

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, or tax year period beginning **Oct 1**, 2000, and ending **Sept 30**, 2001**B** Check if applicable☐ Change of address☒ Change of name☐ Initial return☐ Final return☐ Amended return

Please use IRS label or print or type See Specific Instructions

C Name of organization**GREATER NORTSHIRE ACCESS TELEVISION, INC**

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

P O. BOX 2168

City or town, state or country, and ZIP code

MANCHESTER CENTER VT 05255**D** Employer identification number**03-0353581****E** Telephone number**802-362-7070****F** Check ☐ if application pending**G** Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 527 or ☐ 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See inst.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit group exemption no. (GEN) ▶**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support		1a	1,000
	b	Indirect public support		1b	
	c	Government contributions (grants)		1c	
	d	Total (add lines 1a through 1c) (cash \$ 1,000 noncash \$)		1d	1,000
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	111,299
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	7,453
	5	Dividends and interest from securities		5	
	6a	Gross rents		6a	
b	Less rental expenses		6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)		6c		
7	Other investment income (describe ▶)		7		
Expenses	8a	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other
	b	Less cost or other basis and sales expenses		8a	
	c	Gain or (loss) (attach schedule)		8b	
	d	Net gain or (loss) (combine line 8c columns (A) and (B))		8c	
	8d				
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ of contributions reported on line 1a)		9a	
	b	Less direct expenses other than fundraising expenses		9b	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
	10a	Gross sales of inventory, less returns and allowances		10a	
b	Less cost of goods sold		10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c		
11	Other revenue (from Part VII, line 103)		11	3,963	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	123,715	
Net Assets	13	Program services (from line 44, column (B))		13	54,827
	14	Management and general (from line 44, column (C))		14	59,042
	15	Fundraising (from line 44, column (D))		15	
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses (add lines 13 and 14, column (A))		17	113,869
18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	9,846	
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	224,670	
20	Other changes in net assets or fund balances (attach explanation)		20		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	234,516	

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Part II Statement of
Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	35,577	17,789	17,788
26	Other salaries and wages	26	16,524		16,524
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	4,653	1,591	3,062
30	Professional fundraising fees	30			
31	Accounting fees	31	1,250		1,250
32	Legal fees	32			
33	Supplies	33	2,491	134	2,357
34	Telephone	34	2,070	690	1,380
35	Postage and shipping	35	292		292
36	Occupancy	36	14,375	7,188	7,187
37	Equipment rental and maintenance	37	1,034	891	143
38	Printing and publications	38	605	605	
39	Travel	39	236	236	
40	Conferences, conventions, and meetings	40	984	984	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	14,776	13,488	1,288
43	Other expenses (itemize) a See Attached	43a	19,002	11,231	7,771
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	113,869	54,827	59,042

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

What is the organization's primary exempt purpose? ► PEG Access TV Channel

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a	See Attached	
	(Grants and allocations \$ _____)	54,827
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	54,827

Part IV Balance Sheets (See Specific Instructions on page 23)

Note	Where required attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
45	Cash — non-interest-bearing	11,781	45	963
46	Savings and temporary cash investments	167,437	46	161,289
47a	Accounts receivable	36,788		
b	Less allowance for doubtful accounts		47c	36,788
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments — securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments — land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments — other (attach schedule)		56	
57a	Land, buildings, and equipment basis	92,590		
b	Less accumulated depreciation (attach schedule)	56,537	57c	36,053
58	Other assets (describe <input type="checkbox"/> Security Dep/Prepaid Exp)	1,207	58	3,665
59	Total assets (add lines 45 through 58) (must equal line 74)	224,955	59	238,758
60	Accounts payable and accrued expenses	285	60	4,242
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe <input type="checkbox"/>)		65	
66	Total liabilities (add lines 60 through 65)	285	66	4,242
	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	224,670	67	234,516
68	Temporarily restricted		68	
69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
70	Capital stock, trust principal or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	224,670	73	234,516
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	224,955	74	238,758

