<sub>Form</sub> **990** 

#### **Return of Organization Exempt From Income Tax**

027279

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

OMB No. 1545-0047 **20-12**Open to Public

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning APR 1, 2012 and ending MAR 31, 2013 D Employer identification number C Name of organization Check if applicable Address change HAVERHILL COMMUNITY TELEVISION CORP Name change 04-3020060 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite 978-372-8070 Termin-60 ELM STREET 828,171. City, town, or post office, state, and ZIP code Amende G Gross receipts \$ Applica-H(a) Is this a group return HAVERHILL, MA 01830-3343 pendina Yes X No F Name and address of principal officer: CAROL VERNY for affiliates? H(b) Are all affiliates included? Yes No J 527 ) **◀** (insert no.) 4947(a)(1) or [ If "No," attach a list. (see instructions) Tax-exempt status: X 501(c)(3) 501(c) ( J Website: ► HAVERHILLCOMMUNITYTV.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Other > L Year of formation: 1988 M State of legal domicile: MA Association Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE AND SPONSOR PUBLIC Activities & Governance ACCESS TELEVISION IN HAVERHILL. OUR PURPOSE IS TO PROVIDE HAVERHILL Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 7 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 722. 1,627 Contributions and grants (Part VIII, line 1h) Revenue 816,266. 765,315. Program service revenue (Part VIII, line 2g) 11.183. 12,638. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ...... 779,580. 828. 171. 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 2,000 12,000. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 394,888 388,682. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 217,919. 232,113. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 614.807. 632,795. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ...... 164,773 195,376. 19 Revenue less expenses. Subtract line 18 from line 12 ..... Assets or Balances Beginning of Current Year End of Year <u>2,534,282.</u> <u>2,333,065</u>. 20 Total assets (Part X, line 16) <u> 20,288.</u> 14,447 Total liabilities (Part X, line 26) 318,618. 513,994. Net assets or fund balances. Subtract line 21 from line 20 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. Date Signature of officer Sign CAROL VERNY, PRESIDENT Here Type or print name and title Preparer's signature Print/Type preparer's name P00077827 07/17/13 sett-employed MICHAEL F REILLY Paid Firm's EIN 🛌 04-3234294 Firm's name MICHAEL F REILLY CPA PC Preparer Firm's address 392 MAIN STREET Use Only Phone no. 978-372-1192 HAVERHILL, MA 01830 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

		020060	Page
aı	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		<u> </u>
	Briefly describe the organization's mission:		
	TO PROMOTE AND SPONSOR PUBLIC ACCESS TELEVISION IN HAVERHILI	. OUR	
	PURPOSE IS TO PROVIDE HAVERHILL RESIDENTS AND HAVERHILL BASE		
	NON-PROFIT INSTITUTIONS ACCESS TO THE POWERFUL MEDIUM OF TEI		
	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as measure	nd hu avnansas	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to		
	revenue, if any, for each program service reported.	ziai expenses,	ei io
_	160 860		
а	(Code:)(Expenses \$463, /69. including grants of \$12, UUU.) (Revenue \$PROVIDES THE CITY OF HAVERHILL WITH NEWS, EDUCATION, INFORMATION, INF	T ON A F	A NTD
			AND
	ENTERTAINMENT PROGRAMS VIA DEDICATED CABLE T.V. CHANNELS. THE		
	ORGANIZATION ALSO PROVIDES PRODUCTION INSTRUCTIONS AND ASSIS	TANCE.	
		-	
	· · · · · · · · · · · · · · · · · · ·		
_			
5	(Code:) (Expenses \$		
		_	
		•	·
	<u> </u>		
3	(Code:) (Expenses \$) (Revenue \$)	-	
		_	
		·······	
		**************************************	
		-	
	Other and a serious (Deposition in School de O.)		
	) (-	1	
d	Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses \$ 463,769.	)	

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20a

20b

11a X

X

public office? If "Yes," complete Schedule C, Part I

Section 501(c)(3) organizations. 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

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 98-197 If "Yes," complete Schedule C, Part III

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

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.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

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 107 If "Yes," complete Schedule D,

Part VI

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

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

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

11e

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

Schedule D, Parts XI and XII

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

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

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2012)

04	Did the experiention report more than \$5,000 of greate and other assistance to any government or expanization in the		Yes	No
21	Oid the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		- 41	<del></del>
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			_ <del></del> -
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		i	
•	any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	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? // "Yes," complete			
	Schedule L, Part I	25b		X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b_		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			İ
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	1
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	Χ
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)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_	ļ	<u> </u>
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

