

# RULE 8 ANNUAL REPORT

for Vermont Access Management Organization (Version 4.0 - 4.4.23)

## Reporting Deadlines:

As defined in a Waiver ordered by the Public Utility Commission (formerly the Public Service Board) on March 9, 2017 in Docket No. 8890, Vermont Access Management Organizations are expected to complete and submit their annual report within 150 days of the end of their fiscal year. The Waiver, requested by VAN, is intended to allow enough time for an AMO to complete and attach its IRS Form 990 along with this Annual Report Form.

If you need an extension beyond these 150 days, please contact the Department of Public Service and your cable operator(s) prior to the date on which the report is due.

## Attachments:

Please attach additional pages for information that will not fit in the space provided.

## Filing: It is required that each AMO send a digital copy of its report to the 4 entities below:

### FOR PUC:

File Electronically through the ePUC system:

Go to ePUC at <https://epuc.vermont.gov/> Log in to the system (If first time, will need to create an account);

Click "Report" from this list of "Frequently-Used Case Forms" on the left;

For "Type of Industry" click the arrow and choose "Cable Television" from the drop down list;

Click "Yes" for "Are you filing on behalf of an organization?";

For "Organization Name" you can either click the magnifying glass icon and use the search function to find the organization name and click it to enter it, or you can start typing the name of the organization into the box and the system will show "working" and pop up a list of organizations. You would then click the name of the organization to enter it;

Use the preceding procedure to enter the "official representative" for the organization.

NOTE: if, for either the organization or the official representative, you cannot locate the correct party or individual (organizations with approved CPGs should be already in the system though) you would click the red language to add - this will bring you to a new internet browser tab where you will enter the organization or person and once entered, you will need to be sure to click back into the original internet browser tab to complete your report filing.

For "Report Type" click the arrow and choose "AMO Report" from the drop-down menu;

Enter the period start date and end date; Enter a period description if needed;

In the "Report" panel, title your document and use the browse button to upload your report;

If you have other documents in addition to the report, you would need to file them separately in the next panel entitled "Other Supporting Documents" by clicking the arrow, choosing the correct document type from the drop-down for what you are filing, enter a document title and use the browse button to upload your supporting document;

If you have more than one supporting document to upload you can click the blue words "Other Supporting Documents" to get another panel to use the previous steps to upload another supporting document;

Once you have uploaded all documents and information, do the captcha question if asked and click "proceed".

Note: Your report will initially be labeled "open" because the report was successfully filed into the system and given a report number. This will file your report with the Commission. The status changes so "closed," once it is reviewed.

### FOR VT DPS:

Email Hunter Thompson, Director of Telecommunications and Connectivity: [hunter.thompson@vermont.gov](mailto:hunter.thompson@vermont.gov)

### FOR VAN RECORDS:

Email: [vermontaccessnetwork@gmail.com](mailto:vermontaccessnetwork@gmail.com)

### FOR CABLE OPERATORS:

Comcast confirmed it is fine to email annual reports (no need for paper copies). Please contact other cable operators to see if the case is the same. For Comcast: Email Melissa Pierce, Manager, Government & Regulatory Affairs, Western New England Region [Melissa\\_Pierce@comcast.com](mailto:Melissa_Pierce@comcast.com)

- Be sure to Attach your Depreciation or Fixed Asset Schedule (Sec. 10a) and Financials (Sec. 15c).

# Rule 8 Annual Report

for Vermont Access Management Organizations (Version 4.0 - 2.23.23)

The FISCAL YEAR REPORTING: \_\_\_\_\_  
(Please enter the date your Fiscal Year ENDED)

## 1. Organization Name & Address

\_\_\_\_\_  
Legal Name/ Corporate Name

\_\_\_\_\_  
Doing Business as (D/B/A) Name & Call Letters

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Location Address (if different than Mailing Address)

\_\_\_\_\_  
Website Address

## 2. Contact Information

### 2a. Individual Completing this Form

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

### 2b. Executive Director/Manager/CEO

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

### 3. Corporate Status - Open Meetings Law – 8.422(J)

- Is the AMO recognized by the IRS as a 501 (c)(3) Non-Profit Corporation?  YES  NO
- Year Incorporated in State of Vermont: \_\_\_\_\_
- Is the AMO current with its biennial Secretary of State nonprofit corporate registration?  
 YES  NO
- Does AMO comply with applicable parts of VT's Open Meeting Law?   
     Warns Board Meetings?  Posts Board Minutes?

### 4. Service Territories/Communities Served

Service Territory	Name of Cable Operator	Communities (Municipalities) Served	Changes from Previous Fiscal Year
1			
2			
3			

### 5. Current PEG Capacity & Applications – 8.422(B)

#### 5a. Channel(s), by Cable Operator(s)

Name of Cable Operator 1 _____
--------------------------------

Channel Number (and Call Letters or Name)	SD or HD	Type of Access (Public, Educational, Governmental)

Name of Cable Operator 2 _____		
Channel Number (and Call Letters or Name)	SD or HD	Type of Access (Public, Educational, Governmental)

Name of Cable Operator 3 _____		
Channel Number (and Call Letters or Name)	SD or HD	Type of Access (Public, Educational, Governmental)

**5b. Additional Application(s) – 8.404(B)**

Describe Additional Application(s) the AMO uses that the cable operator has provided to your system capacity or facilities, in a form other than a Channel, in order to support the distribution of PEG Access content to cable subscribers. Examples of Operator-provided applications might include access to the Interactive Program Guide, the Level or Class of broadband service (Commercial/Business/etc), a Static IP, Remote Origination Site equipment, an E-mail domain, cloud storage, etc. Please state whether the Operator is charging you for any of these.

