

Request for Exemption from Closed Captioning (FCC Version)

WATC TV, Atlanta, GA

WATC TV, an independent, non-commercial educational station serving the Atlanta, Georgia DMA, is requesting a waiver from closed captioning for four of its original programs which are distributed to other broadcast outlets at no charge. The series are *Babbie's House*, *Friends & Neighbors*, *Right Now with Jennifer Schuchmann* and *Gospel Music USA*. WATC TV is currently exempt from closed captioning as a television station based on the following self-exemption:

Channels producing revenues of under \$3,000,000. No video programming provider shall be required to expend any money to caption any channel of video programming producing annual gross revenues of less than \$3,000,000 during the previous calendar year other than the obligation to pass through video programming already captioned when received pursuant to paragraph (c) of this section.

The four series mentioned above have no fundraising appeals, barter or cash advertising, or license fees from other broadcasters. Even the hosts volunteer their time for appearing on these programs with no financial compensation. The programs are produced locally at WATC and other stations began asking about airing the programs.

Overview of Station Expenses:

Below is a list of the general monthly expenses of WATC. Some expenses not included into this list would include legal fees, accounting fees, equipment repair and maintenance, basic office supplies, etc., since these are expenses that vary depending on the needs. Copies of invoices of many of the larger monthly expenses are included for your review to confirm amounts (only included in the FCC version) and we can provide copies of any of the other invoices that are not included per your request should you want to review those as well.

Ongoing Expenses (Approximate 12-Month Totals):

Transmitter site:

Cobb EMC: 12 months @ \$2,800 average cost per month	\$ 33,600.00
American Tower: 12 months @ \$7,969.50 per month	\$ 95,634.00
Crown Castle: 12 months @ \$1122.12 per month	\$ 13,465.44
AT&T: 12 months @ \$119.16 average cost per month	\$ 1,429.92

Studio/office site:

Hailey Realty: 12 months @ 9,322.66 per month	\$ 111,871.92
Water	\$ 2,089.76
Business Phones/Internet: 12 months @ \$ 1,980.99 average month	\$ 23,771.88
Georgia Power: 12 months @ 3,764.42 average cost per month	\$ 45,173.04
Infinite Energy: 12 months @ 399.84 average cost per month	\$ 4,798.08
Republic Services: 12 months @ \$225.89 average cost per month	\$ 2,710.68
Employee Health Insurance	\$ 59,363.40

WKSJ	\$ 13,000.00
Yellow Pages Advertising: 12 months @ \$371.50 average cost/month	\$ 4,458.00
Payroll (Approx. \$18,500 per week)	\$ 962,000.00
Myers: Traffic System	\$ 4,252.00
Donor Mailouts: Atlanta Business Circulators	\$ 8,724.00
Guest accommodations: 100 room nights @ \$82/night	\$ 8,200.00
Windstream	\$ <u>22,716.00</u>
Annual total of these monthly expenses:	\$ 1,273,129.12

Additional support material for review:

I have included copies of Form 990 for 2013 and 2014 as prepared by Edwards and Hedrick CPAs to verify income from contributions and grants. I have also included two estimates for companies for closed captioning. All of this documentation is included in both the FCC version and the public version.

The Form 990 features income generated as well as expenses for the past two calendar years (2013 and 2014) and I believe that this will serve as documentation of cash receipts and cash expenses of Community Television, Inc.

Return of Organization Exempt From Income Tax

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

2013
Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **COMMUNITY TELEVISION, INC.**

Doing Business As _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite:
1862 ENTERPRISE DRIVE

City or town, state or province, country, and ZIP or foreign postal code:
NORCROSS GA 30093

D Employer identification number: **57-0782362**

E Telephone number: **770-300-9828**

F Name and address of principal officer:
GREG WEST
1862 ENTERPRISE DRIVE
NORCROSS GA 30093

G Gross receipts \$: **2,029,769**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.watc.tv**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1996** **M** State of legal domicile: **GA**

H(c) Group exemption number: _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 See Schedule O.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	6
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	24
6 Total number of volunteers (estimate if necessary)	150
7a Total unrelated business revenue from Part VIII, column (C), line 12	258
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,856,824	2,000,009
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,530	13,909
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	321	258
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,852,615	2,014,176
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,039,627	963,951
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 84,511	764,745	739,092
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,804,372	1,703,043
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,243	311,133
19 Revenue less expenses. Subtract line 18 from line 12		
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,673,647	1,912,084
21 Total liabilities (Part X, line 26)	254,263	181,567
22 Net assets or fund balances. Subtract line 21 from line 20	1,419,384	1,730,517

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: _____ Date: _____

Type or print name and title: _____

Print/Type preparer's name: **Joseph G. Hedrick** Preparer's signature: _____ Date: _____

Check if self-employed if PTIN **P00144329**

Preparer

Firm's name: **Edwards & Hedrick CPAs, P.A.** Firm's EIN: **57-0536399**

Firm's address: **PO Box 1475 Greer, SC 29652-1475** Phone no. **864-877-9691**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **COMMUNITY TELEVISION, INC.**

Doing business as: _____

Number and street (or P.O. box if mail is not delivered to street address): **1862 ENTERPRISE DRIVE**

City or town, state or province, country, and ZIP or foreign postal code: **NORCROSS GA 30093**

D Employer identification number: **57-0782362**

E Telephone number: **770-300-9828**

F Name and address of principal officer:
GREG WEST
1862 ENTERPRISE DRIVE
NORCROSS GA 30093

G Gross receipts: **1,993,333**

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.watc.tv**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1996** **M** State of legal domicile: **GA**

H(c) Group exemption number: _____

COPY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: See Schedule O			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a)		3	7
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	5
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	28
6 Total number of volunteers (estimate if necessary)		6	150
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	321
7b Net unrelated business taxable income from Form 990-T, line 34		7b	0
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		2,000,009	1,983,006
9 Program service revenue (Part VIII, line 2g)			0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,909	-111,327
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		258	321
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,014,176	1,872,000
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		963,951	1,014,591
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) 84,983			0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		739,092	749,937
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,703,043	1,764,528
19 Revenue less expenses. Subtract line 18 from line 12		311,133	107,472
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		1,912,084	1,837,989
21 Total liabilities (Part X, line 20)		181,567	0
22 Net assets or fund balances. Subtract line 21 from line 20		1,730,517	1,837,989

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: _____ **Date:** _____

Print/Type preparer's name: **Joseph G. Hedrick** **Preparer's signature:** _____ **Date:** _____

Paid Preparer Use Only

Firm's name: **Edwards & Hedrick CPAs, P.A.** **Firm's EIN:** **57-0536399**

Firm's address: **PO Box 1475**
Greer, SC 29652-1475 **Phone no.:** **864-877-9691**

Check self-employed PTIN: P00144329

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. **Form 990 (2014)**

Aberdeen Broadcast Services

22362 Gilberto, Suite 120
 Rancho Santa Margarita, CA 92688
 abercap.com 800-688-6621

Price Quote

Account WATC TV57
 1862 Enterprise Drive
 Norcross GA 30093

Quote ID 04669
Status Open
Quote Good until: 07/04/2015

Quote Detail

Project Name: One-time Workflow Set-up Fees
Specifications: STATION SET-UP FEE
 Aberdeen Broadcast Services to coordinate and test with stations for the purpose of setting up AberFast digital file delivery workflow specifically for Client. Client required to continue delivering tapes per usual to all stations during tape/file overlap period until each individual stations approves file delivery only.

