Public support percentage for 2014 (line 6	, column (f) divide	d by line 11, colun	nn (f))		14	
15	Public support percentage from 2013 School					15	<u>%</u>
16a	33 1/3% support test-2014. If the organ	ızatıon dıd not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this	
	box and stop here. The organization qual	•	· · · · · ·				▶ □
b	33 1/3% support test—2013. If the organ check this box and stop here. The organization				15 is 33 1/3% or m	ore,	▶ 🗌
17a	10%-facts-and-circumstances test—201	4. If the organizat	ion did not check a	a box on line 13, 1	6a, or 16b, and line	e 14 is	
	10% or more, and if the organization meet	s the "facts-and-ci	rcumstances" test	, check this box ar	nd stop here. Exp	aın ın	
	Part VI how the organization meets the "fa	icts-and-circumsta	nces" test. The or	ganızatıon qualifie:	s as a publicly sup	ported	. —
	organization						▶ ∐
b	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	ets the "facts-and	-cırcumstances" te	est. The organizati	on qualifies as a p	ublicly	. □
	supported organization						▶ ∐
18	Private foundation. If the organization di	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and s	ee	▶ □
	instructions						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					<u> </u>	
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	2,254	5,165	11,910	520	3,000	22,849
2	grants ") 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	17,867	24,381	27,378	28,924	30,082	128,632
3	Gross receipts from activities that are not an unrelated trade or business under section 513	956	818	628	2,498	1,395	6,295
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	21,077	30,364	39,916	31,942	34,477	157,776
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						
¢	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						157,776
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	21,077	30,364	39,916	31,942	34,477	157,776
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80	60	40	79	109	368
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	80	60	40	79	109	368
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	21,157	30,424	39,956	32,021	34,586	158,144
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, for	irth, or fifth tax yea	r as a section 501	(c)(3) 	>
Sec	tion C. Computation of Public Su	ipport Percent	age		····		
15	Public support percentage for 2014 (line 8	, column (f) divided	by line 13, colum	n (f))		15	99.77%
16	Public support percentage from 2013 Sche					16	99.73%
<u>Sec</u>	tion D. Computation of Investme						
17	Investment income percentage for 2014 (li			, column (f))		17	<u>%</u>
18	Investment income percentage from 2013					<u> 18 </u>	%_
19a	33 1/3% support tests—2014. If the orga						⊾ ਹੀ
	17 is not more than 33 1/3%, check this be						▶ X
b	33 1/3% support tests—2013. If the orga						▶ □
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did						
	- Envare roundation, it the Ordanization Old	a mot under a box o		LUD, CHECK HIS DU			

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I, If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

O = = 4! = = A	
Section A. All Supporting Organizations	S

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes." explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes." describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) 10a (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	_		
	1		
	2		
	3a		
	26		
	3b		
	3с	•	
	4a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	4b		
	40		
	4c		
	5a		
			
	5b		
	5c		
	6	•	
	7		
	8		
	9a		
			·
	9b		***************************************
	9c		
	10a		•
	10b		
orn		or 990-E	Z) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			rage (
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			1
other Type III non-functionally integrated supporting organizations must complete	Sections A thro	ugh E	<u> </u>
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		<u></u>
2 Recoveries of prior-year distributions	2		ļ
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integ	rated Type III s	upporting organization (see
instructions)	21	• • • • • • • • • • • • • • • • • •	

Par	t V Type III Non-Functionally Integrated 509(a)(s) Supporting Organiza	tions (continued)	,
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpo	oses of supported		
	organizations, in excess of income from activity		,	
3	Administrative expenses paid to accomplish exempt purposes of se	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	nization is responsive		
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)		· · · · · · · · · · · · · · · · · · ·	
3	Excess distributions carryover, if any, to 2014			
а	l		·····	
b)			
С	, <u> </u>			
d	<u> </u>			
е	From 2013		***************************************	{
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)		***************************************	
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
	D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4	~ · · · · · · · · · · · · · · · · · · ·		
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)		***************************************	
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c	imminum		<u> </u>
8	Breakdown of line 7			

Schedule A (Form 990 or 990-EZ) 2014

С

d Excess from 2013 e Excess from 2014 Schedule A (Form 990 or 990-EZ) 2014 HARDWICK COMMUNITY TELEVISION INC. 74-3038000

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) , 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.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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