**6. Outreach Strategies – 8.422(C)**

*Note: If an exact number is unknown for any activity in 6a or 6b below, please provide an estimate. (Check N/A if you have not engaged in a particular activity or did not track it this year.)*

**6a. Outreach/Marketing: Activities**

<b>Activity</b>	<b>Number Done</b>	<b>N/A (✓)</b>
Print Ad Placements		
Online Ad Placements		
Newsletters (print or email)		
Events at your AMO (open house, gallery openings, etc.)		
AMO participation in community events (parades, booths, etc)		
Presentations at community meetings (Chamber, clubs, etc)		
Video contests/competitions held		
Self-promotional PSAs, Bumpers, etc.		
Social Media Postings		

**6b. (OPTIONAL) Outreach/Marketing: Social Media/Other**

*Note: Please describe other activities that were intended to market or promote your AMO, or to inform or attract the public, educational and/or governmental sectors to your AMO. These might include the type and extent of your use of social media platforms, bill stuffers, video competitions entered, Technical assistance to Institutions, NGOs, schools, etc., or other outreach/marketing efforts not outlined in 6a above.*

**6c. (OPTIONAL) Volunteerism & Users**

*Note: In this Optional section, if the exact number is unknown, you may estimate.*

*If you track, by category, non-staff (unpaid) people involved with your AMO, you may provide that data in the Comments section.*

*If you do not track any of this data, you may either check N/A or leave the entire section blank.*

<b>Total, all unpaid, non-staff</b>	<b>Number</b>	<b>N/A (✓)</b>
Volunteers, Board, Community Producers, Student Interns & Other Users		

**Comments:**

**7. Training & Provision of Facilities – 8.422(C)**

*Note: We recognize that there are many ways to track or classify training and facilities usage at an AMO, and so we've provided options and narrative opportunities to accommodate these variations. In Sections a, b and c, below, if exact number is unknown, please provide an estimate. Check N/A if you have not engaged in a particular activity or have not tracked it this year.*

**7a. Orientations**

<b>Activity</b>	<b>Number Oriented</b>	<b>N/A (✓)</b>
Orientation to Individuals		
Orientation to Organizations		

**7b. Structured Training**

*Note: "Structured Training" (e.g., classes, seminars, workshops) does not include the on-going, on-demand instruction or guidance you provide to producers while they work on their programs. Describe that type of training, if you wish, in the narrative space provided below. Check N/A if you have not engaged in a particular activity or have not tracked it this year.*

<b>Types of <u>Structured</u> Training Provided (Your classifications of types)</b>	<b>Number Trained</b>	<b>N/A (✓)</b>
<b>GRAND TOTAL:</b>		

If necessary, please use the following space to expand or explain how you deliver your unstructured training, including, if you wish, assistance provided to producers as they work on their productions.

**UNSTRUCTURED Training:**

**7c. (OPTIONAL) Community Use of Facilities**

*Note: In this Optional section, if the exact number is unknown you may estimate. If you do not track any of this data, you may either check N/A or leave the entire section blank.*

Type of Facilities Usage	If applicable, provide detail here, or in Notes, below.	# of Checkouts / Usages.	N/A (✓)
Field Gear Checkouts (specify)			
Studio Production Use			
Editing Systems Use			
Other Lendings (specify)			

**NOTES:**

**8. Programming Data - Rule 8.422 (C)**

*Note: In the following sections, who “Produced” a program is determined by that person or entity that is legally responsible for the content of the program.*

**8a. Programming Information**

*Please provide annual data for the following **FIRST-RUN, NON-REPEAT** program plays. Please avoid data for Programs that are simulcast on two or more of your channels.*

Type of Programming	# of Programs	# of Hours
Locally-Produced, First-Run Programs ( <i>produced by, for or at your AMO</i> )		
AMO-Produced PSAs, Bumpers, etc. ( <i>if tracked &amp; not included above</i> )		
“Imported” via VMX or other Vermont sources ( <i>e.g., AMOs, local producers</i> )		
“Imported” from other sources ( <i>e.g. satellite programming</i> )		
<b>COLUMN TOTAL</b>		



**8e. Additional Information**

*Provide additional information about your programming (if you feel it's necessary) in narrative form:*

**9. Complaint Tracking – Rule 8.422(D)**

*Summarize details of any complaints, how your AMO responded to them, and their current status. Include both any complaints made to your AMO and your AMO's complaints to other entities, such as cable operators (Service Quality complaints should be address in the next Section, 10).*

**10. Service Quality Issues – Rule 8.422(L)**

*Please describe major service quality issues that required or require attention of the cable operator or the Vermont Public Service Department. Include your use of the “Procedures for Addressing PEG Access Facilities’ Issues, Problems and Complaints” and the outcome or on-going status at the close of the Fiscal Year.*

**11. Facilities Summary/Description of Facilities – Rule 8.422(E)**

**11a. Depreciation Schedule**

*Attach your Depreciation Schedule from your IRS Form 990 (long form) or your Fixed Asset Schedule.*

**11b. Changes in Equipment Inventory/ General Statement of Improvements**

*Describe generally major changes in equipment inventory during this reporting year. (A general statement of improvements in equipment and facilities.)*



**13. Changes in Organizational Structure – Rule 8.422(G)**

*Detail here any significant changes in organizational structure during the Fiscal Year; for example, bylaws, style of governance, corporate form, dissolution, etc.*