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return			
a Total revenue, gains, and other support per audited financial statements ▶	a	N/A	a Total expenses and losses per audited financial statements ▶	a	N/A
b Amounts included on line a but not on line 12 Form 990	b		b Amounts included on line a but not on line 17, Form 990	b	
(1) Net unrealized gains on investments \$			(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify) _____ \$			(4) Other (specify) _____ \$		
Add amounts on lines (1) through (4) ▶	b		Add amounts on lines (1) through (4) ▶	b	
c Line a minus line b ▶	c	0	c Line a minus line b ▶	c	0
d Amounts included on line 12, Form 990 but not on line a	d		d Amounts included on line 17, Form 990 but not on line a	d	
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify) _____ \$			(2) Other (specify) _____ \$		
Add amounts on lines (1) and (2) ▶	d		Add amounts on lines (1) and (2) ▶	d	
e Total revenue per line 12 Form 990 (line c plus line d) ▶	e	0	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e	0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Gerry Deyo, POB 889 Manchester Ctr, VT 05255	Chairman	None	None	None
Carol Ardrey POB 1020 Manchester, VT 05254	Vice Chair	None	None	None
Georgianne Bonifanti 17 Cherry View Rd, Manchester, VT 05255	Secretary	None	None	None
Mary Grabarz POB 515 Manchester Ctr, VT 05255	Treasurer	None	None	None
Katie Adams, POB 277 Dorset, VT 05251	Director	None	None	None
Jack McBride, POB 151 Dorset, VT 05251	Director	None	None	None
Garrett McCarey, 92 Deep Kill RD Troy, NY 12180	Exec Director	35,577	None	None

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ ☐ Yes ☐ No

If "Yes" attach schedule — see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26)

	N/A	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N	A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	None	
b Did the organization file Form 1120-POL for this year?	81b	N	A
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N	A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N	A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N	A
c Dues, assessments, and similar amounts from members	85c	N/A	
d Section 162(e) lobbying and political expenditures	85d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0	
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N	A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b Gross receipts included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	N	A
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>None</u> , section 4912 <u>None</u> , section 4955 <u>None</u>			
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		None	
d Enter Amount of tax on line 89c above reimbursed by the organization		None	
90a List the states with which a copy of this return is filed <u>N/A (Not Required)</u>			
b Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	90b	2	
91 The books are in care of <u>Mary Grabarz</u> Telephone no <u>802-362-0789</u> Located at <u>PO Box 515, Manchester Ctr, VT</u> ZIP code <u>05255-0515</u>			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <u>Mandated PEG Acces Revenue</u>					111,299
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	7,453	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b <u>Rebate for Purchase of</u>					
c <u>Energy Efficient Lights</u>			01	3,600	
d <u>Miscellaneous</u>			01	363	
e _____					
104 Subtotal (add columns (B), (D), and (E))				11,416	111,299
105 Total (add line 104, columns (B), (D), and (E))					122,715

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Per Law, Organization is to receive percent of cable communications receipts for public access TV

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

(A) Name, address and EIN of corporation, partnership or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

- (a) Did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☐ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☐ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

I am including accompanying schedules and statements and to the best of my knowledge and other than officer) is based on all information of which preparer has any knowledge (Important

1/18/02
DateGERALD B. DEYO, PRES.
Type or print name and title

Department of the Treasury
Internal Revenue Service

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions)

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

2000

Name of the organization

Name of the organization
GREATER NORTSHIRE ACCESS TELEVISION, INC.

Employer Identification number

03-0353581

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None -----				
----- -----				
----- -----				
----- -----				
----- -----				
Total number of other employees paid over \$50,000 ▶				

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?

1

X

If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:

a Sale, exchange, or leasing of property?

2a

X

b Lending of money or other extension of credit?

2b

X

c Furnishing of goods, services, or facilities?

2c

X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d

X

e Transfer of any part of its income or assets?

2e

X

If the answer to any question is "Yes" attach a detailed statement explaining the transactions

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.?

3

X

- 4a Do you have a section 403(b) annuity plan for your employees?