TARDWICK COMMONITY TELEV	1010	IN IIVC.	1 /4-50.	30000			
Form 990-EZ, Part I, Line 16 - Other Expenses							
Description		Amount					
Expenses							
ADVERTISING	\$	286					
OFFICE EXPENSE	\$	82					
INSURANCE	\$	651					
DUES	\$	249					
EXPENDABLE EQUIPMENT	\$	1,285					
MISCELLANEOUS	\$	666					
SUPPLIES	\$	8					
TELEPHONE & INTERNET	\$	856					
WEBSITE	\$	129					
SOFTWARE	\$	313					
VIDEO HOSTING SERVICE	\$	180					
EQUIPMENT REPAIRS	\$	360					
SUBCONTRACTOR	\$	200					
DONATIONS	\$	280					
Non-investment Depreciation	\$	3,042					
Total	\$	8,587					
Form 990-EZ, Part II, Line 24 - Oth	er A	Assets					
Description		Beg. o	f Year	End of Year			

Less Accumulated Depreciation

51,487

42,115

0

47,774 \$

379 \$

39,073 \$

EOUIPMENT

DUE FROM EMPLOYEES

Schedule O (Form 990 or 990-EZ) (2014)				Page 2
Name of the organization		Employer ide	ntification number	
HARDWICK COMMUNITY TELEVISION INC.		74-30	38000	
DUE FROM PAYPAL	\$	0	\$	14
Total	\$	9,080	\$	9,386
Form 990-EZ, Part II, Line 26 - Other Liabiliti	es			
Description	Beg. of	f Year	End of	Year
Accounts Payable and Accrued Expenses	\$	539	\$	693

Form 990-EZ, Part III - Primary Exempt Purpose

TO PROVIDE EDUCATIONAL AND GOVERNMENTAL (PEG) ACCESS

THROUGH THE LOCAL CABLE TELEVISION SYSTEM FOR THE COMMUNITY

OF SUBSCRIBERS.

Form **4562**

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

(99) Internal Revenue Service Name(s) shown on return Identifying number

HARDWICK COMMUNITY TELEVISION INC.

74-3038000

	ss or activity to which this form relates								
	<u>ndirect Depreciat</u>								
Pa	rt Election To Exper	•	•						
	Note: If you have a		, complete Part	V before you o	comple	ete Part	1	1 . 1	500 000
1	Maximum amount (see instruction	•						-1	500,000
2	Total cost of section 179 property							2	0 000 000
3	Threshold cost of section 179 proj	-						3	2,000,000
4	Reduction in limitation Subtract li		•					4	
5	Dollar limitation for tax year. Subtract lin	ne 4 from line 1. If zero o	r less, enter -0- If mar					5	
6	(a) Description	n of property		(b) Cost (business use	only)	(c)	Elected cost		
									
7	Listed property Enter the amount				7				
8	Total elected cost of section 179 p		• •	es 6 and 7				8	
9	Tentative deduction Enter the sm	aller of line 5 or line	8					9	
10	Carryover of disallowed deduction	•						10	
11	Business income limitation Enter		•	•	5 (see	instructio	ns)	11	
12	Section 179 expense deduction A	•		_				12	
13	Carryover of disallowed deduction			2	13				
	: Do not use Part II or Part III belov	 ' · · · · · · · · · · · · · · · · 			- :				
	rt II Special Depreciat					lude liste	ed prope	rty.) (See instructions)
14	Special depreciation allowance fo	, , , , ,	ther than listed prop	perty) placed in se	rvice				
	during the tax year (see instruction	•						14	
15	Property subject to section 168(f)	•						15	0.27
<u> 16</u>	Other depreciation (including ACF							16	930
Pa	rt III MACRS Depreciat	ion (Do not inclu			ictions	5)			
			Section					T .= T	0 11
17	MACRS deductions for assets pla	•						17	2,112
18	If you are electing to group any assets place					nal Dana	e siedien C	L	
	Section B—A	Assets Placed in Ser	 		le Gen	erai Depri	eciation 5	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecia (business/investment only-see instruction	tuse	(e) C	Convention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property								
b	5-year property]							
С	7-year property								
d	10-year property				<u> </u>				
е	15-year property	_			<u> </u>				
f	20-year property				<u> </u>				
g	25-year property			25 yrs	<u> </u>		S/L		
h	Residential rental			27 5 yrs		MM	S/L		
	property			27 5 yrs	_	MM	S/L		
i	Nonresidential real			39 yrs		ММ	S/L		
	property					MM	S/L		
	Section C—As	sets Placed in Serv	ice During 2014 Ta	x Year Using the	Altern	ative Dep	reciation	Systen	n
20a	Class life						S/L		
b	12-year			12 yrs	ļ	·	S/L		
-	40-year	<u></u>	<u> </u>	40 yrs		MM	S/L		
Pa	irt IV Summary (See ins	tructions)							
21	Listed property Enter amount from	m line 28						21	·
22	Total. Add amounts from line 12,	lines 14 through 17,	lines 19 and 20 in c	olumn (g), and line	21 Er	nter			
	here and on the appropriate lines	of your return Partne	erships and S corpo	rations—see instri	u <u>ctions</u>			22	3,042
23	For assets shown above and place								
	portion of the basis attributable to				23				