**14. Planning Considerations – Rule 8.422(K)**

*In this section, please provide your planning considerations and expectations for how community needs will be identified and met for current and future fiscal years. Include new programs or services you plan to offer over the next 3 years; how those relate to your community’s needs and interests; and the process you used to identify those needs and interests. Attach additional pages if necessary.*

**Note that regulators and the cable operator may regard this section as your PEG Access Plan.**

## 15. Financial Documents – Rule 8.422 (H), (I) and (M)

### 15a. AMO Revenue Report

*"The Report shall distinguish between funds provided by the Cable Operator as PEG funding and funds obtained from other sources."*

*Describe other revenue sources the AMO relies upon to support its services. (Other Sources might include memberships, production fees, interest income; and fundraising activities such as grants, annual campaigns and capital campaigns.)*

CABLE OPERATOR FUNDING					
Cable Operator 1:			Cable Operator 2:		
Operating	Capital	Spike	Operating	Capital	Spike
OTHER SOURCES OF REVENUE (Identify)					
			Non-PEG Related	TOTAL	

### 15b. AMO Expense Report

*"The Report shall clearly distinguish between expenditures that support production and distribution of PEG content to cable television subscribers, and expenditures for other purposes not related to the production and distribution of PEG content to cable television subscribers, if any." List expenses as they apply to each of the AMO's PEG and Non-PEG services.*

AMO Services	Operating Expenses	Capital Expenses	Total Expenses
PEG Access Services			
Non PEG-related Services			
<b>Total PEG &amp; Non-PEG Expenses</b>			

### 15c. Statement of Cable Operator Funds

A statement of total Operating and Capital funding received from the operator(s), and whether any funds were carried forward from the prior year.

**Please click the check box ( ✓ ) if the following documents are attached to this Report, and confirm that taken together these can be used to determine any funds that were carried forward from the prior year.**

- Income/Expense Statement (a.k.a., Profit & Loss Statement) for this Fiscal Year
- Balance Sheet on the final day of the Fiscal Year (listing assets & liabilities)
- Current year Operating and Capital Budgets
- Annual Tax Return (990 or 990-EZ)
- Audit or Financial Review prepared during the Fiscal Year (If one done, optional)

**NOTES:**

**Statement of Certification**

I,

hereby certify that

is (or has a parent organization that is) a non-profit organization in good standing with the State of Vermont (i.e., has filed a Vermont Nonprofit Biennial report in a timely manner) and maintains the following documents on our premises that are available to the public upon request:

- Bylaws or other governing documents
- Rules and operating procedures
- Complaint and dispute resolution procedures
- Contract(s) with Cable Operator(s)
- Evidence of conducting meetings consistent with Open Meeting Law



**SIGNATURE OF PERSON COMPLETING FORM**

**DATE**



**SIGNATURE OF WITNESS**

**NAME OF WITNESS (print/type)**

**Greater Northshire Access Television, Inc.**  
**Statements of Financial Position**  
**September 30, 2025 and 2024**

	2025	2024
ASSETS		
Cash and Cash Equivalents	\$337,244	\$463,552
Beneficial Interest in Assets Held at Community Foundation	137,751	77,088
Mandated PEG Access Revenue Receivable	95,524	100,129
Other Receivables	9,649	16,400
Prepaid Expenses	11,149	7,958
Equipment, less Accumulated Depreciation of \$213,305 in 2024 and \$225,634 in 2025	38,718	65,052
Total Assets	\$630,035	\$730,179
LIABILITES AND NET ASSETS		
Liabilities		
Accounts Payable	\$98	\$1,860
Accrued Payroll and Liabilities	13,936	10,226
Total Liabilities	14,034	12,086
Net Assets		
Without Donor Restrictions	471,443	600,624
With Donor Restrictions	144,558	117,469
Total Net Assets	616,001	718,093
Total LIABILITIES AND NET ASSETS	\$630,035	\$730,179

**Greater Northshire Access Television, Inc.**  
**Statements of Functional Expenses**  
**For the Years Ended September 30, 2025 and 2024**

	2025	2024
Changes in Net Assets:		
Operating Revenues:		
Mandated PEG Access Revenue	\$392,563	\$424,798
Program Services	25,624	23,390
Municipal Contributions	14,000	14,000
Contributions	32,985	35,940
Investment Income (loss), Net	19,364	27,561
Grants	45,347	54,375
Other	5,183	-
Total Operating Revenues	535,066	580,064
Operating Expenses:		
Program Services:		
Programming and Production	507,928	532,291
Support Services:		
Management and General	75,789	99,825
Fundraising	49,441	4,104
Total Support Services	125,230	103,929
Total Operating Expenses	633,158	636,220
Change in Net Assets	(98,092)	(56,156)
Net Assets at Beginning of Year	718,093	774,249
Prior Period Adjustment	(4,000)	-
Net Assets at End of Year	616,001	718,093

**Greater Northshire Access Television, Inc.**  
**Statements of Functional Expenses**  
**For the Years Ended September 30, 2025 and 2024**