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_	1990 (2012) HAVERHILL COMMUNITY TELEVISION CORP 04-301  It V   Statements Regarding Other IRS Filings and Tax Compliance	2006	<u>U F</u>	Page 5
	Check if Schedule O contains a response to any question in this Part V			
		********	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	1.00	1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	Ŏ		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	1	1
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 2a	7		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	[ - · .	1	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a	1	Х
ь	If "Yes," enter the name of the foreign country: ▶	-	1	Ī
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a	ļ	<u>x</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
С	AND THE RESIDENCE OF THE STREET			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Ĭ
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	[	1	
	were not tax deductible?	<u>6</u> 6	_	
7	Organizations that may receive deductible contributions under section 170(c).			İ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay-	or? <u>7a</u>		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с	_[	X
đ	If "Yes," indicate the number of Forms 8282 filed during the year			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	_	<u> </u>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7</u> 9		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	? <u>7h</u>		<del> </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?			4
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del>                                     </del>	
10	Section 501(c)(7) organizations. Enter:			
а		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	1

Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

12a

13a

13

Section 501(c)(12) organizations. Enter:

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against

Is the organization licensed to issue qualified health plans in more than one state?

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 

Note. 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

c Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	990 (2012) HAVERHILL COMMUNITY TELEVISION CORP 04-302			age 6
Par	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	B -NO- N	spon	se
				$\mathbf{x}$
Sac	Check if Schedule O contains a response to any question in this Part VI	,,		لما
360	tion A. Governing body and Management		Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year	9	163	110
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	<b>-</b>		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent	ا او		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	<u>-</u> i		
_	officer, director, trustee, or key employee?	2	'	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			X
-	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?	7a		<u> </u>
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u> x</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Χ_	
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 in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X_
	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?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ĺ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	<u>X</u>	
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
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?	-		
а	The organization's CEO, Executive Director, or top management official	15a_	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in 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?	16a	ļ	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	-	1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	-		
	exempt status with respect to such arrangements?	<u>  16b</u>	l	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	) availat	i <del>le</del>	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)	,		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,	and final	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organi	zation:	_	
	JONATHAN MILLER - 978-372-8070			
****	60 ELM ST, HAVERHILL, MA 01830	-	. 000	400401
23200 12-10	0 -12	FOIL	1 330	(2012)

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Form 990 (2012)	HAVERHILL	COMMUNITY	TELEVISION	CORP	04-3020060	Page 7
Part VII Compensation	on of Officers, Di	rectors, Trustee	s, Key Employee	s, High	est Compensated	

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

Check if Schedule O contains a response to any question in this Part VII	

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 O in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	nor any related organization compensation (B) (C)						(D)	(E)	(F)
Name and Title	Average	100		Pos	itior	i than	900	Reportable	Reportable	Estimated
	hours per	Ďox.	, unle	35 pe	rson	is bot	han	compensation	compensation	amount of
	week	$\vdash$	cor an	dad	lirecto	r/trus	(oe)	from	from related	other
	(list any	ള	1					the	organizations	compensation
	hours for	5	<sub>25</sub>			E		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related organizations	aş ş	3		23	50		(W-2/1089-WildC)		and related
	below	1	200		ğ	SE	_			organizations
	line)	ladividual trustee or director	lostitybonai trustee	ä	er er	Highest compensated employee	90.00			<b>g</b>
(1) CAROL VERNY	0.00	<u> </u>	<u> </u>	-=		Ī				
PRESIDENT		X		X		<u> </u>		0.	0.	0.
(2) JAMES CLEARY	0.00	ļ			İ	1				
VICE PRESIDENT		<u> </u>	<u> </u>	X				0.	0.	0.
(3) JONATHAN MILLER	0.00								_	
TREASURER		X		X	_	<u>                                     </u>	_	0.	0.	0
(4) ROBERT MCCONIHE	0.00	ļ							_	_
CLERK/SECRETARY		X	<u> </u>	X	├	├		0.	0.	0 .
(5) AMY CALLAHAN	0.00	١.,		ŀ				,	0.	_ 0 .
DIRECTOR	0.00	X		-	-	╀	├	_0.		
(6) THOMAS FAULKNER	0.00	x				1		٥.	0.	0 .
DIRECTOR	0.00	1	-		-	╂─		- 0.	<u>_                               </u>	
(7) ED FELKER DIRECTOR	0.00	X	1					l o.	0.	0.
(8) M. WARREN MEDLEY	0.00		╁					<u> </u>		-
DIRECTOR	0.00	x						0.	0.	0
(9) FRANK NOVAK	0.00					1				
DIRECTOR		X						0.	0.	0
(10) DARLENE BEAL	40.00	j	ĺ	İ						_
EXECUTIVE DIRECTOR			<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	120,844.	0.	0
		4								
		-			-	┨—	<u> </u>			-
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		1	1							
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	<u> </u>	1								
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						$oldsymbol{ol}}}}}}}}}}}}}}}}}}$				
								[		
		L					ļ			Form <b>990</b> (201)

