

Part V Other Information (Note statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

	Yes	No
40b		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0

d Enter amount of tax on line 40c reimbursed by the organization ▶ 0

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

40e		X
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41 List the states with which a copy of this return is filed. ▶ **NONE**

42a The books are in care of ▶ **CURT HUIZENGA** Telephone no. ▶ **203-294-9722**
36 SURREY DRIVE
 Located at ▶ **WALLINGFORD, CT** ZIP + 4 ▶ **06492**

b 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)?

	Yes	No
42b		X

If "Yes," enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42c		X
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If "Yes," enter the name of the foreign country: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43**

Please Sign Here

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.

Curtis Huizenga Signature of officer Date **5-15-08**
CURTIS HUIZENGA TREASURER Type or print name and title.

Paid Preparer's Use Only

Preparer's signature *Mary J. Mascola CPA* Date **5/05/08** Check if self-employed Preparer's SSN or PTIN (See Gen. Instr. X) **P00489248**

Firm's name (or yours if self-employed), address, and ZIP + 4 **DAVIS, MASCOLA & PHILLIPS, LLC**
1062 BARNES RD., STE 203
WALLINGFORD, CT 06492-2576

EIN ▶ **41-2072419**
 Phone no. ▶ **203-265-0488**

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2007

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning _____, **and ending** _____

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization WALLINGFORD PUBLIC ACCESS ASSOCIATION, INC.</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 128 CENTER STREET</p> <p>City or town, state or country, and ZIP + 4 WALLINGFORD CT 06492</p>	<p>D Employer identification number 06-1378847</p> <p>E Telephone number 203-294-9722</p> <p>F Group Exemption Number</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: _____

J Organization type (check only one) — 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

G Accounting method: Cash Accrual
 Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **59,895**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

	1 Contributions, gifts, grants, and similar amounts received		1		59,458
	2 Program service revenue including government fees and contracts		2		
	3 Membership dues and assessments		3		
	4 Investment income		4		382
Revenue	5a Gross amount from sale of assets other than inventory	5a			
	b Less: cost or other basis and sales expenses	5b			
	c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c			
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a			
	b Less: direct expenses other than fundraising expenses	6b			
	c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c			
	7a Gross sales of inventory, less returns and allowances	7a			
	b Less: cost of goods sold	7b			
	c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c			
8 Other revenue (describe ▶ SEE STATEMENT 1)	8			55	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9			59,895	
Expenses	10 Grants and similar amounts paid (attach schedule)	10			
	11 Benefits paid to or for members	11			
	12 Salaries, other compensation, and employee benefits	12			18,745
	13 Professional fees and other payments to independent contractors	13			500
	14 Occupancy, rent, utilities, and maintenance	14			29,738
	15 Printing, publications, postage, and shipping	15			
	16 Other expenses (describe ▶ SEE STATEMENT 2)	16			21,169
	17 Total expenses. Add lines 10 through 16	17			70,152
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 9	18			-10,257
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19			35,730
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21			25,473

Part II Balance Sheets—If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	36,137	22	26,054
23 Land and buildings		23	
24 Other assets (describe ▶ _____)		24	
25 Total assets	36,137	25	26,054
26 Total liabilities (describe ▶ SEE STATEMENT 3)	407	26	581
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,730	27	25,473

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2007)

COPY

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? SEE STATEMENT 4		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	PRODUCTION AND CABLECAST OF WALLINGFORD PUBLIC ACCESS PROGRAMMING.	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 70,152
29		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses. Add lines 28a through 31a	32 70,152

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 5				

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. <input type="checkbox"/> 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	

Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 4 columns: Question, Answer, Yes, No. Row 29: Does the organization have a racially nondiscriminatory policy... Answer: N/A. Row 30: Does the organization include a statement of its racially nondiscriminatory policy... Answer: N/A.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply. Limits on Lobbying Expenditures. (The term "expenditures" means amounts paid or incurred.)

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code... a Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets. b Other transactions: (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services. c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is "Yes," complete the following schedule.

Schedule table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1: N/A.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No [X]

b If "Yes," complete the following schedule:

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1: N/A.

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____	0	
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0

**SEE PART IV, FORM 990-EZ
SEE STATEMENT 6**

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use the accrual method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 0 (2005) 0 (2004) 0 (2003) 0; b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0 (2005) 0 (2004) 0 (2003) 0; c Add: Amounts from column (e) for lines: 15 292,326 16 and line 27b total; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 293,702; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 99.5315%; h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 0.4685%.

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Federal Statements

Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
SHARON R. KESILEWSKI 11 CRESCENT STREET WALLINGFORD CT 06492	PRESIDENT	0	0	0	0
DAVID BURGHARDT 68 SIMPSON AVENUE WALLINGFORD CT 06492	VICE PRESID	0	0	0	0
CURT HUIZENGA 36 SURREY DRIVE WALLINGFORD CT 06492	TREASURER	0	0	0	0
KATHERINE ROBINSON 4 WAYNE ROAD WALLINGFORD CT 06492	SECRETARY	0	0	0	0
DENIS OUIMETTE 115 SOUTH ELM ST WALLINGFORD CT 06492	BOARD OF DIR	0	0	0	0
CLIFF HUIZENGA 36 SURREY DRIVE WALLINGFORD CT 06492	BOARD OF DIR	0	0	0	0
ERIC SCHRADER 43 NORWOOD AVENUE HAMDEN CT 06518	STUDIO ASSIS	21	10,511	0	0
CHRIS D'ALESSANDRO 32 DRAPER AVENUE MERIDEN CT 06450	ASSIST MANAG	14	6,786	0	0

Federal Statements

Statement 6 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of
Exp

Description

EMPLOYEES PAID \$17,297

Federal Statements**Form 990-EZ General Footnote****Description**

THE GRANT FROM CABLE SUBSCRIBERS IS INCOME RECEIVED FROM AT&T BROADBAND (COMCAST) OF SOUTH CENTRAL. THE DEPARTMENT OF PUBLIC UTILITY CONTROL IN THE STATE OF CONNECTICUT REQUIRES A PORTION OF THE CABLE BILL FUND THE OPERATION OF NON-PROFIT PUBLIC ACCESS STATIONS. IN EFFECT ALL OF THE CABLE SUBSCRIBERS IN WALLINGFORD, CT ARE DONORS TO THE WALLINGFORD PUBLIC ACCESS ASSOCIATION, INC.

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
DVD SALES	\$ 55
TOTAL	\$ 55

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
INSURANCE	7,064
EDITING EQUIPMENT	5,437
CAMERA EQUIPMENT	3,274
STUDIO EQUIPMENT	1,692
OFFICE EXPENSE	1,559
MARKETING	802
PORTABLE PRODUCTION SUPPLY	350
SOFTWARE	317
SECURITY	305
EDITING EXPENSE	240
AUDIO EQUIPMENT	104
ANNUAL REPORT	25
TOTAL	\$ 21,169

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
PAYROLL WITHHOLDINGS	\$ 407	\$ 581
TOTAL	\$ 407	\$ 581

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

WPAA - CABLE TV FACILITATES THE PRODUCTION AND CABLECAST OF WALLINGFORD PUBLIC ACCESS PROGRAMMING.