

# RULE 8 ANNUAL REPORT

for Vermont Access Management Organization (Version 3.0 – 09/26/17)

## Reporting Deadlines

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

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

## Instructions

Instructions for filling out this form may be found at:

<http://VermontAccess.Net/documents/rule-8-amo-reporting-instructions/>

## Attachments

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

## Filing

It is required that each Access Management Organization sends a paper copy of its Report to:

### Clerk of the Commission

Vermont Public Utility Commission  
112 State Street  
Montpelier, VT 05620-2701

### Vermont Public Service Department

Clay Purvis, Director, Telecommunications and Connectivity Division  
112 State Street  
Montpelier, VT 05620-2601

### Vermont Access Network

PO Box 4041  
Burlington, VT 05406-4041

### Cable Operator(s)

See your PEG Access Agreement for Mailing information.

- *If all Attachments are digital, also e-mail electronic copies to:*  
[Info@VermontAccess.net](mailto:Info@VermontAccess.net) & [clay.purvis@Vermont.gov](mailto:clay.purvis@Vermont.gov)
- *Be sure to Attach your Depreciation or Fixed Asset Schedule (Sec. 10a) and Financials (Sec. 15c).*

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

## **1. Organization Name & Address**

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

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

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

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

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

## **2. Contact Information**

### **2a. Individual Completing this Form**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

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

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

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

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

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

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

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

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

### 4. Service Territories/Communities Served

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

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

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

Name of Cable Operator 1 _____
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Channel Number (and Call Letters or Name)	SD or HD	Type of Access (Public, Educational, Governmental)

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

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

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

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

## 6. Outreach Strategies – 8.422(C)

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

### 6a. Outreach/Marketing: Activities

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

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

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

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

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

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

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

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

**Comments:**

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

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

## 7a. Orientations

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

## 7b. Structured Training

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

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

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

**UNSTRUCTURED Training:**

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

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

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

**NOTES:**

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

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

**8a. Programming Information**

*Please provide annual data for the following **FIRST-RUN, NON-REPEAT** program plays.*

*Please avoid data for Programs that are simulcast on two or more of your channels.*

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

**8b. (OPTIONAL) Local Programming Breakdown**

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

Locally-Produced, first-run Programs	# of Programs	# of Hours
Produced by your AMO Staff		
Produced by clients/users/volunteers		

**8c. (OPTIONAL) Bulletin Board**

*If you offer an on-screen Community Bulletin Board, you might track the total number of individuals and/or entities that have submitted one or more messages, or you may count the total annual number of unique “pages” of bulletin board information. Or both.*  
*In this Optional section, if the exact numbers are unknown, estimate. If you do not track any of this data, you may leave the entire section blank.*

Community Bulletin Board Data	Total Number
Number of individuals or entities who have submitted one or more “pages” over the course of the year	
Number of unique “pages” submitted & shown	

**8d. Remote Origination Sites**

Site Location (Entity Name, Town)	Frequency of Use (# of uses per month or per year)	Type of Use (e.g., P, E or G)	Cable Operator Providing Site	RF Modulator? Optical Xmtr? Video over IP? (please specify)



**8e. Additional Information**

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

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

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

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

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

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

### **11a. Depreciation Schedule**

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

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

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

## 12. Organizational Leadership: Rosters of Key Staff & Board – Rule 8.422(F)

### 12a. Key Staff as of the end of the Fiscal Year

[illegible]

### 12b. Board Members as of the end of Fiscal Year

[illegible]

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

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

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

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

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

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

### 15a. AMO Revenue Report

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

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

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

### 15b. AMO Expense Report

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

AMO Services	Operating Expenses	Capital Expenses	Total Expenses
PEG Access Services			
Non PEG-related Services			
Total PEG & Non-PEG Expenses			

### 15c. Statement of Cable Operator Funds

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

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

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

**NOTES:**

**Statement of Certification**

I,

(print / type name):

hereby certify that

(name of AMO):

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

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

**SIGNATURE OF PERSON COMPLETING FORM**

**DATE**

**SIGNATURE OF WITNESS**

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