A G

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

A G

		Check if Schedule O contains a response	to any ouestion in	this Part VIII			
		GITOUR II GOTTEUDING O GOTTLATTS & TESPUTISE	io any question in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d					
ributions, G Other Simila	d e f	All other contributions, gifts, grants, and similar amounts not included above	722.				
ğ	9		_ 1	722.			
<u> </u>		Total, Add lines 1a-1f	Business Code	, 22 -			
ervice le	2 a b	CABLE FRANCHISE FEE	515100	816,266.	816,266.		
Program Service Revenue	c d						
Pro	e f	All other program service revenue				· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>
	g		i i	816,266.			
	3	Investment income (including dividends, interestment similar amounts)	est, and	11,183.		•	11,183.
	4	Income from investment of tax-exempt bond p	· -				
- 1	5	Royalties	1				<del> </del>
		(i) Real	(ii) Personal		}		
	6 a	Gross rents	<del> </del>		[		
	b	Less: rental expenses  Rental income or (loss)					
	d		· • • • • • • • • • • • • • • • • • • •				
	-	Gross amount from sales of (i) Securities	(ii) Other				<u> </u>
	` _	assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
		Gain or (loss)					
		Net gain or (loss)	·····				_
nue	8 a	Gross income from fundraising events (not	l:		ļ		
		including \$ of contributions reported on line 1c). See	1				
Other Reve		Part IV, line 18a					
the	b	Less: direct expenses b	F				
0		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 a	1				
		Less: direct expensesb			!		
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances a less: cost of goods sold b					
		Net income or (loss) from sales of inventory	. 1				
		Miscellaneous Revenue	Business Code	<u>.                                    </u>			
	11 a						
	t						
	•				<u> </u>	<del> </del>	_
		All other revenue			-	<u></u>	<del>                                     </del>
		Total Add lines 11a-11d		828,171.	816,266.		. 11,183.
23200	12	Total revenue. See instructions.		<u> </u>			Form <b>990</b> (2012)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	elete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons		is Part IX		
	not include amounts reported on lines 6b, 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 governments and				
	organizations in the United States. See Part IV, line 21	10,000.	10,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	2,000.	2,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 401	20 120	70,281.	
_	trustees, and key employees	100,401.	30,120.	10,201.	<u></u>
6	Compensation not included above, to disqualified	İ			
	persons (as defined under section 4958(f)(1)) and		'		
	persons described in section 4958(c)(3)(B)	177,404.	136,770.	40,634.	
7	Other salaries and wages	111,404.	130,110.	30,004.	<u></u>
8	section 401(k) and 403(b) employer contributions)	22,368.	11,502.	10,866.	
		67,072.	40,293.	26,779.	
9 10	Other employee benefits	21,437.	12,878.	8,559	
_	Payroll taxes Fees for services (non-employees):	2712710	12,0701	0,3331	
11	1				
a	Management				<u>.</u>
	Legal	15,327.	10,729.	4,598.	<del></del>
	Lobbying		10,,251		
e	Professional fundraising services. See Part IV, line 17				
ť	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	3,078.	3,078.		
13	Office expenses	14,544.	9,696.	4,848.	
14	Information technology	" <b>-</b>			
15	Royalties				-
16	Occupancy	45,222.	45,222.		
17	Travel	3,038.	3,038.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,211.		1,211.	
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization	108,250.	108,250.		<u> </u>
23	Insurance	13,150.	12,150.	1,000.	<u>.</u>
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRODUCTION SUPPLIES	20,267.	20,267.		
b	MEMBERSHIPS & SUBSCRIPT	7,686.	7,686.		
C	FILING FEES	250.		250.	
d	CONTRIBUTIONS	90.	90.		
e	A PL A L				
25	Total functional expenses. Add lines 1 through 24e	632,795.	463,769.	169,026.	0.
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 It following SOP 98-2 (ASC 958-720)				Form 990 (2012)

Pa	rt X	Balance Sheet			
	_	Check if Schedule O contains a response to any question in this Part X	***************************************		
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	337,296.	1	527,690.
	2	Savings and temporary cash investments	1,140,775.	2	1,151,958.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	192,194.	4	205,387.
	5	Loans and other receivables from current and former officers, directors,			·
	-	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	13,440.	9	9,182.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,470,043			
	ь	Less: accumulated depreciation 10b 1,829,978	649,360.	10c	640,065.
	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		15_	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,333,065.	16	2,534,282.
	17	Accounts payable and accrued expenses	14,447.	17	20,288.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
ap		key employees, highest compensated employees, and disqualified persons.			
_		Complete Part II of Schedule L		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			
	ļ	Schedule D	24 447	25	20 200
	26_	Total liabilities. Add lines 17 through 25	14,447.	26	20,288.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	2 210 610		2 512 004
auc	27	Unrestricted net assets	2,318,618.		2,513,994.
Bal	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶	1		
Š		and complete lines 30 through 34.		30	
set	30	Capital stock or trust principal, or current funds		31	<del></del>
As	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
ě	32	Retained earnings, endowment, accumulated income, or other funds	2,318,618.	33	2,513,994.
_	33	Total net assets or fund balances	2,313,010.		2,534,282.
	34	Total liabilities and net assets/fund balances	1 2,000,000,	, <del>, ,</del>	Form <b>990</b> (2012)