	2025			
	Programming and Production	Management and General	Fundraising	Total
	Operating Expenses:			
Salaries	318,450	43,055	37,000	398,505
Benefits	27,819	-	5,146	32,965
Payroll Taxes	27,878	3,770	3,239	34,887
Advertising, Marketing and Fundraising	3,966	-	-	3,966
Freelance and Professional Fees	27,522	3,294	-	30,816
Telephone and Technology	3,790	2,528	-	6,318
Supplies, Postage and Programming	27,318	6,018	4,056	37,392
Bank Fees	-	939	-	939
Insurance	5,478	3,652	-	9,130
Travel, Conferences and Business Meals	5,722	-	-	5,722
Memberships, Dues and Subscriptions	8,902	383	-	9,285
Rent	17,296	8,648	-	25,944
Utilities	4,664	2,332	-	6,996
Building Maintenance and Supplies	2,339	1,170	-	3,509
Miscellaneous	450	-	-	450
Small Equipment	-	-	-	-
Depreciation	26,334	-	-	26,334
<b>Total Operating Expenses</b>	<b>507,928</b>	<b>75,789</b>	<b>49,441</b>	<b>633,158</b>

	2024			
	Programming and Production	Management and General	Fundraising	Total
	Operating Expenses:			
Salaries	318,248	58,130	-	376,378
Benefits	45,475	3,423	-	48,898
Payroll Taxes	25,710	4,694	-	30,404
Advertising, Marketing and Fundraising	7,944	-	-	7,944
Freelance and Professional Fees	19,891	2,713	-	22,604
Telephone and Technology	4,775	3,156	-	7,931
Supplies, Postage and Programming	29,806	5,891	4,104	39,801
Bank Fees	-	907	-	907
Insurance	5,317	3,530	-	8,847
Travel, Conferences and Business Meals	3,413	-	-	3,413
Memberships, Dues and Subscriptions	-	5,997	-	5,997
Rent	17,296	8,648	-	25,944
Utilities	4,275	2,138	-	6,413
Building Maintenance and Supplies	1,198	598	-	1,796
Miscellaneous	101	-	-	101
Small Equipment	20,252	-	-	20,252
Depreciation	28,590	-	-	28,590
<b>Total Operating Expenses</b>	<b>532,291</b>	<b>99,825</b>	<b>4,104</b>	<b>636,220</b>

ASSET DEPRECIATION SHORT REPORT  
**Greater Northshire Access TV - Sep. 30, 2025**

Assets: 63 of 63 Included  
 Include: All Assets  
 Method: FEDERAL - Std Conventions Applied