4a

X

b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting****Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts grants and contributions received (Do not include unusual grants See line 28)	272				272
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	79,714	46,088	49,454	255,951	431,207
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,536	7,543	6,415	1,608	24,102
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	88,522	53,631	55,869	257,559	455,581
24 Line 23 minus line 17	8,808	7,543	6,415	1,608	24,374
25 Enter 1% of line 23	885	536	559	2,576	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e) line 24				26a 487
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 24,374
d Add Amounts from column (e) for lines	18 24,102	19	20	21	26d 24,102
	22	26b N/A			26e 272
e Public support (line 26c minus line 26d total)					26f 1 12 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year				
(1999)	(1998)	(1997)	(1996)		
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(1999)	(1998)	(1997)	(1996)		
c Add Amounts from column (e) for lines	15	16	17	20	21
	27c	27d	27e	27f	27g %
d Add Line 27a total and line 27b total					27h %
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

Part V • **Private School Questionnaire** (See page 5 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes" please describe. If "No" please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a. Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b. Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c. Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d. Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a. Students' rights or privileges?	33a	
b. Admissions policies?	33b	
c. Employment of faculty or administrative staff?	33c	
d. Scholarships or other financial assistance?	33d	
e. Educational policies?	33e	
f. Use of facilities?	33f	
g. Athletic programs?	33g	
h. Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b. Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587 covering racial nondiscrimination? If "No" attach an explanation.	35	

N/A

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

- Check here ► a ☐ if the organization belongs to an affiliated group
 Check here ► b ☐ if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table —		
If the amount on line 40 is —		The lobbying nontaxable amount is —	
Not over \$500 000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000 000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000 000 but not over \$1 500,000	\$175 000 plus 10% of the excess over \$1 000 000		
Over \$1 500 000 but not over \$17 000,000	\$225 000 plus 5% of the excess over \$1 500 000		
Over \$17 000 000	\$1 000 000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year did the organization attempt to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum through the use of

- a Volunteers
 b Paid staff or management (Include compensation in expenses reported on lines c through h)
 c Media advertisements
 d Mailings to members legislators, or the public
 e Publications or published or broadcast statements
 f Grants to other organizations for lobbying purposes
 g Direct contact with legislators their staffs government officials or a legislative body
 h Rallies, demonstrations seminars, conventions, speeches, lectures, or any other means
 i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities

Part VII- Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes" complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		
a(ii)		
b(i)		
b(ii)		
b(iii)		
b(iv)		
b(v)		
b(vi)		
c		

[illegible]

52 a Is the organization directly or indirectly affiliated with or related to one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☐ No

b If "Yes," complete the following schedule

[illegible]

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization

GREATER NORTHSHIRE ACCESS TELEVISION, INC.

Employer identification number

03-0353581

Organization type (check one) — Section ☒ 501(c)(3) (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations —

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

☒

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

1,000

Note: This form is generally not open to public inspection except for section 527 organizations

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file **Form 990**, Return of Organization Exempt From Income Tax, or **Form 990-EZ**, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the

schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed on Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33⅓% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A)) —

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the **General rule** discussed above.

Greater Northshire Access Television, Inc.

09/30/2001

03-0353581

Page 2 PART III Statement of Program Accomplishments

GNAT is an administration entity that has provided the facilities, equipment, personnel, and related services and expenditures to allow the production and cablecast of television programming by members of the public for educational purposes and by governmental entities, free of charge for the surrounding communities

Greater Northshire Access Television, Inc.
Form 990 03-0353581
F/Y/E 09/30/2001

PART II

Line 43 Other Expenses

	Total	Program Services	Mgmt & General	Fund Raising
Production Supplies/Expense	5,136	5,136		
Insurance	1,587	1,190	397	
Dues & Subscriptions	584		584	
Bank Charges	25		25	
Utilities	5,144	3,858	1,286	
Building Maintenance	5,303	1,729	3,574	
Payroll Service Fee	1,429	490	939	
Casual Labor	460	460		
Miscellaneous	289		289	
Meals & Entertainment	677		677	
Advertising	379	379		
Reimbursed Expenses	(2,011)	(2,011)		
	<u>19,002</u>	<u>11,231</u>	<u>7,771</u>	<u>0</u>

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE



Certificate of Amendment

I, Deborah L. Markowitz, Secretary of State of the State of Vermont, do hereby certify that the attached is a true copy of the

Articles of Amendment

for

SOUTHWEST VERMONT ACCESS TELEVISION, INC.

changing its corporation name to

GREATER NORTHSHIRE ACCESS TELEVISION, INC.

as filed in this department effective November 6, 2001

November 6, 2001

*Given under my hand and the seal
of the State of Vermont, at
Montpelier, the State Capital*

A handwritten signature in dark ink, appearing to read "Deborah L. Markowitz".

*Deborah L. Markowitz
Secretary of State*