	990 (2012) HAVERHILL COMMUNITY TELEVISION CORP	<u>04-3020</u>	<u> 1060</u>	Page 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,171.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,795.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,376.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		:,318	<u>,618.</u>
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		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10 2	:,513	<u>,994.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u></u>		
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			- 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?		2b	<u> X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1	
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to fine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	] [	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sid	ngle Audit	1	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	
			Form 9	<b>990</b> (2012)

G

#### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2012

Open to Public Inspection

Name of the organization

HAVERHILL COMMUNITY TELEVISION CORP

Employer identification number 0.4 – 3.0.2.0.0.6.0

Pa	ırt I	Reason 1		rity Status (All organiza					ructions.	<u> </u>			
The	organi	zation is not a	private foundation	because it is: (For lines 1	through 1	11, check o	nly one b	ox.)					
1				s, or association of churc									
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or	a cooperative hosp	ital service organization o	described i	in section	170(b)(1)(	A)(iii).					
4		A medical res	earch organization	operated in conjunction	with a hos	pital descr	ibed in se	ction 170(	b)(1)(A)(iii	i). Enter t	the hospital	's name	<b>}</b> ,
		city, and state							_				
5		An organizati	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			e, 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.)										1	
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  \[ \int \] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
9	LXJ												
				inctions - subject to certa									
				taxable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y tne orga	nization	aner June 3	0, 1975	٥.
	$\overline{}$		509(a)(2). (Complet					E00/-1/4	,				
10	$\vdash$			perated exclusively to te						a out the	DUIDOSOS C	f and a	
11	ш			perated exclusively for the									•
				ations described in section and complete and complete and complete are at the complete				.). See Sec	1001 309(	a)(S). On	BCK IIIB DOX	triat	
		a Type I	· · · · · · · · · · · · · · · · · · ·			nctionally i		d	Tvn	e III - Nor	n-functional	v intea	rated
_				at the organization is not									
e				than one or more publicly									
f	t			itten determination from t						-(-)(-)		(,(,-	
'		-		his box									
			-	organization accepted ar					owing pers	sons?			
g	,			directly controls, either al								Yes	No
				supported organization?									
		-	= -	on described in (i) above?									
		• •		a person described in (i) o							1		
۲	ı	Provide the fo	ollowing information	about the supported or	ganization	(s).							
			•										
	1 Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizație	the	(vii) Amoun	t of mon	etary
٠,	•	nization	,, -	(described on lines 1-9		sted in your		ion in col. r support?	(i) organiz	ed in the	sup	port	
				above or IRC section (see instructions))		document?			U.S	,			
				(000 110.110.110.1)	Yes	No_	Yes	No	Yes	No			
									}				
				<del>-</del>	<u> </u>			-		<del> </del>			
				<del></del>	<del>                                     </del>	ļ <del></del>		<del></del> -	<del> </del>	<del> </del>			
									1				
-					<del> </del>	<u> </u>		<del> </del>					
		<u></u>			-								
_													
_													

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2008	(ь) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		[				
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		·				
	on line 1 that exceeds 2% of the					1	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					İ	
	or loss from the sale of capital		1				
	assets (Explain in Part IV.)		<u></u>				
11	Total support, Add lines 7 through 10		<u> </u>	<u> </u>	<u> </u>		
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor			<u></u>			<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			<del>-</del> -	
	Public support percentage for 2012 (		•			14	%
	Public support percentage from 2011						<u>%</u>
16a	33 1/3% support test - 2012. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts and circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 10	5a, 16b, 17a, or 17	D, Check this box	and see instruction	is

A

04-3020060 Page 3

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

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

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(ь) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				'		
	include any "unusual grants.")	3,545.	5,283.	1,387.	1,627.	722.	12,564.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	915 001	720 607	721,365.	765 315	816,266.	3849624.
	organization's tax-exempt purpose	815,991.	130,001.	721,363.	705,315.	010,200.	3043024.
3	Gross receipts from activities that	!					
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	819,536.	735,970.	722,752.	766,942.	816,988.	3862188.
	Amounts included on lines 1, 2, and	017,330.	73373700	722,732.	70075121	<u> </u>	
1 6	3 received from disqualified persons						0.
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						0.
,	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						3862188.
	ction B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	819,536.		722,752.		816,988.	3862188.
	Gross income from interest,	015,0501	, 33, 3, 3	, <u>, , , , , , , , , , , , , , , , , , </u>			
	dividends, payments received on securities loans, rents, royalties	43,173.	3,418.	30,532.	12,638.	11 193	100,944.
	and income from similar sources	43,1/3.	3,410.	30,332.	12,030.	11,100.	100, 244.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	43,173.	3,418.	30,532.	12,638.	11 1 23	100,944.
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	43,173.	3,410.	30,332.	12,030.	11,103.	100,544.
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV.)	862,709.	739,388.	753,284.	779,580.	828,171.	3963132.
	First five years. If the Form 990 is fo						zation,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
15				column (f))		15	97.45 %
16	Public support percentage from 201					16	96.94 %
	ction D. Computation of Inve						
	Investment income percentage for 2					17	2.55 %
	Investment income percentage from					18	3.06 %
18	a 33 1/3% support tests - 2012. If the	e organization did r	not check the box	on line 14, and line	e 15 is more than 3		
	more than 33 1/3%, check this box a	and stop here. The	organization qua	lifies as a publicly	supported organiz	ation	►LXJ
Į	b 33 1/3% support tests - 2011. If the	e organization did r	not check a box or	i line 14 or line 19	a, and line 16 is me	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization	`
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	<u>his box and see in</u>	structions	<u></u> ▶↓