Comments:
 A ONE-TIME fee to set up workflow specific to Client.

BABBIE'S HOUSE
 WGGG TV: SD
 WBPI TV: HD
 NRB Network: SD
 The Walk TV: SD
 FRIENDS & NEIGHBORS
 WGGG TV: SD
 WBPI TV: HD
 NRB Network:SD
 RIGHT NOW
 NRB Network SD
 GOSPEL MUSIC USA
 WGGG TV: HD

Effective Date: 06/04/2015
Acct. Exec.: STEVE
Ship Via: AberFast DFD

Line Items

Description	Qty	Unit	Unit Price	Line Total
Existing Station Workflow Fee HD/SD Set-up fee relates to coordination and testing with station for the purpose of implementing unique digital file delivery workflow per station specifications and requirements.	9	EA	50.00	450.00
3% Non Cash Price	1	LA	13.50	13.50

Quote Total: 463.50

Payment Policy

One-time projects: Prepayment Required
Accepted forms of payment: Credit Card (VISA, MasterCard, Discover) only,
Daily/Weekly/Continuous work contracts: Prepayment Required for two complete invoicing periods, after which Clients who meet a certain criteria may be switched to monthly invoice/billing (NET 15) on the first business day of the following month
Accepted forms of payment: New clients are payment in advance. Credit Card (VISA, MasterCard, Discover) only, until the client is switched to monthly billing.

TRT/Pricing Guidelines: As per industry standards, TRT of each individual file will be rounded up to the next full minute for billing purposes. If TRT changes amount to more than a 10% increase in price over quote, Client will receive order confirmation with updated price total and Client approval is needed to move forward. If TRT changes result in less than a 10% increase in price over quote, project will automatically be moved into production and client will see final price on order confirmation.



Contacts

<u>Last Name</u>	<u>First Name</u>	<u>Title</u>	<u>Business</u>	<u>Mobile</u>	<u>EMAIL_ADDR</u>
Vallone	Michael	Underwriting Manage	(770) 300-9828		michael@walc.tv
West	Greg	President/Prgr Dir.	(770) 300-9828		greg@walc.tv
Mathis	Pat	VP/Financial Admin.	(770) 300-9828		pat@walc.tv

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Aberdeen Broadcast Services

22362 Gilberto, Suite 120
Rancho Santa Margarita, CA 92688
abercap.com 800-688-6621

Price Quote

Account WATC TV57
1862 Enterprise Drive
Norcross GA 30093

Quote ID 04667
Status Open
Quote Good until: 07/26/2015

Quote Detail

Project Name: Captioning & Digital File Delivery RatesR1
Specifications: :

WORKFLOW & SERVICE OVERVIEW:

Aberdeen Broadcast Services to provide client with standard roll-up captioning and digital file delivery services to WATC TV57. Client master files to be uploaded via AberFast electronic file transfer system in Apple ProRes 422 (LT) file format or comparable specifications per Aberdeen guidelines. Files to adhere to Aberdeen file specifications (http://abercap.com/static/pdf/Aberdeen_DFD_Broadcast_Standards.pdf) and in conjunction with station requirements (leader elements, aspect ratio, center cut considerations, etc.)

PRICING NOTE:

Pricing can vary and is dependent on producer and station workflows and requirements, such as up/down and standards conversions, and other potential workflow variables. Each producer workflow will have to be evaluated to ensure the below pricing can be applied. Additional station deliverable fees will be in addition to pricing detailed below. SD and/or HD pricing to apply or will be adjusted according to workflow parameters.

STATION SET-UP FEES:

Station set-up fees ranging from \$75.00 to \$150.00 per station to apply for additional stations needing set-up of AberFast digital file delivery workflow. Station set-up fee will be waived if delivery of a file to go directly back to WATC only.
All up-front station workflow fees have been discounted to \$50.

ADDITIONAL FEE(S) NOTE (VIDEO/AUDIO/CAPTIONING)

A full or partial charge may apply on top of charges detailed in the line items below should Aberdeen be required to re-transcode any files due to issues stemming from provision of non-airable or unacceptable master video or caption files provided by client. Non-airable or unacceptable files may include, but are not limited to: master video and/or audio that do not meet TV broadcast standards (document provided in separate attachment). Editing, quality assurance and alteration or restoration charges may also apply if required.

Comments:

Effective Date: 06/26/2015
Acct. Exec.: STEVE
Ship Via: AberFast DFD

Payment Policy

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Accepted forms of payment: Credit Card (VISA, MasterCard, Discover) only.

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TRT/Pricing Guidelines: As per industry standards, TRT of each individual file will be rounded up to the next full minute for billing purposes. If TRT changes amount to more than a 10% increase in price over quote, Client will receive order confirmation with updated price total and Client approval is needed to move forward. If TRT changes result in less than a 10% increase in price over quote, project will automatically be moved into production and client will see final price on order confirmation.

Line Items				
Description	Qty	Unit	Unit Price	Line Total
Roll-Up Standard Captioning (30 min.) Standard is high quality roll-up captioning with quality checks completed by the transcriber and caption editor. Speakers identified with chevrons. Captions move around on-screen graphics. Accuracy rate is 99.5% or better. For more detail: http://knowledgebase.abercap.com/index.php?article/AA-00432	1	EA	185.00	185.00
AberFast File Delivery HD Source	1	EA	0.00	0.00
AberFast 30 min Delivery HD Add \$20.00 if up-conversion from SD source file required	1	EA	68.00	68.00
AberFast File Delivery SD Source	1	EA	0.00	0.00
AberFast 30 min Delivery SD Add \$20.00 if down-conversion from HD source file required	1	EA	38.00	38.00
File Export .SCC for Archiving/Re-submission Stand alone caption file for the purpose of archiving captioning work and if needing to re-submit to Aberdeen for future distribution.	1	EA	0.00	0.00
Transcript in Text (.txt) Format Client has option to receive transcript in text (.txt) format.	1	EA	0.00	0.00
Non-Cash Price (3%) There is a 3% non-cash fee for all credit card transactions. Only MasterCard or VISA credit cards accepted. Introductory Payment Period Regardless of payment preference, payment to be processed upon submission of each program for an introductory period of two complete invoicing periods. Monthly invoice/billing (NET15) will be an option extended to clients who meet a certain criteria after the introductory period is over. All clients who are switched to monthly invoicing/billing (NET15) will be switched on the first business day of the month following the introductory period.	1	EA	0.00	0.00

Contacts					
Last Name	First Name	Title	Business	Mobile	EMAIL_ADDR
Vallone	Michael	Underwriting Manage	(770) 300-9828 x		michael@walc.tv
West	Greg	President/Pgr Dir.	(770) 300-9828		greg@walc.tv
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TRT/Pricing Guidelines: As per industry standards, TRT of each individual file will be rounded up to the next full minute for billing purposes. If TRT changes amount to more than a 10% increase in price over quote, Client will receive order confirmation with updated price total and Client approval is needed to move forward. If TRT changes result in less than a 10% increase in price over quote, project will automatically be moved into production and client will see final price on order confirmation.