Sort #1: Asset A/C#

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
<b>Asset A/C#: 1300 - OFFICE FURNITURE</b>								
06/20/06	6 folding tables	MA200 / 5	517.50	0.00	517.50	517.50	0.00	517.50
12/05/06	D Set Furniture	MA200 / 7	1,144.00	0.00	1,144.00	1,144.00	0.00	1,144.00
03/12/07	Cabinets/Racks	MA200 / 7	1,681.06	0.00	1,681.06	1,681.06	0.00	1,681.06
07/07/07	D Table & 4 office chairs	MA200 / 7	565.52	0.00	565.52	565.52	0.00	565.52
03/04/09	Set Lights	SL / 5	3,340.10	0.00	3,340.10	3,340.10	0.00	3,340.10
05/12/09	Cyclorama & Curtains	SL / 5	4,680.10	0.00	4,680.10	4,680.10	0.00	4,680.10
11/12/09	Furniture/Fixtures for Office/editing Suite	SL / 5	7,344.49	0.00	7,344.49	7,344.49	0.00	7,344.49
01/24/14	MQ 6 Office Chairs	MA200 / 7	3,063.25	0.00	3,063.25	3,063.25	0.00	3,063.25
03/04/14	MQ Shelving for Equip Room	MA200 / 7	404.24	0.00	404.24	404.24	0.00	404.24
07/11/18	Varidesk - stand-up desk	MA200 / 5	780.00	0.00	780.00	780.00	0.00	780.00
<b>Totals: 1300 - OFFICE FURNITURE ( 10 assets )</b>			23,520.26	0.00	23,520.26	23,520.26	0.00	23,520.26
<b>Less: 2 Disposed assets ( Current Depreciation: \$0.00 )</b>			1,709.52	0.00	1,709.52	1,709.52		1,709.52
<b>Net totals: 1300 - OFFICE FURNITURE ( 8 assets )</b>			21,810.74	0.00	21,810.74	21,810.74	0.00	21,810.74
<b>Asset A/C#: 1400 - OFFICE EQUIPMENT</b>								
09/30/03	MQ Kitchen Set	MA200 / 5	30,154.03	0.00	30,154.03	30,154.03	0.00	30,154.03
11/30/12	Dishwasher - Kitchen Set	MA200 / 5	779.90	0.00	779.90	779.90	0.00	779.90
03/11/13	Air Conditioner	MA200 / 7	5,875.00	0.00	5,875.00	5,875.00	0.00	5,875.00
06/06/14	MQ Epson V700 Photo Scanner	MA200 / 5	629.99	0.00	629.99	629.99	0.00	629.99
<b>Totals: 1400 - OFFICE EQUIPMENT ( 4 assets )</b>			37,438.92	0.00	37,438.92	37,438.92	0.00	37,438.92
<b>Asset A/C#: 1500 - ELECTRONIC EQUIPMENT</b>								
09/10/12	3 JVC Pro HD Compact Shoulder Camcorder	MSL / 5	20,858.50	0.00	20,858.50	20,858.50	0.00	20,858.50
10/12/12	iPad/Teleprompter	MA200 / 5	582.96	0.00	582.96	582.96	0.00	582.96
03/19/13	2 Samsung 32" LED HDTV	MA200 / 5	867.55	0.00	867.55	867.55	0.00	867.55
08/20/13	2 JVC Camcorder Packages	MA200 / 5	2,092.15	0.00	2,092.15	2,092.15	0.00	2,092.15
11/15/13	MQ JVC Focus Controller/Zoom Controller/Monitor	MA200 / 5	2,304.00	0.00	2,304.00	2,304.00	0.00	2,304.00
02/19/14	D MQ 2 Big Thunderbolt 8TB VWDH	MA200 / 5	1,498.00	0.00	1,498.00	1,498.00	0.00	1,498.00
02/28/14	D MQ Carousel cg330/3 ATM DSK Studio	MA200 / 5	6,694.00	0.00	6,694.00	6,694.00	0.00	6,694.00
03/10/14	MQ JVC Focus & Rear servo zoom controllers	MA200 / 5	2,682.45	0.00	2,682.45	2,682.45	0.00	2,682.45
03/13/14	MQ 2 JVC Portable Monitors DT-X71H Pro HD	MA200 / 5	1,958.00	0.00	1,958.00	1,958.00	0.00	1,958.00
04/04/14	MQ 2 ASUS PB278Q Graphics Monitors 27"	MA200 / 5	1,099.98	0.00	1,099.98	1,099.98	0.00	1,099.98
05/23/14	MQ Manfrotto Carbon Fiber 3-Stage Video Tripod	MA200 / 5	768.00	0.00	768.00	768.00	0.00	768.00
09/11/14	MQ Comstart XT-6/ 6 User Wireless Intercom...	MA200 / 5	4,094.80	0.00	4,094.80	4,094.80	0.00	4,094.80
10/01/14	MP 6C XEON ES...	MA200 / 5	3,691.79	0.00	3,691.79	3,691.79	0.00	3,691.79
11/11/14	JVC GY-MH150U Pro HD Camcorder	MA200 / 5	1,146.00	0.00	1,146.00	1,146.00	0.00	1,146.00
04/13/15	Therweight Bi-Color LED 3Point Kit with 3...	MA200 / 5	2,748.00	0.00	2,748.00	2,748.00	0.00	2,748.00
04/13/15	2 Wireless Mic Kits	MA200 / 5	996.00	0.00	996.00	996.00	0.00	996.00
04/22/15	4 Apple ipad's & Mic stand mounts	MA200 / 5	2,533.05	0.00	2,533.05	2,533.05	0.00	2,533.05
04/27/15	5 Magconnect CRB/FBR TRPD/Mic F/ipad Air	MA200 / 5	504.20	0.00	504.20	504.20	0.00	504.20
04/27/15	MP 6C Xeon Computer & App for Mac Pro	MA200 / 5	4,358.00	0.00	4,358.00	4,358.00	0.00	4,358.00
06/26/15	Sennheiser Portable Wireless Mic System	MA200 / 5	759.00	0.00	759.00	759.00	0.00	759.00
09/14/15	JVC GY-HM150U Shotgun Mic, 2 Extra...	MA200 / 5	1,500.00	0.00	1,500.00	1,500.00	0.00	1,500.00
09/29/15	6 Manfrotto MVH500AH	MA200 / 5	2,699.28	0.00	2,699.28	2,699.28	0.00	2,699.28
09/29/15	2 Anton-Bauer Dionic-HC Li-ion Batteries	MA200 / 5	990.00	0.00	990.00	990.00	0.00	990.00
09/29/15	2 Sennheiser Wireless Mic System	MA200 / 5	1,167.00	0.00	1,167.00	1,167.00	0.00	1,167.00
08/17/16	Apple...	MA200 / 5	4,099.00	0.00	4,099.00	4,099.00	0.00	4,099.00
11/22/16	JVC GY-HM 150U Camcorder	MA200 / 5	1,000.00	0.00	1,000.00	1,000.00	0.00	1,000.00
04/26/17	iPhone 7 32GB Black	MA200 / 5	687.94	0.00	687.94	687.94	0.00	687.94
06/08/17	JVC GY-HM 100U Hand Held Camcorder	MA200 / 5	799.00	0.00	799.00	799.00	0.00	799.00
08/12/17	D 8 Channel Security Camera System	MA200 / 5	934.99	0.00	934.99	934.99	0.00	934.99
08/28/17	Sony Pro XDCAM Compact Camcorder	MA200 / 5	1,998.00	0.00	1,998.00	1,998.00	0.00	1,998.00
08/28/17	Sony Pro XDCAM Compact Camcorder	MA200 / 5	1,998.00	0.00	1,998.00	1,998.00	0.00	1,998.00
08/28/17	Sony Pro XDCAM Compact Camcorder	MA200 / 5	1,998.00	0.00	1,998.00	1,998.00	0.00	1,998.00
09/05/17	D Eartec Comstar Single Headset	MA200 / 5	604.00	0.00	604.00	604.00	0.00	604.00
09/05/17	D Eartec Comstar Single Headset	MA200 / 5	604.00	0.00	604.00	604.00	0.00	604.00
09/19/17	D G-Technology G-Speed Stud 32TB 4-Bay...	MA200 / 5	1,959.95	0.00	1,959.95	1,959.95	0.00	1,959.95
10/10/17	2 IMAC 27" RP580/CTO	MA200 / 5	7,824.12	0.00	7,824.12	7,824.12	0.00	7,824.12
10/10/17	IPhone	MA200 / 5	636.02	0.00	636.02	636.02	0.00	636.02
10/10/17	Apple MBP 13.3 Space Gray	MA200 / 5	1,785.06	0.00	1,785.06	1,785.06	0.00	1,785.06
10/10/17	MAC Mini/CTP	MA200 / 5	1,127.06	0.00	1,127.06	1,127.06	0.00	1,127.06
02/05/18	3 Manfrotto MVKBFRR-LIVEUS Tripods	MA200 / 5	704.64	0.00	704.64	704.64	0.00	704.64
04/10/18	Apple Computer	MA200 / 5	1,283.00	0.00	1,283.00	1,283.00	0.00	1,283.00
04/10/18	ASUS...	MA200 / 5	1,349.00	0.00	1,349.00	1,349.00	0.00	1,349.00
08/14/18	Various Microphone	MA200 / 5	2,880.32	0.00	2,880.32	2,880.32	0.00	2,880.32