## A G 0 0 / 7

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

Name of the organization

Employer identification number

	HAVERHILL COMMUNITY TE	LEVISION CORP		04-3020060
Par		ds or Other Similar Funds o	r Acco	unts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	A second the above as full time and			-
3				
4	Aggregate value at end of year	ı		
5	Did the organization inform all donors and donor advisors in writing		funds	
3	are the organization's property, subject to the organization's exclusi			Yes No
6	Did the organization inform all grantees, donors, and donor advisors			
Ü	for charitable purposes and not for the benefit of the donor or donor			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization (che			<u> </u>
•	Preservation of land for public use (e.g., recreation or education		ically imp	ortant land area
	Protection of natural habitat	Preservation of a certifie		
			u mstoric	Structure
_	Preservation of open space	assertion contribution in the form of		ention annument on the last
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form of	a CONSON	Ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
	Total a subsect accounting accounts		2a	Held at the Life of the Tax Teal
	Total number of conservation easements			<u> </u>
þ	Total acreage restricted by conservation easements			· · · · · · · · · · · · · · · · · · ·
C	Number of conservation easements on a certified historic structure		···	
d	Number of conservation easements included in (c) acquired after 8/		1	
	listed in the National Register			
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the or	ganizatio	on during the tax
	year ▶			
4	Number of states where property subject to conservation easement			
5	Does the organization have a written policy regarding the periodic m			Yes No
	violations, and enforcement of the conservation easements it holds'			
6	Staff and volunteer hours devoted to monitoring, inspecting, and en			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing			*
8	Does each conservation easement reported on line 2(d) above satisfied			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation ease			
	include, if applicable, the text of the footnote to the organization's fi	nancial statements that describes the	organiza	ation's accounting for
	conservation easements.	Historical Transpures or Oth	or Simi	ilar Accote
Ра	rt III Organizations Maintaining Collections of Art,		ei 3iiiii	iidi A556(5.
	Complete if the organization answered "Yes" to Form 990, P.			to a short words of ort
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)			
	historical treasures, or other similar assets held for public exhibition		e or publi	ic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes the			h a de la ferma dant
b	If the organization elected, as permitted under SFAS 116 (ASC 958)			
	treasures, or other similar assets held for public exhibition, education	n, or research in furtherance of public	Service,	provide the following amounts
	relating to these items:			•
	(i) Revenues included in Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X		🟲	
2	If the organization received or held works of art, historical treasures		ain, provi	œ9
	the following amounts required to be reported under SFAS 116 (AS		_	•
а	Revenues included in Form 990, Part VIII, line 1			\$
_	Assets included in Form 990, Part X		•	\$