Project Descriptive: Offline Captioning Legacy Project

VCS will assist WATC-TV and their content providers by providing offline closed captioning services as needed for broadcast purposes. Working either directly with WATC-TV, or its' content provider, VCS will (1.) transcribe all audible content and program offline roll up English captions based on the transcription. Captions will be: **Accurate**, matching spoken words, convey background noise and other sounds as appropriate; **Synchronous** with captions matching corresponding words and sounds at a speed that can be read by viewers; **Complete** from beginning to end of content and **Properly Placed** so not to block important visual content on screen. Once the captions are programmed, VCS will then (2.) create the Encoded Broadcast file for use by WATC-TV. Encoded product could be delivered via FTP, hard drive, Dropbox or other delivery methods.

1. Transcription and Offline Captioning, 2-Line Roll Up	Unit Price
Transcribe and program offline English closed captioning, 2-line roll up. VCS will appropriately place all captions on screen to prevent loss of lower 3 rd scripture, phone numbers or other pertinent visual information. Unit price is per hour, billed in ¼ hour increments with a 15-minute minimum.	\$350.00
Rush Closed Captioning service, < 3-business days please add	\$100.00

2. Closed Caption Encoding, Mastering	Unit Price
Encode client-supplied asset, with offline captioning. Create and deliver encoded content to WATC TV per broadcaster specs. 30-minute content	\$45.00 / SD File \$55.00 / HD File
Encode client-supplied asset, with offline captioning. Create and deliver encoded content to WATC TV per broadcaster specs. 60-minute content	\$55.00 / SD File \$65.00 / HD File
Frame rate conversion, per minute, billable in 15-minute increments	\$1.00/minute
Encode to tape services are available for both SD and HD tape requirements. Please call to discuss specific tape based requirements.	TBD

Any changes to the specification such as spoken language, frame rate conversions, delivery methods... are not included in the above pricing and may result in a surcharge. Pricing includes standard 3-business day turn time for new titles. A requirement less than 3-business days is considered a rush service and available at an additional cost.

Terms and Conditions

VCS assumes no liability for masters. It is strongly recommended that only safety masters be utilized for duplication purposes. Proposals are valid for 30 days and are subject to change at any time due to market cost increases.

Sales Tax and Freight, when applicable, is not included in this quote. Any changes to the above specifications may result in a process charge. All orders are processed COD without prior credit approval.

Prepared by:
 Bob Chirum | Director of Operations | VCS
 3980 DeKalb Technology Parkway | Building 600, Suite 670 | Atlanta, GA 30340
 404-321-6933 | Bob@video-copy.com



Project Descriptive: Offline Captioning Legacy Project

VCS will assist WATC-TV and their content providers by providing offline closed captioning services as needed for broadcast purposes. Working either directly with WATC-TV, or its' content provider, VCS will (1.) transcribe all audible content and program offline roll up English captions based on the transcription. Captions will be: **Accurate**, matching spoken words, convey background noise and other sounds as appropriate; **Synchronous** with captions matching corresponding words and sounds at a speed that can be read by viewers; **Complete** from beginning to end of content and **Properly Placed** so not to block important visual content on screen. Once the captions are programmed, VCS will then (2.) create the Encoded Broadcast file for use by WATC-TV. Encoded product could be delivered via FTP, hard drive, Dropbox or other delivery methods.

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Rush Closed Captioning service, < 3-business days please add	\$100.00

2. Closed Caption Encoding, Mastering	Unit Price
Encode client supplied file (or tape) based asset, with offline captioning. Create and deliver encoded content to WATC TV per broadcaster specification of MPEG 2 or other predetermined SD file. 30-minute content -	\$45.00/file
Encode client supplied file (or tape) based asset, with offline captioning. Create and deliver encoded content to WATC TV per broadcaster specification of MPEG 2 or other predetermined SD file. 60-minute content -	\$55.00/file
Encode to tape services are available for both SD and HD tape requirements. Please call to discuss specific tape based requirements.	TBD

Any changes to the specification such as spoken language, frame rate conversions, delivery methods... are not included in the above pricing and may result in a surcharge. Pricing includes standard 3-business day turn time for new titles. A requirement less than 3-business days is considered a rush service and available at an additional cost.

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Prepared by:
 Bob Chirum | Director of Operations | VCS
 3980 DeKalb Technology Parkway | Building 600, Suite 670 | Atlanta, GA 30340
 404-321-6933 | Bob@video-copy.com

Captioning costs:

Here are the annual costs for captioning new episodes of the four series and a separate section if we needed to add closed captioning to episodes that these stations currently have on hand for broadcast. Please note that we are looking at the captioning project as an out-of-house project. We feel that a company that handles this type of work from captioning to file transfers to the various outlets would be the most efficient way to handle this and cut down on errors and additional staffing hours that would be needed on the station's end.

QUOTE #1: ABERDEEN CAPTIONING

Station Workflow Fee
(One time fee of \$50 per outlet per program plus processing fee) \$ 463.50
(Discounted from \$75-\$150 per outlet per series)

Babbie's House

Roll-up standard captioning of 88 new episodes @ \$185/half hour \$ 16,280.00
Delivery of 88 SD files to three outlets (WGGG, NRB, The Walk)@ \$38/half hour \$ 10,032.00
Delivery of 88 HD files to two outlets (WATC, WBPI) @ \$68/half hour \$ 11,968.00
HD to SD down conversion of 88 episodes @ \$20/half hour \$ 1,760.00
3% surcharge for credit card processing of first order until credit is
established (Cost estimated based on 16 episodes in first order) \$ 218.40
No sales tax would be charged.

Estimated total for 88 closed captioned episodes to three outlets \$ 40,258.40

One station carries additional past episodes from the existing library in order to air the series as a five day a week strip. If the episodes from the past have to be captioned, there would be an additional cost as follows:
Roll-up standard captioning of 72 additional episodes to make 160 episodes in the rotation. Since WATC is required to pass through captioning of any program that has it, we would also need a copy of the captioned version for our air.

Roll-up standard captioning of 72 past episodes @ \$185/half hour \$ 13,320.00
Delivery of 72 SD files to one outlet (WGGG)@ \$38/half hour \$ 2,736.00
Delivery of 72 HD files to one outlet (WATC) @ \$68/half hour \$ 4,896.00
HD to SD down conversion of 72 episodes @ \$20/half hour \$ 1,440.00
(Would wait until credit was established to avoid 3% credit card surcharge)
No sales tax would be charged.

Estimate of one hour per episode of staff member's time to coordinate uploading episodes from the library and completing

traffic needs.	\$ <u>1,080.00</u>
Estimated total for 72 additional episodes from the library	\$ 23,472.00

Friends & Neighbors

Roll-up standard captioning of 52 new episodes @ \$185/half hour	\$ 9,620.00
Delivery of 52 SD files to two outlets (WGGG, NRB)@ \$38/half hour	\$ 3,952.00
Delivery of 52 HD files to two outlets (WATC, WBPI) @ \$68/half hour	\$ 7,072.00
HD to SD down conversion of 52 episodes @ \$20/half hour	\$ 1,040.00
3% surcharge for credit card processing of first order until credit is established (Cost estimated based on 16 episodes in first order)	\$ <u>200.16</u>
No sales tax would be charged.	
Estimated total for 52 closed captioned episodes to four outlets	\$ 21,884.16

One station carries additional past episodes from the existing library in order to air the series as a five day a week strip. If the episodes from the past have to be captioned, there would be an additional cost as follows:
 Roll-up standard captioning of 52 additional episodes to make 104 episodes in the rotation. Since WATC is required to pass through captioning of any program that has it, we would also need a copy of the captioned version for our air.