ASSET DEPRECIATION SHORT REPORT  
**Greater Northshire Access TV - Sep. 30, 2025**

Assets: 63 of 63 Included  
 Include: All Assets  
 Method: FEDERAL - Std Conventions Applied

Sort #1: Asset A/C#

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
<b>Asset A/C#: 1500 - ELECTRONIC EQUIPMENT</b>								
08/14/18	SlingStudio Hub	MA200 / 5	989.00	0.00	989.00	989.00	0.00	989.00
08/14/18	SlingStudio Wireless Camera Link for...	MA200 / 5	1,029.00	0.00	1,029.00	1,029.00	0.00	1,029.00
07/19/21	MQ Tricaster Mini	MA200 / 5	11,435.00	0.00	11,435.00	9,088.54	1,251.45	10,339.99
05/25/23	Cablecast System	MA200 / 5	56,745.00	0.00	56,745.00	29,507.40	10,895.04	40,402.44
02/27/24	Studio Tricaster Switcher System with Audio	MA200 / 5	38,961.00	0.00	38,961.00	7,792.20	12,467.52	20,259.72
05/28/24	Computer System	MA200 / 5	5,373.95	0.00	5,373.95	1,074.79	1,719.66	2,794.45
<b>Totals: 1500 - ELECTRONIC EQUIPMENT ( 49 assets )</b>			217,397.76	0.00	217,397.76	152,345.74	26,333.67	178,679.41
<b>Less: 6 Disposed assets ( Current Depreciation: \$0.00 )</b>			12,294.94	0.00	12,294.94	12,294.94		12,294.94
<b>Net totals: 1500 - ELECTRONIC EQUIPMENT ( 43 assets )</b>			205,102.82	0.00	205,102.82	140,050.80	26,333.67	166,384.47
<b>Grand totals for all accounts: ( 63 assets )</b>			278,356.94	0.00	278,356.94	213,304.92	26,333.67	239,638.59
<b>Less: 8 Disposed assets ( Current Depreciation: \$0.00 )</b>			14,004.46	0.00	14,004.46	14,004.46		14,004.46
<b>Net totals for all accounts: ( 55 assets )</b>			264,352.48	0.00	264,352.48	199,300.46	26,333.67	225,634.13

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, I - Inactive, C - Construction In Progress, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr A/Depr	End A/Depr	Net Book Val
Grand Totals for All Assets	278,356.94	0.00	0.00	278,356.94	213,304.92	26,333.67	239,638.59	38,718.35
Inactive Assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Less: Disposed Assets	14,004.46	0.00	0.00	14,004.46	14,004.46	0.00	14,004.46	0.00
Less: Traded Assets	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Totals (Active & Inactive Assets)	264,352.48	0.00	0.00	264,352.48	199,300.46	26,333.67	225,634.13	38,718.35
<b>Total Bonus Depreciation Taken at 20% Rate:</b>				<b>0.00</b>				
<b>Total Bonus Depreciation Taken at 30% Rate:</b>				<b>0.00</b>				
<b>Total Bonus Depreciation Taken at 40% Rate:</b>				<b>0.00</b>				
<b>Total Bonus Depreciation Taken at 50% Rate:</b>				<b>0.00</b>				
<b>Total Bonus Depreciation Taken at 60% Rate:</b>				<b>0.00</b>				
<b>Total Bonus Depreciation Taken at 80% Rate:</b>				<b>0.00</b>				
<b>Total Bonus Depreciation Taken at 100% Rate:</b>				<b>0.00</b>				
<b>Total Bonus Depreciation Taken:</b>				<b>0.00</b>				

<b>GNAT-TV FY2026 Budget Summary</b>		
<b>Operating Revenue</b>		
	<b>PEG Access Operating Revenue</b>	357,400.00
	<b>Program Services</b>	40,000.00
	<b>Fundraising / Contributions / Grants/ Other</b>	195,200.00
	<b>Interest</b>	14,000.00
	<b>Total Operating Revenue</b>	606,600.00
<b>Operating Expense</b>		
	<b>Payroll &amp; Benefits Expense</b>	553,914.00
	<b>Facilities</b>	53,348.00
	<b>Insurance</b>	8,900.00
	<b>Program Expense</b>	42,860.00
	<b>Marketing / Outreach</b>	5,100.00
	<b>Production Supplies &amp; Small Equipment</b>	12,650.00
	<b>Other Operating Expense</b>	26,910.00
	<b>Total Operating Expense</b>	703,682.00
	<b>Net Operating</b>	(97,082.00)
<b>Capital Revenue</b>		
	<b>PEG Access Capital Funds</b>	36,830.00
	<b>Capital Purchases / Equipment Expense</b>	27,700.00
	<b>Net Capital</b>	9,130.00

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 10/01, 2024, and ending 9/30, 2025

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Greater Northshire Access Television, Inc. PO Box 2168 Manchester Center, VT 05255. D Employer identification number 03-0353581. E Telephone number (802) 362-7070. F Name and address of principal officer: Same As C Above. G Gross receipts \$ 536,578. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: www.gnat-tv.org. K Form of organization: Corporation. L Year of formation: 1995. M State of legal domicile: VT.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer Tammie Reilly, Executive Director. Date. Preparer's name Norman E Favor III, Norman E Favor III. Date. Check self-employed. PTIN P01237317. Firm's name Favor & Co., Firm's address PO Box 1586 Manchester Center, VT 05255. Firm's EIN 20-0484110, Phone no. (802) 362-2691.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III.