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets@continued (check all that apply):			LL COMMUNI						<u>20060</u>		<u>, 2</u>
to heack all that apply; a Povide carbibtion   d   Loan or exchange programs   b   Scholarly research   c   Other   Cher   Preservation for future generations   d   Provide a description of the organization socilections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization socilic or receive donations of art, historical treasures, or other similar assets to be sold to raise juring stater than to be maintained as part of the organization collection?   Yes   No				•							—
a Public exhibition d	3		ion, and other record	is, check any of	the following tha	it are a sig	initicant us	e of its	collection	items	
b Scholarly research e Other    Preservation for future generations				. —							
c			d	_							
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 stater than to be maintained as part of the organization's collection?  Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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, line 21.  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  f Ending balance  1	b		е	Other_							—
5 During the year, did the organization solicit or noceive 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?    Part IV   Escrow and Custodial Arrangements. Complete it the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an appart, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   It is the organization and the arrangement in Part XIII and complete the following table:   Additions during the year	С	<u> </u>									
Does not to raise funds rather than to be maintained as part of the organization's collection?   Yes   No reported an amount on Form 990. Part X, line 21		•	·	•	-			e in Pan	XIII.		
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?	5								٦.,	$\Box$ .	
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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  1 te  Distributions during the year  1 te  Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  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' to Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  1 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 (al) held as:  a Board designated or quasi-endowment    y6  b Permanent endowment    y6  b Permanent endowment    y6  b Permanent endowment    y6  c Temporarity restricted endowment    y6  c Temporarity restricted endowment    y6  c Temporarity restricted endowment    y6  c Temporarity restricted endowment    y6  c Temporarity restricted endowment    y6  c Temporarity restricted endowment    y6  c Temporarity restricted endowment    y6  c Temporarity restricted endowment    y6  c Temporarity restricted endowment    y6  c Temporarity restricted endowment    y7  c Temporarity restricted endowment    y6  b Permanent endowment    y6  c Temporarity restricted endowment    y6  c Temporarity restricted endowment    y6  c Temporarity restricted endowment    y6  b Permanent endowment    y6  b Permanent endowment    y6  c Temporarity restricted endownent    y6  c Temporarity restricted endownent    y6  c Temporarity restricted endownent    y7  y7  y7  y7  y7  y7  y7  y7  y7	Day									<u></u>	10
1a Its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ If "Yes," explain the arrangement in Part XIII and complete the following table:  □ Beginning balance □ Beginning balance □ Distributions during the year □ Distributions d	Par			ete if the organiz	ation answered	"Yes" to F	orm 990, F	art IV, I	ine 9, or		
on Form 990, Part X?  b If *Yes,* explain the arrangement in Part XIII and complete the following table:    Amount   Le				r	**						—
b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  E Eding balance  1 to  1 to  1 to  1 to  1 to  1 to  1 to  2 Distributions during the year  E Ending balance  2 Did the organization include an amount on Form 990, Part X, line 217  2 Did the organization include an amount on Form 990, Part X, line 217  2 Did the organization include an amount on Form 990, Part X, line 217  2 Did the organization include an amount on Form 990, Part X, line 217  Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X III  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X III  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X III  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X III  Beginning of year balance  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  (a) Current year (b) Prior year (e) Two years back (d) Three years back (e) Four years back  (b) Prior year (e) Two years back (e) Two years back (e) Two years back (e) Two years back (e) Four years back  (a) Current year (b) Prior year (e) Two years back (e) Two years back  (a) Current year (b) Prior year (e) Two years back (e) Two years back  (b) Prior year (e) Two years back (e) Two years back (e) Two years back  (c) Two years back  (e) Two years back  (e) Two years back  (e) Two years back  (e) Two years back  (e) Two years back  (e) Two years back  (e) Two years back  (e) Two years back  (e) Two years back  (e) Two years  (e) Two years  (e) Two	1a	•		•					٦.,	$\Box$ .	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Both regardation include an amount on Form 990, Part X, line 217 2 Both the organization include an amount on Form 990, Part X, line 217 2 Both the organization include an amount on Form 990, Part X, line 217 2 Both regardation include an amount on Form 990, Part X, line 217 2 Both regardation include an amount on Form 990, Part X, line 217 3 Both regardation include an amount on Form 990, Part X, line 217 3 Both regardation include an amount on Form 990, Part X, line 217 3 Both regardation include an amount on Form 990, Part X, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Part V   Endowment Funds and losses   (a) Current year (b) Prior year (c) Two years back   (d) Three years back   (e) Four years back								∟	J Tes		10
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 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" to Form 990, Part IV, line 10.    1a Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years b	ь	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:			<del></del>		A		_
d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217  2b If Yes,* explain the arrangement in Part XIII  Part V Endowment Funds. Complete if the organization has been provided in Part XIII  1a Beginning of year balance 1b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c 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 ▶ % The percentages in 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: (i) unrelated organizations 5 If Yes* to 3a(i), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment tunds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment tunds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment tunds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment tunds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment tunds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment tunds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of the organization's endowment tunds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Describe in Part XIII the intended uses of t									Amount		—