Year Ended: December 31, 2014

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.

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

Form 990, Page 1

FYE: 12/31/2014

Asset	Description	Date I <u>n Service</u>	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
2 RACK	MOUNT MOUNT SHELF	6/01/05 6/01/05	250 75		250 75	7 HY 200DB	250 75	(
3 DACK	MOUNT SHELE	6/01/05	15		15	7 UV 200DD	15	(

Asset	Description	Date In Service	Cost	Bus 9	Sec <u>179</u> Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior	MACRS: 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	ŏ
4	DIGITAL PLAYER	6/01/05	8,000			8,000	5 HY 200DB	8,000	ŏ
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
1 9	EDITING COMPUTER	6/07/05 8/31/05	7,101 364			7,101 364	5 HY 200DB	7,101 364	0
10	DATA MEM INTERNAL HARD DRIVE	9/30/05	244			244	5 HY 200DB 5 HY 200DB	244	0 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	ŏ
14	B+H AUDIO & VIDEO	10/09/05	115			115	5 HY 200DB	115	Ó
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 LAVLIER MICROPHO	11/03/05 11/03/05	170 385			170 385	5 HY 200DB 5 HY 200DB	170 385	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	ŏ
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 5 HY 200DB	3,990	0
26 27	TABLE STOCK CAMERA LOCKUP	11/09/05 11/21/05	292 180			292 180	5 HY 200DB	292 180	0 0
28	ON BOARD MICRO CANON	12/08/05	135			135	5 HY 200DB	135	ő
29	19"LCD MONITOR	8/30/05	270			270	5 HY 200DB	270	Õ
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 2/16/06	582 573			582 573	5 HY 200DB 7 HY 200DB	582 573	0
34 36	SCAN CONVERTOR LAPTOP COMPUTER	12/07/11	831			831	5 MQ200DB	547	114
37	HARD DRIVE CARD READER	12/07/11	995			995	5 MQ200DB	655	136
38	ME-66 SHOUTGUN MIC	12/28/11	520			520	5 MQ200DB	342	71
39	B&H PHOTO VIDEO	2/27/12	558			558	7 HY 200DB	216	98
40	1029 NEXUS BROADCAST COMPUTER	5/16/12	8,816		_	8,816	5 HY 200DB	4,584	1,693
			43,307		_	43,307		37,931	2,112
					•				
Other	Depreciation:					= -			-
35	Mac Mini	2/13/08	940			940		940	0
41	JVC EQUIPMENT	11/14/13	2,029 374			2,029 374	5 MO S/L 5 MO S/L	68 0	405 75
42 43	JVC EQUIPMENT AZDEN UHF	12/30/13 4/16/13	3 /4 499			374 499	5 MO S/L 5 MO S/L	67	73 99
43	EQUIPMENT	5/02/13	300			300	5 MO S/L 5 MO S/L	40	60
45	EQUIPMENT	7/18/13	325			325	5 MO S/L	27	65
46	JVC CAMCORDER	6/12/14	2,462			2,462	7 MO S/L	0	205
47	MAC PRO 2.8 GHZ	11/24/14	1,251			1,251	5 MO S/L	0	21
	Total Other Depreciation		8,180			8,180		1,142	930
	Total ACRS and Other Deprec	ciation	8,180		:	8,180		1,142	930
	Grand Totals		51,487			51,487		39,073	3,042
	Less: Dispositions and Transfe	ers	0			0		0	3,5.2
1	Less: Start-up/Org Expense		ŏ			0		0	0
1	Net Grand Totals		51,487		•	51,487		39,073	3,042
	net Granu Totais		21,407		=	21,137			