Roll-up standard captioning of 52 past episodes @ \$185/half hour	\$ 9,620.00
Delivery of 52 SD files to one outlet (WGGG)@ \$38/half hour	\$ 1,976.00
Delivery of 52 HD files to one outlet (WATC) @ \$68/half hour	\$ 3,536.00
HD to SD down conversion of 52 episodes @ \$20/half hour	\$ 1,040.00
No sales tax would be charged.	

Estimate of one hour per episode of staff member's time to coordinate uploading episodes from the library and completing traffic needs.	\$ <u>780.00</u>
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Estimated total for 52 additional episodes from the library	\$ 16,952.00
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Gospel Music USA

Roll-up standard captioning of 76 episodes @ \$185/half hour	\$ 14,060.00
Delivery of 76 SD files to one outlet (WGGG)@ \$38/half hour	\$ 2,888.00
Delivery of 76 HD files to one outlet (WATC) @ \$68/half hour	\$ 5,168.00
HD to SD down conversion of 76 episodes @ \$20/half hour	\$ 1,520.00
(Would wait until credit was established to avoid 3% credit card surcharge)	
No sales tax would be charged.	

Estimate of one hour per episode of staff member's time to coordinate uploading episodes from the library and completing traffic needs.	\$ <u>1,140.00</u>
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Estimated total for 76 closed captioned episodes to two outlets	\$ 24,776.00
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Right Now with Jennifer Schuchmann

Roll-up standard captioning of 102 episodes @ \$185/half hour	\$ 18,870.00
Delivery of 102 SD files to two outlets (WGGG, NRB) @ \$38/half hour	\$ 7,752.00
Delivery of 102 HD files to one outlet (WATC) @ \$68/half hour	\$ 6,936.00
HD to SD down conversion of 102 episodes @ \$20/half hour	\$ 2,040.00
(Would wait until credit was established to avoid 3% credit card surcharge)	
No sales tax would be charged.	

Estimate of one hour per episode of staff member's time to coordinate uploading episodes from the library and completing traffic needs.	\$ <u>1,530.00</u>
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Estimated total for 102 closed captioned episodes to three outlets	\$ 37,128.00
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REVISED QUOTE FOR ALL PROGRAMMING LISTED ABOVE TO BE CLOSED CAPTIONED USING ABERDEEN: \$ 164,934.06

(Note: The totals have increased from the initial request to the FCC due to clarification on how file transfers would be handled. While we have received lower pricing quotes as we negotiated with Aberdeen, we had not properly calculated a file conversion fee that is charged per episode.)

QUOTE #2: VIDEO COPY SERVICES

Here are the annual costs for captioning the same quantity of episodes as listed above from Video Copy Services. Note that VCS informed that sales tax would be charged to us.:

Station Workflow Fee (One time fee)	\$ 675.00
(\$75 per outlet per series)	

Babbie's House

Roll-up standard captioning of 88 new episodes @ \$175/half hour	\$ 15,400.00
Delivery of 88 SD files to three outlets (WGGG, NRB, The Walk) @ \$45/half hour	\$ 11,880.00
Delivery of 88 HD files to two outlets (WATC, WBPI) @ \$55/half hour	\$ 9,680.00
HD to SD down conversion of 88 episodes @ \$30/half hour	\$ 2,640.00
Sales tax	\$ 2,376.00

Estimated total for 88 closed captioned episodes to five outlets \$ 41,976.00

One station carries additional past episodes from the existing library in order to air the series as a five day a week strip. If the episodes from the past have to be captioned, there would be an additional cost as follows:
Roll-up standard captioning of 72 additional episodes to make 160 episodes in the rotation. Since WATC is required to pass through captioning of any program that has it, we would also need a copy of the captioned version for our air.

Roll-up standard captioning of 72 past episodes @ \$175/half hour	\$ 12,600.00
Delivery of 72 SD files to one outlet (WGGS)@ \$45/half hour	\$ 3,240.00
Delivery of 72 HD files to one outlet (WATC) @ \$55/half hour	\$ 3,960.00
HD to SD down conversion of 72 episodes @ \$30/half hour	\$ 2,160.00
(Sales tax not included)	
Estimate of one hour per episode of staff member's time to coordinate uploading episodes from the library and completing traffic needs.	\$ <u>1,080.00</u>
Estimated total for 72 additional episodes from the library	\$ 23,040.00

Friends & Neighbors

Roll-up standard captioning of 52 new episodes @ \$175/half hour	\$ 9,100.00
Delivery of 52 SD files to two outlets (WGGS, NRB)@ \$45/half hour	\$ 4,680.00
Delivery of 52 HD files to two outlets (WATC, WBPI) @ \$55/half hour	\$ 5,720.00
HD to SD down conversion of 52 episodes @ \$30/half hour	\$ 1,560.00
Sales tax	\$ <u>1,263.60</u>

Estimated total for 52 closed captioned episodes to four outlets \$ 22,323.60

One station carries additional past episodes from the existing library in order to air the series as a five day a week strip. If the episodes from the past have to be captioned, there would be an additional cost as follows:
Roll-up standard captioning of 52 additional episodes to make 104 episodes in the rotation. Since WATC is required to pass through captioning of any program that has it, we would also need a copy of the captioned version for our air.

Roll-up standard captioning of 52 past episodes @ \$175/half hour	\$ 9,100.00
Delivery of 52 SD files to one outlet (WGGS)@ \$45/half hour	\$ 2,340.00
Delivery of 52 HD files to one outlet (WATC) @ \$55/half hour	\$ 2,860.00

HD to SD down conversion of 52 episodes @ \$30/half hour	\$ 1,560.00
Sales tax	\$ <u>951.60</u>

Estimate of one hour per episode of staff member's time to coordinate uploading episodes from the library and completing traffic needs.	\$ <u>780.00</u>
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Estimated total for 52 additional episodes from the library	\$ 16,811.60
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Gospel Music USA

Roll-up standard captioning of 76 episodes @ \$175/half hour	\$ 13,300.00
Delivery of 76 SD files to one outlet (WGGS)@ \$45/half hour	\$ 3,420.00
Delivery of 76 HD files to one outlet (WATC) @ \$55/half hour	\$ 4,180.00
HD to SD down conversion of 76 episodes @ \$30/half hour	\$ 2,280.00
Sales tax	\$ 1,390.80

Estimate of one hour per episode of staff member's time to coordinate uploading episodes from the library and completing traffic needs.	\$ <u>1,140.00</u>
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Estimated total for 76 closed captioned episodes to two outlets	\$ 24,320.00
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Right Now with Jennifer Schuchmann

Roll-up standard captioning of 102 episodes @ \$175/half hour	\$ 17,850.00
Delivery of 102 SD files to two outlets (WGGS, NRB)@ \$45/half hour	\$ 9,180.00
Delivery of 102 HD files to one outlet (WATC) @ \$55/half hour	\$ 5,610.00
HD to SD down conversion of 102 episodes @ \$30/half hour	\$ 3,060.00
Sales tax	\$ 2,142.00

Estimate of one hour per episode of staff member's time to coordinate uploading episodes from the library and completing traffic needs.	\$ <u>1,530.00</u>
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Estimated total for 102 closed captioned episodes to three outlets	\$ 39,372.00
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**REVISED QUOTE FOR ALL PROGRAMMING LISTED ABOVE TO BE CLOSED CAPTIONED USING VCS:
\$ 170,689.00**

(Note: The totals have increased from the initial request to the FCC due to clarification on how file transfers would be handled. While we have received lower pricing quotes as we negotiated with VCS, we had not properly calculated a file conversion fee that is charged per episode.)