e Distributions during the year  f Ending balance  f Ending balance  20 Did the organization include an amount on Form 990, Part X, line 217  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" to Form 990, Part IV, line 10.    Table											—
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217											—
Did the organization include an amount on Form 990, Part X, line 217    Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part XIII   Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (											—
Part V   Endowment Funds. Complete if the explanation has been provided in Part XIII									V	П.	
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years   (e) Four year									-	<u> </u>	10
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (d) Three years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years   (e) Four years   (e) Four years   (e) Four years   (e) Three years   (e) Thre								******			—
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 Temporarily restricted endowment  % The percentages in 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: (i) unrelated organizations (ii) related organizations b If Yes* to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (orber) depreciation 1a Land 46,881. 46,881. 46,881. 5 Buildings 735,334. 313,324. 422,010. c Leasehold improvements d Equipment 5 Cluster 6 Cheer 7 Cherry 7 Cherry 8 Cherry 9 C		Lita William Complete						re hack	(a) Four s	reare ha	
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	1.	Reginning of year balance	(a) Current year	(b) Filor yea	(C) TWO year	IS DOCK   L	u) Three yea	I 3 Dack	(6)1001	ruara da	<u> </u>
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 ▶											_
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											—
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 (al)) held as:  a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  c Temporarily restricted endowment ▶ %  The percentages in 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:  (i) unrelated organizations  (ii) related organizations  b If "Yes" to 3a(ii) are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  735,334. 313,324. 422,010.  c Leasehold improvements  d Equipment  e Other  Other  20,507. 16,930. 3,577.		<del></del>				<del></del>					—
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 ▶											—
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 ▶	e	·				i					
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 ▶											—
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶			1								—
a Board designated or quasi-endowment ▶				l (inc. 1a. calus	o (a)) hald se:						_
b Permanent endowment \				e (iine 19, coluii	iri (a)) rielu as.						
Temporarily restricted endowment ▶											
The percentages in 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:  (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value  1a Land 46,881. 46,881. 581. 581. 581. 581. 581. 581. 581.		· · · · · · · · · · · · · · · · · · ·	<del></del> -								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) basis (other)  1a Land 46,881. 46,881. 46,881. 5 Buildings 735,334. 313,324. 422,010. c Leasehold improvements d Equipment Equipment Other  Other  Other  1 167,597. 20,507. 16,930. 3 3,577.	C										
Yes   No   (i) unrelated organizations   3a(i)	3-			ation that are he	ld and administe	red for the	e organizat	tion			
(i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         b If "Yes" to 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. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (b) Cost or other depreciation       (d) Book value         1a Land       46, 881.       46, 881.         b Buildings       735, 334.       313, 324.       422, 010.         c Leasehold improvements       1,667,321.       1,499,724.       167,597.         e Other       20,507.       16,930.       3,577.	38		sssion of the organiz	anon marare ne	io and administe	1100 101 111	o organizar		[·	Yes N	  0
(ii) related organizations       3a(ii)         b If "Yes" to 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. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (b) Cost or other basis (other)       (d) Book value         1a Land       46,881.       46,881.       46,881.         b Buildings       735,334.       313,324.       422,010.         c Leasehold improvements       1,667,321.       1,499,724.       167,597.         e Other       20,507.       16,930.       3,577.		•								1	_
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  46,881.  46,881.  46,881.  5 Buildings  C Leasehold improvements  d Equipment  e Other  Oncord Transport Tra											_
4 Describe in Part XIII the intended uses of the organization's endowment funds.           Part VI         Land, Buildings, and Equipment. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (other)         (b) Cost or other depreciation         (c) Accumulated depreciation         (d) Book value           1a Land         46,881.         46,881.         46,881.           b Buildings         735,334.         313,324.         422,010.           c Leasehold improvements         1,667,321.         1,499,724.         167,597.           e Other         20,507.         16,930.         3,577.	h	, ,									_
Part VI Land, Buildings, and Equipment. 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         46,881.         46,881.         46,881.           b Buildings         735,334.         313,324.         422,010.           c Leasehold improvements         1,667,321.         1,499,724.         167,597.           e Other         20,507.         16,930.         3,577.											
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         46,881.         46,881.         46,881.           b Buildings         735,334.         313,324.         422,010.           c Leasehold improvements         1,667,321.         1,499,724.         167,597.           e Other         20,507.         16,930.         3,577.											_
basis (investment)         basis (other)         depreciation           1a Land         46,881.         46,881.           b Buildings         735,334.         313,324.         422,010.           c Leasehold improvements         1,667,321.         1,499,724.         167,597.           e Other         20,507.         16,930.         3,577.	<u></u>					(c) Acc	cumulated	Ì	(d) Book	value	
b Buildings       735,334.       313,324.       422,010.         c Leasehold improvements       1,667,321.       1,499,724.       167,597.         e Other       20,507.       16,930.       3,577.		bescription of property	. , ,	1	1	٠,,			1-,		
b Buildings       735,334.       313,324.       422,010.         c Leasehold improvements       1,667,321.       1,499,724.       167,597.         e Other       20,507.       16,930.       3,577.	12	Land	<u> </u>		46,881.				46	, 88	<u>.</u>
c Leasehold improvements     1,667,321. 1,499,724. 167,597.       d Equipment     20,507. 16,930. 3,577.				·		3	13,32	4.			
d Equipment 1,667,321. 1,499,724. 167,597. e Other 20,507. 16,930. 3,577.	_			<del></del> -		<del></del>		1			
e Other 20,507. 16,930. 3,577.			1	1.	667,321.	1.4	99,72	4.	167	, 59	7.
C Colo			1								
				X, column (B). I					640	,06	<u>5.</u>