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

FYE: 12/31/2014

Form 990, Page 1

Asset Description	Date In Service	Cost	Bus Sec Basis % 179Bonus for Depr	PerConv Meth	Prior	Current
Prior MACRS: 1 RACK MOUNT 2 RACK MOUNT SHELF 3 RACK MOUNT SHELF 4 DIGITAL PLAYER 5 JVC MINIDV 6 BEACH CAMERA 7 ZIP ZOOMFLY 8 RETN 9 EDITING COMPUTER 10 DATA MEM 11 INTERNAL HARD DRIVE 12 SOUND SYSTEM 13 PRINTER/SCANNER 14 B+H AUDIO & VIDEO 15 TRIPODS 16 CAMERA CASES 17 STUDIO/ AUDIO 18 AUDIO 19 LAVLIER MICROPHO 20 SHOTGUN MICROP 21 BOOM POLE 22 TAPLE TOP MICRO SHURE 23 LOWELL LIGT KIT 24 13" NTSC REFERR 25 MAIN VIDEO CAMERA 26 TABLE STOCK 27 CAMERA LOCKUP 28 ON BOARD MICRO CANON 29 19"LCD MONITOR 30 HEADPHONES 31 SWITCHER 32 3RD CAMERA PANASONIC PV 33 TITLER TITLEMAKER 3000 34 SCAN CONVERTOR 36 LAPTOP COMPUTER 37 HARD DRIVE CARD READER 38 ME-66 SHOUTGUN MIC 39 B&H PHOTO VIDEO 40 1029 NEXUS BROADCAST COMPUTE	6/01/05 6/01/05 6/01/05 6/01/05 8/25/05 9/13/05 9/06/05 9/06/05 9/06/05 8/31/05 8/30/05 8/30/05 11/03/05	250 75 45 8,000 1,615 268 113 250 7,101 364 244 115 173 115 770 350 399 170 385 410 180 360 1,430 275 3,990 292 180 135 270 244 1,104 760 582 573 831 995 520 558 8,816	250 75 45 8,000 1,615 268 113 250 7,101 364 244 115 173 115 770 350 399 170 385 410 180 360 1,430 275 3,990 292 180 135 270 244 1,104 760 582 573 831 995 520 558	7 HY 150DB 7 HY 150DB 7 HY 150DB 5 HY 150DB 6 HY 150DB 7 HY 150DB 7 HY 150DB 7 HY 150DB 8 MQ200DB 8 MQ200DB 8 MQ200DB 8 MQ200DB 9 HY 150DB 9 HY 150DB	250 75 45 8,000 1,615 268 113 250 7,101 364 244 115 173 115 770 350 399 170 385 410 180 360 1,430 275 3,990 292 180 135 270 244 1,104 760 582 573 547 655 342 167 3,570	Ourrent 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Other Depreciation: 35 Mac Mini 41 JVC EQUIPMENT 42 JVC EQUIPMENT 43 AZDEN UHF 44 EQUIPMENT 45 EQUIPMENT 46 JVC CAMCORDER 47 MAC PRO 2.8 GHZ Total Other Depreciation	2/13/08 11/14/13 12/30/13 4/16/13 5/02/13 7/18/13 6/12/14 11/24/14	940 2,029 374 499 300 325 2,462 1,251 8,180	940 2,029 374 499 300 325 2,462 1,251 8,180	5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 7 MO 125DB 5 MO S/L	36,868 940 68 0 67 40 27 0 0 1,142	0 405 75 99 60 65 256 21 981
Total ACRS and Other Depre Grand Totals Less: Dispositions and Transi Net Grand Totals	=	51,487 0 51,487	51,487 0 51,487		38,010 0 38,010	2,959 0 2,959

HAR8000 HARDWICK COMMUNIT 74-3038000 EYE: 12/31/2014	HAR8000 HARDWICK COMMUNITY TELEVISION INC. 74-3038000 Federal Statements FYE: 12/31/2014	
	Schedule A, Part III, Line 1(e)	
	Description	Amount
TOWN APPROPRIATION Total		
	Schedule A, Part III, Line 2(e)	
	Description	Amount
CABLE SUBSCRIBER FEES UNDER WRITTERS Total		28,452 1,630 30,082
	Schedule A, Part III, Line 3(e)	
	Description	Amount
RAFFLE TICKET SALES Total	w w	1,395
	Schedule A, Part III, Line 10a(e)	
	Description	Amount
Interest Total	w w !	109

				 	
		nt	120 -1,000 -880		
		Amount			
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38000 F	FYE: 12/31/2014		SALES Less: Total		
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