SUMMARY OF THE CAPTIONING COSTS PER COMPANY:

	Aberdeen Captioning	Video Copy Services
Babbie's House		
New episodes over one year	\$ 40,258.40	\$ 41,976.00
Existing library	\$ 23,472.00	\$ 23,040.00
Friends & Neighbors		
New episodes over one year	\$ 21,884.16	\$ 22,323.60
Existing library	\$ 16,952.00	\$ 17,591.60
Right Now with Jennifer Schuchmann		
Existing library in rotation	\$ 37,128.00	\$ 39,372.00
Gospel Music USA		
Existing library in rotation	\$ 24,776.00	\$ 25,710.80
Set-Up Fees	\$ 463.50	\$ 675.00
TOTAL	\$ 164,934.06	\$ 170,689.00

Sponsorships/Fundraising:

WATC TV has not been able to acquire any corporate underwriting sponsorships and relies on local non-profit and religious organizations for its underwriting support through programming sponsorships. We have asked a few of our current programmers who might have access to some corporate sponsorships for closed captioning to consider helping the station with this need, but nothing has developed as of yet. We have also inquired with representatives with the television stations that have been airing our programming at no charge to see if they might be able to assist with some funding towards captioning, but those stations (such as WGG5 in Greenville, South Carolina) are in similar situations to us in that they do not have funding for captioning their own in-house productions at this time and therefore unable to assist WATC at this time.

Viewer donations have also started declining in the past few years but we have been able to sustain our income level with an increase in underwriting support for programming. We have held telethons in the past to raise support for the costs to operate WATC, but we have moved in a new direction due to the lack of follow-through from many who pledge support and the

overhead costs for having the telethons (missed income from programming that is preempted during telethons, travel costs associated with guest speakers, etc.).

Community Television, Inc. also has attempted grants in the past to address other specialized areas of broadcasting, but have been unsuccessful in generating any funds through that means.

Impact:

If WATC TV is unable to get an exemption for closed captioning on these four series airing in other markets, we would have to pull these programs from these stations. As mentioned earlier, these programs are distributed at no charge to the stations and we have no revenue generating appeals in these series and no advertising spots under a barter arrangement due to WATC TV being a non-commercial educational station.

WATC's first priority is to serve the Atlanta community with educational and instructional programming, as well as faith-based and family-friendly programming. Having the opportunity to air our productions in other markets allows WATC to get higher profile guests because of the programs airing in additional markets for more visibility and allows many non-profit organizations a platform to share their messages at no cost to them in multiple markets. An example of the non-profit organizations that have appeared and have benefitted from being on one of these programs have included the following:

- | | |
|--|-------------------------------------|
| Special Olympics | Golden Retriever Rescue |
| Better Business Bureau | Gabe's Chemo Duck |
| Samaritan's Feet | Operation Christmas Child |
| Three Strands | Clark Atlanta University |
| American Red Cross | American Cancer Society |
| Susan G. Komen Foundation | Golden Soldiers |
| Hope Restored Bulgaria | Build an Ark Animal Shelter |
| Walk Across America | From Pain to Purpose |
| The Work of His Hands | AARP |
| Black Women Film Network | ExposeATL Sex Trafficking Awareness |
| Artists Music Guild | Samaritan's Purse |
| Clown Care Unit of Children's Hospital | American Diabetes Association |
| Empowering Everyday Women | Good Mews |
| M.A.D.D. (Mothers Against Drunk Driving) | Christian City |
| Living Water for Girls | Mission Year |
| The Sisters Network | S.T.A.C.I.E. Foundation |

In addition, guests have appeared on these programs to discuss how to make healthier dietary and lifestyle choices, shared ways on overcoming depression and anxiety, discussed how to find a job and improve credit, and how to deal with grief and loss, among other things. We are pleased that we can offer more outlets for these guests to share and to inspire and educate viewers.

While we understand that the Deaf and hard of hearing community are not being served at present due to not providing captioning on these programs, we would have to cease airing on these other outlets if we are unable to get an exemption and that would be a disappointment to those non-profits that benefit by being showcased on our programs.

We would continue to try to get underwriting support for the captioning service for these series, but we would need to be able to have as many outlets airing these series as possible to make it advantageous for a company to provide such sponsorship. If we are unable to get the exemption, we would have to pull the series from the various outlets and we would probably not be able to get this free airtime back. We have not been able to get such sponsorships even with the current carriage, but I know that the chances would be that much slimmer with every market that we would lose.

Overview of WATC:

WATC TV is operated by the 501(c)3 non-profit organization Community Television, Inc. WATC's programming efforts have been recognized by the Georgia Association of Broadcasters on several occasions with awards for "Community Service Television Station of the Year" for series such as *Friends & Neighbors* and *Right Now* and by the arts organization Artists Music Guild for "Television Station of the Year" for the platform of showcasing a mix of local and national recording artists on *Babbie's House* and *Gospel Music USA*. This is why other stations have requested that we provide these series to their stations for airing.

WATC is a non-commercial educational station serving the Atlanta, Georgia DMA with a mix of family, Christian and educational programming. We have been recognized by the City of Atlanta for our special programming commemorating Black History Month. We featured over 700 individuals from local non-profit organizations and community events last year at no charge to these groups on our various locally-produced programs. There are times when the work of these organizations are broad enough to be featured in an episode of one of these series that are sent to other stations, such as representatives sharing about Special Olympics, American Cancer Society, American Red Cross, etc.

Community Television, Inc. has always strived to run the station as economically as possible. With a total of twenty-four employees (full and part time), WATC produces a live 90 minute talk show every weeknight in addition to *Babbie's House*, *Friends & Neighbors*, *Right Now*, and *Gospel Music USA*. We also produce several client-underwritten teaching programs, organize an on-going food drive to benefit local food banks, and operate two 24/7 broadcast channels.

For example, Greg West serves as the President/General Manager of Community Television, Inc., but also serves as Program Director for both channels (57.1 and 57.2) and Producer of *Babbie's House*, *Right Now* and *Friends & Neighbors*. Patricia Mathis, Vice President/Manager, works in various roles in addition to her daily office duties, such as hosting the monthly *Seniors Today* edition of *Atlanta Live* and working as Producer of *Gospel Music USA*.

Summary:

We are pleased that television stations have requested our programming to air on their stations and we hope that we are able to continue providing these series to them. I trust that I have provided enough information for your review of our request for exemption from the closed captioning requirements.