A • ·

Schedule D (Form 990) 2012 HAVERHILL CO Part VII Investments - Other Securities. See			04-	-3020060 Page
(a) Description of security or category (notuding name of security)	(b) Book value	(c) Method of valuati	on: Cost or end	of-year market value
(1) Financial derivatives	. ,		· <del> · - · - ·</del>	
(2) Closely-held equity interests				· · · · · · · · ·
(3) Other				
(A)				
(B)			_	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se		13.		
(a) Description of investment type	(b) Book value	(c) Method of valuati	ion: Cost or end	of-year market value
(1)				<del></del>
(2)				
(3)				
(4)				
(5)				
(6)				
			·	
(8)			······································	
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			-	
Part IX Other Assets. See Form 990, Part X, line 1	Description	<del>-</del>		(b) Book value
	pescription	<del></del>		(6) 5000 10.00
(2)				
(3)	<del></del>			
(4)				<u> </u>
(5)	·-·		-	
(6)	<del></del>	· · · · · · · · · · · · · · · · · · ·		
(7)	<del></del>	<del></del>		
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	151			
Part X Other Liabilities. See Form 990, Part X, li				
1, (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)	-			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	<del></del>			
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex	t of the footnote to the o	roanization's financial stat	ements that ren	orts the organization's
liability for uncertain tax positions under FIN 48 (ASC 7	40) Charlebara if the to	et of the footnote has been	n provided in Pa	rt XIII

Schedule D (Form 990) 2012

Sche	edule D (Form 990) 2012 HAVERHILL COMMUNITY TELEVI		04-302	0060 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements		1	828,171.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	. 2a		
ь	The second secon	1 1		
c		i i		
d	Other (Describe in Part XIII.)	i i		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		1 . 1	828,171.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	. 4b		
С		<del></del>	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	828,171.
Pa	rt XII   Reconciliation of Expenses per Audited Financial Statem	ents With Expens	es per Return	
1	Total expenses and losses per audited financial statements			632,795.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	_   2a		
b				
С	Other losses			
d	the company of the country	1 1		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			632,795.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	A 1.11		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			632,795.
	rt XIII Supplemental Information			
_	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a and 4: Part IV	/ lines 1b and 2b: P	art V. line 4: Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			
A, III I	6 2, Fart XI, miles 20 and 40, and Fart XII, miles 20 and 40. 200 complete this part in	o provide any additional		
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SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

r identification numbe

Name of the organization  HAVERHILL.	COMMINITY	Y TELEVISIO	ON CORP				Employer identification number 04-3020060
Part   General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assis     Describe in Part IV the organization's pro	stance?						
Part II Grants and Other Assistance to recipient that received more than	Governments and	l Organizations in th	e United States. C	Complete if the orga	anization answered *	Yes" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN ESSEX COMMUNITY COLLEGE FOUNDATION - 100 ELLIOTT STREET -							
HAVERHILL, MA 01830	04-2759634	<del> </del>	10,000,	0,	_		SCHOLARSHIPS
	_						
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organization</li></ul>	_	•					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

thedule I (Form 990) (2012) HAVERHILL CC	DMMUNITY TEL	<u>EVISION C</u>	ORP		04-3020060	Page
Part III Grants and Other Assistance to Individuals in t	the United States. Com	plete if the organi	zation answered "Yes	to Form 990, Part IV, line 22.		
Part III can be duplicated if additional space is ne-	eded.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cast	h assistance
					-	
rt IV Supplemental Information. Complete this part to	o provide the informatio	n required in Part	I, line 2, Part III, colum	nn (b), and any other additional in	formation.	
<u> </u>					Schedule I (Fo	

# G O 1 0 / 7 / 2 O 1 3

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#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HAVERHILL COMMUNITY TELEVISION CORP

Employer identification number 04-3020060

MANAGEMENT TERRATERION CONT. 01 3020000
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESIDENTS AND HAVERHILL BASED NON-PROFIT INSITUTIONS ACCESS TO THE
POWERFUL MEDIUM OF TELEVISION.
FORM 990, PART VI, SECTION B, LINE 11: ORGANIZATION'S PROCESS USED TO
REVIEW FORM 990
EMAIL SENT TO ALL MEMBERS OF THE GOVERNING BODY INVITING THEM TO REVIEW
THE FORM 990
FORM 990, PART VI, SECTION B, LINE 12C: REVIEWED ANNUALLY
FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION PROCESS FOR TOP
OFFICAL
HCTV OBTAINS AN ANNUAL SALARY SURVEY PUBLISHED BY THE ALLIANCE FOR
COMMUNITY MEDIA - NORTHEAST REGION TO REVIEW INDUSTRY COMPENSATION
STANDARDS. THAT INFORMATION IS REVIEWED BY THE PERSONNEL COMMITTEE
MADE UP OF THE PRESIDENT AND TWO OTHER DIRECTORS. THE DIRECTORS THEN
REVIEW THE CEO AND BRING A RECOMMENDATION TO THE FULL BOARD OF
DIRECTORS FOR A VOTE.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS DISCLOSURE
EXPLANATION
BY-LAWS (CONFLICT OF INTEREST POLICY CONTAINED WITHIN) - UPON REQUEST;
POLICIES AND PROCEDURES - GIVEN TO EACH MEMBER & UPON REQUEST;
FINANCIAL STATEMENTS - UPON REQUEST