1 Briefly describe the organization's mission:

GNAT provides facilities, equipment, personnel, expenditures and related services to allow, free of charge, production and cablecast television programming by members of the public and governmental agencies.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?...  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 507,928. including grants of \$ ) (Revenue \$ 30,807.)

Providing cablecast television programming and equipment to the local community.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 507,928.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III.

1 Briefly describe the organization's mission:

GNAT provides facilities, equipment, personnel, expenditures and related services to allow, free of charge, production and cablecast television programming by members of the public and governmental agencies.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 499,026. including grants of \$ ) (Revenue \$ )  
Providing cablecast television programming and equipment to the local community.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 499,026.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.....		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.....		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V.....		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.....	X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.....		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.....		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.....	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.....		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.....		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.....		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.....		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V.

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .		
	<b>2a</b> 18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .		
	<b>7d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. . . . .	<b>10a</b>	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10b</b>	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders . . . . .	<b>11a</b>	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
c	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>14b</b>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. 15b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
20 State the name, address, and telephone number of the person who possesses the organization's books and records. Ken Ax 6378 VT Route 7A Sunderland VT 05250 (802) 362-7070

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII.

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Tammie Reilly Exec Director	40 0	X					83,462.	0.	0.	
(2) Stuart Onsnow Chairman	2 0	X		X			0.	0.	0.	
(3) Jared Bianchi Director	1 0	X					0.	0.	0.	
(4) Tatyanna Wright Director	3 0	X					0.	0.	0.	
(5) Ken Ax Treasurer	1 0	X		X			0.	0.	0.	
(6) Bob Ellis Director	1 0	X					0.	0.	0.	
(7) Matt Bykowski Director	1 0	X					0.	0.	0.	
(8) Kate Bryan Board Chair	1 0	X					0.	0.	0.	
(9) Andy Reed Secretary	1 0	X		X			0.	0.	0.	
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										

<b>1b Subtotal</b> .....	83,462.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....	83,462.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i> .....	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i> .....	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i> .....	5	X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	1a Federated campaigns .....	1a					
	b Membership dues .....	1b					
	c Fundraising events .....	1c					
	d Related organizations .....	1d					
	e Government grants (contributions) ...	1e	46,488.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	438,408.				
	g Noncash contributions included in lines 1a-1f .....	1g					
	<b>h Total.</b> Add lines 1a-1f .....		484,896.				
			<b>Business Code</b>				
<b>Program Service Revenue</b>	2a <u>Public Access Television</u> .....	515100	25,624.	25,624.			
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue ...						
	<b>g Total.</b> Add lines 2a-2f .....		25,624.				
<b>Miscellaneous Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts) .....		20,875.			20,875.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties .....						
	6a Gross rents .....	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss) .....						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss) .....	7c					
	d Net gain or (loss) .....						
<b>Other Revenue</b>	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	8a					
	b Less: direct expenses .....	8b					
	c Net income or (loss) from fundraising events .....						
	9a Gross income from gaming activities. See Part IV, line 19 .....	9a					
	b Less: direct expenses .....	9b					
	c Net income or (loss) from gaming activities .....						
10a Gross sales of inventory, less .....	10a						
		returns and allowances .....					
		b Less: cost of goods sold ....	10b				
c Net income or (loss) from sales of inventory .....							
		<b>Business Code</b>					
<b>Miscellaneous Revenue</b>	11a <u>Comcast Settlement</u> .....	900099	4,762.	4,762.			
	b <u>Comcast Ad Reimbursement</u> .....	900099	421.	421.			
	c -----						
	d All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		5,183.				
<b>12 Total revenue.</b> See instructions .....		536,578.	30,807.	0.	20,875.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	83,462.	41,731.	41,731.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	315,043.	276,719.	1,324.	37,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	32,965.	27,819.		5,146.
10 Payroll taxes.	34,886.	27,878.	3,770.	3,238.
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	1,936.		1,936.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	1,511.		1,511.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	28,880.	27,522.	1,358.	
12 Advertising and promotion.	3,966.	3,966.		
13 Office expenses.	8,566.	1,019.	5,605.	1,942.
14 Information technology.	6,318.	3,790.	2,528.	
15 Royalties.				
16 Occupancy.	36,449.	24,299.	12,150.	
17 Travel.	5,722.	5,722.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	26,334.	26,334.		
23 Insurance.	9,130.	5,478.	3,652.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>Programming &amp; Production</u>	26,299.	26,299.		
b <u>Dues &amp; Subscriptions</u>	9,285.	8,902.	383.	
c <u>Fundraising</u>	2,114.			2,114.
d <u>Bank Charges</u>	939.		939.	
e All other expenses.	863.	450.	413.	
25 Total functional expenses. Add lines 1 through 24e.	634,668.	507,928.	77,300.	49,440.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash -- non-interest-bearing .....	51,708.	1	11,894.
	2	Savings and temporary cash investments .....	411,842.	2	325,350.
	3	Pledges and grants receivable, net .....	100,130.	3	95,524.
	4	Accounts receivable, net .....	16,400.	4	9,649.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	7,959.	9	11,149.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 264,352.		
	b	Less: accumulated depreciation .....	10b 225,634.	10c 65,052.	38,718.
	11	Investments -- publicly traded securities .....		11	
	12	Investments -- other securities. See Part IV, line 11 .....		12	
	13	Investments -- program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....	77,088.	15	137,751.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	730,179.	16	630,035.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	12,088.	17	14,034.
	18	Grants payable .....		18	
	19	Deferred revenue .....		19	
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	12,088.	26	14,034.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>				
	27	Net assets without donor restrictions .....	600,622.	27	471,443.
	28	Net assets with donor restrictions .....	117,469.	28	144,558.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>				
	29	Capital stock or trust principal, or current funds .....		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31	Retained earnings, endowment, accumulated income, or other funds .....		31	
32	<b>Total net assets or fund balances.</b> .....	718,091.	32	616,001.	
33	<b>Total liabilities and net assets/fund balances.</b> .....	730,179.	33	630,035.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12).	1	536,578.
2	Total expenses (must equal Part IX, column (A), line 25).	2	634,668.
3	Revenue less expenses. Subtract line 2 from line 1.	3	-98,090.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	718,091.
5	Net unrealized gains (losses) on investments.	5	
6	Donated services and use of facilities.	6	
7	Investment expenses.	7	
8	Prior period adjustments.	8	-4,000.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	10	616,001.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.

Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?  Yes  No

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.

Separate basis  Consolidated basis  Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  Yes  No

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  Yes  No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.  Yes  No

	Yes	No
1		
2a		X
2b		X
2c		
3a		X
3b		

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2024**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization: **Greater Northshire Access Television, Inc.** Employer identification number: **03-0353581**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	533,780.	541,515.	537,867.	529,113.	484,896.	2,627,171.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 <b>Total.</b> Add lines 1 through 3.	533,780.	541,515.	537,867.	529,113.	484,896.	2,627,171.
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).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						2,627,171.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	533,780.	541,515.	537,867.	529,113.	484,896.	2,627,171.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	13,529.	-7,723.	15,825.	28,573.	20,875.	71,079.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 <b>Total support.</b> Add lines 7 through 10.						2,698,250.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)).	14	97.37 %
15 Public support percentage from 2023 Schedule A, Part II, line 14.	15	97.96 %

16a **33-1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

**b 33-1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c 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 <b>Part VI</b> 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a 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 <b>Part VI</b> .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined on line 9a) 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 <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b 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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

**2** Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3** Parent of Supported Organizations. Answer lines 3a and 3b below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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 integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D – Distributions</b>		<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019 . . . . .		
b	From 2020 . . . . .		
c	From 2021 . . . . .		
d	From 2022 . . . . .		
e	From 2023 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020 . . . . .		
b	Excess from 2021 . . . . .		
c	Excess from 2022 . . . . .		
d	Excess from 2023 . . . . .		
e	Excess from 2024 . . . . .		

BAA

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization Greater Northshire Access Television, Inc.	Employer identification number 03-0353581
---	--

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>Greater Northshire Access Television,</b>	Employer identification number <b>03-0353581</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Comcast ----- PO Box196 ----- Newark, NJ 07171 -----	\$ 392,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	State of Vermont ----- State St ----- Montpelier, VT 05602 -----	\$ 32,488.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Stratton Foundation ----- PO Box 523 ----- Stratton Mtn, VT 05155 -----	\$ 9,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization: **Greater Northshire Access Television,** Employer identification number: **03-0353581**

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization: **Greater Northshire Access Television,** Employer identification number: **03-0353581**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... \$ \_\_\_\_\_ N/A  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Greater Northshire Access Television, Inc.

03-0353581

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %
- b Permanent endowment \_\_\_\_\_ %
- c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations?	3a(i)	
(ii) Related organizations?	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		264,352.	225,634.	38,718.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 38,718.

**Part VII Investments – Other Securities** N/A  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, column (B)). . . .		

**Part VIII Investments – Program Related** N/A  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, column (B)). . . .		

**Part IX Other Assets**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Community Foundation Assets	137,751.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B)) . . . . .	137,751.

**Part X Other Liabilities**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B)) . . . . .	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements.....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	<b>a</b> Net unrealized gains (losses) on investments.....	<b>2a</b>		
	<b>b</b> Donated services and use of facilities.....	<b>2b</b>		
	<b>c</b> Recoveries of prior year grants.....	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.).....	<b>2d</b>		
	<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b.....	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII.).....	<b>4b</b>		
	<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.).....		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return** N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements.....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	<b>a</b> Donated services and use of facilities.....	<b>2a</b>		
	<b>b</b> Prior year adjustments.....	<b>2b</b>		
	<b>c</b> Other losses.....	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.).....	<b>2d</b>		
	<b>e</b> Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b.....	<b>4a</b>		
	<b>b</b> Other (Describe in Part XIII.).....	<b>4b</b>		
	<b>c</b> Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.).....		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization **Greater Northshire Access Television,  
Inc.**

Employer identification number  
**03-0353581**

**Form 990, Part VI, Line 11b - Form 990 Review Process**

Form 990 is reviewed by president and treasurer before filing.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

governing docs, policies, and financial statements available upon request