If you have any questions or need any additional information, please contact me at (770) 300-9828 or by email at greg@watc.tv.

Thank you for your consideration of this request.

Gregory West
President, WATC TV/Community Television, Inc.

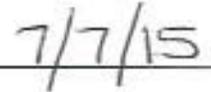
WATC TV / Community Television, Inc.
1862 Enterprise Drive
Norcross, GA 30093
Phone: (770) 300-9828
Fax: (770) 300-9838
www.watc.tv

Declaration:

"I declare under penalty or perjury that the information contained in this submission is true and correct."



Gregory West
President, WATC TV/Community Television, Inc.



Date

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
COMMUNITY TELEVISION, INC.

Going Business As _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1862 ENTERPRISE DRIVE

City or town, state or province, country, and ZIP or foreign postal code
NORCROSS GA 30093

D Employer identification number
57-0782362

E Telephone number
770-300-9828

F Name and address of principal officer:
GREG WEST
1862 ENTERPRISE DRIVE
NORCROSS GA 30093

G Gross receipts \$ **2,029,769**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.watc.tv**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1996** **M** State of legal domicile: **GA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
See Schedule O.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3 7**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4 6**

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) **5 24**

6 Total number of volunteers (estimate if necessary) **6 150**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a 258**

b Net unrelated business taxable income from Form 990-T, line 34 **7b 0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,856,824	2,000,009
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,530	13,909
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	321	258
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,852,615	2,014,176
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,039,627	963,951
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 84,511		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	764,745	739,092
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,804,372	1,703,043
19 Revenue less expenses. Subtract line 18 from line 12	48,243	311,133
20 Total assets (Part X, line 16)	1,673,647	1,912,084
21 Total liabilities (Part X, line 26)	254,263	181,567
22 Net assets or fund balances. Subtract line 21 from line 20	1,419,384	1,730,517

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 _____ Date _____
 Type or print name and title _____

Paid Preparer Only

Print/Type preparer's name: **Joseph G. Hedrick** Preparer's signature: _____ Date: _____
 Check self-employed PTIN: **P00144329**

Firm's name: **Edwards & Hedrick CPAs, P.A.** Firm's EIN: **57-0536399**
 PO Box 1475
 Firm's address: **Greer, SC 29652-1475** Phone no: **864-877-9691**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

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:

See Schedule O.

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 \$ 1,224,198 including grants of \$) (Revenue \$)
EDUCATIONAL BROADCASTING - COMMUNITY TELEVISION OWNS AND OPERATES WATC CHANNEL 57 IN ATLANTA, GA. THIS STATION PROVIDES THE PEOPLE OF ATLANTA AND SURROUNDING AREAS FREE EDUCATIONAL TELEVISION BROADCASTING.

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

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

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

4e Total program service expenses ▶ 1,224,198

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	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		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 temporarily restricted endowments, permanent endowments, or 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?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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	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		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? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
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		X
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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2		
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		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? If "Yes," complete Schedule R, Part VI		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	X	

Form 990 (2013)

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		
1a	17		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
✓	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	24		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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 in 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 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?		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?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?	X	
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		
d	7d		
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?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Section A. Governing Body and Management

		Yes	No
1a	7		
Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
1b	6		
b Enter the number of voting members included in line 1a, above, who are independent			
2			X
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3			X
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?			
4			X
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5			X
Did the organization become aware during the year of a significant diversion of the organization's assets?			
6			X
Did the organization have members or stockholders?			
7a			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?			
7b			X
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		X	
a The governing body?			
8b		X	
b Each committee with authority to act on behalf of the governing body?			
9			X
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			

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

		Yes	No
10a			X
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			X
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		X	
Did the organization have a written conflict of interest policy? If "No," go to line 13			
12b		X	
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
12c		X	
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			
13		X	
Did the organization have a written whistleblower policy?			
14			X
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			X
a The organization's CEO, Executive Director, or top management official			
15b			X
b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a			X
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			
b 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 ► **GA**

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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial 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 organization: ► **PATRICIA MATHIS** **1862 ENTERPRISE DRIVE** **GA 30093** **770-300-9828**

NORCROSS

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

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 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.

Check this box if neither the organization nor any related organizations 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) PATRICIA L. MATHIS	50.00									
VICE-PRESIDENT	0.00	X		X			94,250	0	0	
(2) GREGORY E. WEST	50.00									
PRESIDENT	1.00	X		X			92,750	0	0	
(3) DANTE M. THOMPSON	1.00									
DIRECTOR	40.00	X					0	39,997	0	
(4) J. LANSING KIMMEY, III	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) BABBIE MASON	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) BOBBY HURD	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) MELVIN D. KLAUDT	1.00									
DIRECTOR	0.00	X					0	0	0	
(8)										
(9)										
(10)										

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
1b Sub-total							187,000	39,997		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							187,000	39,997		

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 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? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,000,009			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,000,009			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		52		52	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		29,450		
	b Less: cost or other basis & sales exps.			15,593		
	c Gain or (loss)			13,857		
	d Net gain or (loss)		13,857	13,857		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a ADMINISTRATIVE FEES	-900099	258		258		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		258				
12 Total revenue. See instructions.		2,014,176	13,857	258	52	

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, 9b, 9c, 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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	187,000	84,149	84,151	18,700
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	661,761	529,409	132,352	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	43,422	33,001	9,987	434
10 Payroll taxes	71,768	54,544	16,507	717
11 Fees for services (non-employees):				
a Management				
b Legal	5,475		5,475	
c Accounting	10,488		10,488	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	8,797	4,398		4,399
13 Office expenses	29,274	9,846	9,713	9,715
14 Information technology				
15 Royalties				
16 Occupancy	318,916	239,187	63,783	15,946
17 Travel	21,962	7,322	7,320	7,320
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,765	3,765		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	154,539	146,812	7,727	
23 Insurance	17,536	8,768	8,768	
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 O.)				
a Supplies	39,541	39,541		
b Casual & Contract Labor	28,792	28,792		
c Telephone	27,977	9,327	9,325	9,325
d Guest Expense	13,313			13,313
e All other expenses	58,717	25,337	28,738	4,642
25 Total functional expenses. Add lines 1 through 24e	1,703,043	1,224,198	394,334	84,511
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 SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	408,195	1	570,900
	2 Savings and temporary cash investments	354,644	2	300,000
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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 instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	8,625
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,475,130		
	b Less: accumulated depreciation	10b 1,533,991	813,395	10c 941,139
	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	91,420
	15 Other assets. See Part IV, line 11		15	2,465
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,673,647	16	1,912,084
Liabilities	17 Accounts payable and accrued expenses		17	
	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 current and former officers, directors, trustees, 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	181,567
	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 Total liabilities. Add lines 17 through 25		254,263	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	1,730,517
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		1,419,384	33	1,730,517
34 Total liabilities and net assets/fund balances		1,673,647	34	1,912,084

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	2,014,176
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,703,043
	Revenue less expenses. Subtract line 2 from line 1	3	311,133
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,419,384
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,730,517

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		N/A
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 in Schedule O and describe any steps taken to undergo such audits.		

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 52.		14.			
Total	<u>\$ 52.</u>					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Television Air Time	\$ 13,000.	\$ 13,000.	\$	\$
Contributions	12,358.		12,358.	
Bank Service Charges	10,997.		10,997.	
Other Outside Services	9,570.	7,656	1,914	
Dues & Subscriptions	3,379.		3,379.	
Entertainment/Promo/Meals	2,461.			2,461.
Viewer Gifts	2,181.			2,181.
Equipment Rental	1,769.	1,769.		
Property Taxes	1,563.	1,563		
Benevolent Licenses	1,349.	1,349.		
	90.		90	
Total	\$ 58,717.	\$ 25,337	\$ 28,738	\$ 4,642

Public Charity Status and Public Support

OMB No. 1545-0047

2013

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

of the organization

COMMUNITY TELEVISION, INC.

Employer identification number
57-0782362

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

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

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

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

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,008,003	1,929,160	1,873,399	1,856,824	2,000,009	9,667,395
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,008,003	1,929,160	1,873,399	1,856,824	2,000,009	9,667,395
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)						2,451,957
6 Public support. Subtract line 5 from line 4.						7,215,438

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,008,003	1,929,160	1,873,399	1,856,824	2,000,009	9,667,395
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,443	972	6,535	574	52	14,576
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	663	624	558	321	258	2,424
11 Total support. Add lines 7 through 10						9,684,395
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	74.51%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	74.29%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

Administrative Fees \$ **2,424**

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

COMMUNITY TELEVISION, INC.

57-0782362

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply): <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
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.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
1 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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:	
(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
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 SFAS 116 (ASC 958) relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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 are a 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 programs
 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" 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? Yes No

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? 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" 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
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

	Yes	No
3a(i)		
3a(ii)		
3b		

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.

Complete if the organization answered "Yes" to 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		280,872	167,625	113,247
d Equipment		2,194,258	1,366,366	827,892
e Other				
. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				941,139

Schedule D (Form 990) 2013

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.

OMB No. 1545-0047

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

COMMUNITY TELEVISION, INC.

Employer identification number

57-0782362

Form 990 - Organization's Mission

COMMUNITY TELEVISION IS A FAITH-BASED ORGANIZATION WHOSE PURPOSE IS TO
PRODUCE AND BROADCAST POSITIVE TELEVISION PROGRAMMING. THE VISION OF
COMMUNITY TELEVISION EXTENDS BEYOND BROADCASTING & INCLUDES REACHING OUT TO
HELP THOSE IN NEED OF FOOD AND CLOTHING.

Form 990, Part VI - Additional Information

Line 6 - Classes of Members or Stockholders

Community Television, Inc. is organized as a non-stock eleemosynary corp
under South Carolina law.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The conflict of interest policy is published in the employee handbook which
all employees receive. This policy is reviewed with the employee at their
review with management. Board members are given a copy of the policy when
they become a board member.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Form 990 and applicable schedules are available to the public upon request.
Additional information regarding the Corporation's activities and programs
is available on their website - www.watc.tv

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
 Open to Public Inspection

A For the 2014 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **COMMUNITY TELEVISION, INC.**

Doing business as: _____

Number and street (or P.O. box if mail is not delivered to street address): **1862 ENTERPRISE DRIVE**

City or town, state or province, country, and ZIP or foreign postal code: **NORCROSS GA 30093**

D Employer identification number: **57-0782362**

E Telephone number: **770-300-9828**

F Name and address of principal officer:
GREG WEST
1862 ENTERPRISE DRIVE
NORCROSS GA 30093

G Gross receipts \$: **1,993,333**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.watc.tv**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1996** **M** State of legal domicile: **GA**

COPY

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	321
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,000,009	1,983,006
	9 Program service revenue (Part VIII, line 2g)	-	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,909	-111,327
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)	258	321
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,014,176	1,872,000
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	-	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	963,951	1,014,591
	16a Professional fundraising fees (Part IX, column (A), line 11c)	-	0
	b Total fundraising expenses (Part IX, column (D), line 25) 84,983	739,092	749,937
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,703,043	1,764,528
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	311,133	107,472	
19 Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,912,084	1,837,989
	21 Total liabilities (Part X, line 26)	181,567	0
	22 Net assets or fund balances. Subtract line 21 from line 20	1,730,517	1,837,989

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: _____ Date: _____
 Type or print name and title: _____

Paid Preparer Use Only

Print/preparer's name: **Joseph G. Hedrick** Preparer's signature: _____ Date: _____
 Check self-employed FTN **P00144329**

Firm's name: **Edwards & Hedrick CPAs, P.A.** Firm's EIN: **57-0536399**
 Firm's address: **PO Box 1475**
Greer, SC 29652-1475 Phone no: **864-877-9691**

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:

See Schedule O

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 \$ 1,257,676 including grants of \$) (Revenue \$)

EDUCATIONAL BROADCASTING - COMMUNITY TELEVISION OWNS AND OPERATES WATC CHANNEL 57 IN ATLANTA, GA. THIS STATION PROVIDES THE PEOPLE OF ATLANTA AND SURROUNDING AREAS FREE EDUCATIONAL TELEVISION BROADCASTING.

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

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

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

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

4e Total program service expenses 1,257,676

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 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		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 temporarily restricted endowments, permanent endowments, or 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 5 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?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
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
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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
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		X
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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2		
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		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? If "Yes," complete Schedule R, Part VI		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	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		
1b	Enter the number of Forms W-2G included in 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	
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	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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 in 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?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?	X	
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		
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?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
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	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	7		
b	Enter the number of voting members included in line 1a, above, who are independent		
	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		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
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section 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?		X
b	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			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		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?		X
b	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?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **GA**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

PATRICIA MATHIS 1862 ENTERPRISE DRIVE **GA 30093** 770-300-9828
NORCROSS

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 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.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) GREGORY E. WEST PRESIDENT	50.00 1.00	X		X				99,430	0	0
(2) PATRICIA L. MATHIS VICE-PRESIDENT	50.00 0.00	X		X				97,930	0	0
(3) DANTE M. THOMPSON DIRECTOR	1.00 40.00	X						0	47,405	0
(4) J. LANSING KIMMEY, III DIRECTOR	1.00 0.00	X						0	0	0
(5) BABBIE MASON DIRECTOR	1.00 0.00	X						0	0	0
(6) REV. LEROY DOE DIRECTOR	1.00 0.00	X						0	0	0
(7) MELVIN D. KLAUDT DIRECTOR	1.00 0.00	X						0	0	0
(8)										
(9)										
(10)										
(11)										

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Individual trustee	Officer	Key employee	Highest compensated employee			
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
(18)									
(19)									
1b Sub-total							197,360	47,405	
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							197,360	47,405	

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 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? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,983,006			
	g Noncash contributions included in lines 1a-1f	\$				
	h Total. Add lines 1a-1f		1,983,006			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,006		10,006	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.		121,333			
	c Gain or (loss)		-121,333			
d Net gain or (loss)		-121,333	-121,333			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a ADMINISTRATIVE FEES	900099	321		321		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		321				
12 Total revenue. See instructions.		1,872,000	-121,333	321	10,006	

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 5b, 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	197,360	88,811	88,813	19,736
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	700,811	560,649	140,162	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	43,056	32,722	9,903	431
10 Payroll taxes	73,364	55,757	16,873	734
11 Fees for services (non-employees):				
a Management				
b Legal	5,235		5,235	
c Accounting	9,988		9,988	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	7,776	3,888		3,888
13 Office expenses	33,083	11,119	10,981	10,983
14 Information technology				
15 Royalties				
16 Occupancy	330,881	248,161	66,177	16,543
17 Travel	20,219	6,741	6,739	6,739
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	568	568		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	142,772	135,634	7,138	
23 Insurance	15,985	7,992	7,993	
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 O.)				
a Supplies	35,521	35,521		
b Other Outside Services	25,635	20,508	5,127	
c Telephone	25,338	8,448	8,445	8,445
d Casual & Contract Labor	23,779	23,779		
e All other expenses	73,157	17,378	38,295	17,484
25 Total functional expenses. Add lines 1 through 24e	1,764,528	1,257,676	421,869	84,983
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
Assets	1 Cash—non-interest bearing	570,900	1	887,249
	2 Savings and temporary cash investments	300,000	2	125,000
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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)(3) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	8,625	7	2,125
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	17,502
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,845,774		
	b Less: accumulated depreciation	10b 1,127,553	941,139	10c 718,221
	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	91,420	14	87,892
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,912,084	16	1,837,989
Liabilities	17 Accounts payable and accrued expenses		17	
	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 current and former officers, directors, trustees, 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	181,567	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 Total liabilities. Add lines 17 through 25		181,567	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,730,517	27	1,837,989
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		1,730,517	33	1,837,989
34 Total liabilities and net assets/fund balances		1,912,084	34	1,837,989

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	1,872,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,764,528
3	Revenue less expenses. Subtract line 2 from line 1	3	107,472
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,730,517
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,837,989

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		N/A
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 10,006.		14.			
Total	<u>\$ 10,006.</u>					

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Contributions	\$ 21,299.	\$	\$ 21,299	\$
Bank Service Charges	13,671.		13,671	
Television Air Time	13,000.	13,000		
Guest Expense	12,860.			12,860
Dues & Subscriptions	3,295.		3,295	
Viewer Gifts	2,429.			2,429
Entertainment/Promo/Meals	2,195.			2,195
Equipment Rental	1,628.	1,628		
Property Taxes	1,547.	1,547		
Benevolent	1,203.	1,203		
Licenses	30.		30	
Total	\$ 73,157.	\$ 17,378.	\$ 38,295.	\$ 17,484.

SCHEDULE A
(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.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

COMMUNITY TELEVISION, INC.

Employer identification number

57-0782362

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1–8 above or IRC section (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)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

DAA

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,929,160	1,873,399	1,856,824	2,000,009	1,983,006	9,642,398
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,929,160	1,873,399	1,856,824	2,000,009	1,983,006	9,642,398
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)						2,353,636
6 Public support. Subtract line 5 from line 4.						7,288,762

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	1,929,160	1,873,399	1,856,824	2,000,009	1,983,006	9,642,398
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	972	6,535	574	52	10,006	18,139
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	624	558	321	258	322	2,082
11 Total support. Add lines 7 through 10						9,662,619

12 Gross receipts from related activities, etc. (see instructions)	12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>	

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	75.43%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	74.51%
16a 33 1/3% support test—2014. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2013. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

Part IV Supporting Organizations

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

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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 Part VI 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 Part VI 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 11a or 11b in Part I, answer (b) and (c) 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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 Part VI.		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
	11a		
b	A family member of a person described in (a) above?		
	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
	11c		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	1		
2	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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	2		

Section C. Type II Supporting Organizations

		Yes	No
1	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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1		
2	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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
	2		
3	By reason of the relationship described in (2), 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 Part VI the role the organization's supported organizations played in this regard.		
	3		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) 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.	Yes	No
	2a		
b	Did the activities described in (a) 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.		
	2b		
3	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.		
	3a		
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.		
	3b		

Supplemental Information to Form 990 or 990-EZ

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

2014

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

COMMUNITY TELEVISION, INC.

Employer identification number

57-0782362

Form 990 - Organization's Mission

COMMUNITY TELEVISION IS A FAITH-BASED ORGANIZATION WHOSE PURPOSE IS TO
PRODUCE AND BROADCAST POSITIVE TELEVISION PROGRAMMING. THE VISION OF
COMMUNITY TELEVISION EXTENDS BEYOND BROADCASTING & INCLUDES REACHING OUT TO
HELP THOSE IN NEED OF FOOD AND CLOTHING.

Form 990, Part VI - Additional Information

Line 6 - Classes of Members or Stockholders

Community Television, Inc. is organized as a non-stock eleemosynary corp
under South Carolina law.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The conflict of interest policy is published in the employee handbook which
all employees receive. This policy is reviewed with the employee at their
review with management. Board members are given a copy of the policy when
they become a board member.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Form 990 and applicable schedules are available to the public upon request.
Additional information regarding the Corporation's activities and programs
is available on their website - www.watc.tv

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY TELEVISION, INC.

Employer identification number
57-0782362

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)								
(2)								
(3)								
(4)								
(5)								

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

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(1)	(2) Name, address, and EIN of related organization	(3) Primary activity	(4) Legal domicile (state or foreign country)	(5) Direct controlling entity	(6) Predecessor income (related, unrelated, excluded from tax under sections 512-514)	(7) Share of total income	(8) Share of end-of-year assets	(9) Disproportionate alloc?		(10) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(11) General or managing partner?		(12) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(1)	(2) Name, address, and EIN of related organization	(3) Primary activity	(4) Legal domicile (state or foreign country)	(5) Direct controlling entity	(6) Type of entity (C corp, S corp, or trust)	(7) Share of total income	(8) Share of end-of-year assets	(9) Percentage ownership	(10) Section 6120(i)(3) certified entity?	
									Yes	No
(1)	CAROLINA CHRISTIAN BROADCASTING, INC P.O. BOX 1616 GREENVILLE SC 29602-1616 57-0526801	BROADCASTING	SC		C					X
(2)										
(3)										
(4)										

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to related organization(s)		X
c	Gift, grant, or capital contribution from related organization(s)		X
d	Loans or loan guarantees to or for related organization(s)		X
e	Loans or loan guarantees by related organization(s)		X
f	Dividends from related organization(s)		X
g	Sale of assets to related organization(s)		X
h	Purchase of assets from related organization(s)		X
i	Exchange of assets with related organization(s)		X
j	Lease of facilities, equipment, or other assets to related organization(s)		X
k	Lease of facilities, equipment, or other assets from related organization(s)		X
l	Performance of services or membership or fundraising solicitations for related organization(s)		X
m	Performance of services or membership or fundraising solicitations by related organization(s)		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o	Sharing of paid employees with related organization(s)		X
p	Reimbursement paid to related organization(s) for expenses		X
q	Reimbursement paid by related organization(s) for expenses		X
r	Other transfer of cash or property to related organization(s)		X
s	Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(1)	(2)	(3)	(4)	(5)	(6)
	Name of related organization	Transaction type (a-e)	Amount involved	Method of determining amount involved	
(1)	CAROLINA CHRISTIAN BROADCASTING, INC	F	98,434	CHECKS WRITTEN	
(2)					
(3)					
(4)					
(5)					
(6)					