

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2011 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 WALLINGFORD PUBLIC ACCESS ASSOCIATION, INC.		D Employer identification number 06-1378847
Number and street (or P.O. box, if mail is not delivered to street address) 28 SOUTH ORCHARD STREET	Room/suite	E Telephone number 203-294-9722
City or town, state or country, and ZIP + 4 WALLINGFORD CT 06492		F Group Exemption Number

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).

I Website: ▶ **N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **122,594**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	122,573
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	21
	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)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	122,594	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	14,143
	13 Professional fees and other payments to independent contractors	13	425
	14 Occupancy, rent, utilities, and maintenance	14	30,162
	15 Printing, publications, postage, and shipping	15	88
	16 Other expenses (describe in Schedule O)	16	54,224
17 Total expenses. Add lines 10 through 16	17	99,042	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	23,552
	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	82,074
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	105,626

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	4,036	22	14,728
23 Land and buildings	268,893	23	268,353
24 Other assets (describe in Schedule O)	22,191	24	15,280
25 Total assets	295,120	25	298,361
26 Total liabilities (describe in Schedule O)	213,046	26	192,735
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,074	27	105,626

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 PRODUCTION AND CABLECAST OF WALLINGFORD PUBLIC ACCESS PROGRAMMING.	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	52,952
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 (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	43,460
32 Total program service expenses (add lines 28a through 31a)		32	96,412

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHARON R. KESILEWSKI 11 CRESCENT STREET WALLINGFORD CT 06492	VICE PRESIDENT 0.00	0	0	0
THOMAS HUTCHINSON GRIEB ROAD WALLINGFORD CT 06492	PRESIDENT 0.00	0	0	0
CURT HUIZENGA 36 SURREY DRIVE WALLINGFORD CT 06492	TREASURER 0.00	0	0	0
KATHERINE ROBINSON 4 WAYNE ROAD WALLINGFORD CT 06492	SECRETARY 0.00	0	0	0
SUSAN HUIZENGA 36 SURREY DRIVE WALLINGFORD CT 06492	EXECUTIVE DIRECTOR 0.00	0	0	0
ERIC SCHRADER 43 NORWOOD AVENUE HAMDEN CT 06518	STUDIO ASSISTANT 8.75	4,611	0	0
CHRIS D'ALESSANDRO 32 DRAPER AVENUE MERIDEN CT 06450	BOOKKEEPER 3.00	1,127	0	0
RICH MAVROGEANES 140 WEST DAYTON HILL WALLINGFORD CT 06492	BOARD OF DIRECTOR 0.00	0	0	0
ALAN BILLINGS 135 S. CHERRY ST WALLINGFORD CT 06492	STUDIO MANAGER 11.25	5,751	0	0
JOSEPH R. MISSETT, JR. 26 DEER PATH LANE WALLINGFORD CT 06492	VIDEO PRODUCTION 15.00	487	0	0
SUSAN H. SPINATO 210 BRENTWOOD DR WALLINGFORD CT 06492	BOOKKEEPER 3.00	990	0	0

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2011) questions 33-45b regarding organizational activities, financials, and compliance. Includes fields for amounts, dates, and state information.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

b If "Yes," was the related organization a section 527 organization? Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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: CURT HUIZENGA Date: 11-15-12
Type or print name and title: **TREASURER**

Paid Preparer Use Only
Print/Type preparer's name: MARY F. MASCOLA Preparer's signature: Mary F Mascola Date: 11/15/12 Check if self-employed PTIN: P00489248
Firm's name: DAVIS, MASCOLA & PHILLIPS, LLC Firm's EIN: 41-2072419
Firm's address: 1062 BARNES RD., STE 203 WALLINGFORD, CT 06492-2576 Phone no.: 203-265-0488

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **WALLINGFORD PUBLIC ACCESS ASSOCIATION, INC.** Employer identification number **06-1378847**

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—Other
- 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 support
			Yes	No	Yes	No	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) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	59,458	100,187	113,220	89,759	122,573	485,197
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	59,458	100,187	113,220	89,759	122,573	485,197
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.)						485,197

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	59,458	100,187	113,220	89,759	122,573	485,197
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	382	221	139	39	21	802
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	382	221	139	39	21	802
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.)	59,840	100,408	113,359	89,798	122,594	485,999

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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.83%
16 Public support percentage for 2010 Schedule A, Part III, line 15	16	99.72%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2010.** 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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

**WALLINGFORD PUBLIC ACCESS
ASSOCIATION, INC.**

Employer identification number
06-1378847

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
	\$ 1,069
OFFICE EXPENSE	\$ 995
PIECE THEATRE EXP	\$ 3,971
CAMCORDER EQUIP MAINT	\$ 1,862
CABLECAST EQUIP MAINT	\$ 1,840
TELEPHONE	\$ 1,074
STUDIO EQUIP MAINT	\$ 830
INTERNET/CABLE	\$ 663
SECURITY	\$ 660
GENERAL REPAIRS AND MAINT	\$ 583
PORTABLE AND EDITING SUP	\$ 277
REGISTRATION FEES	\$ 150
EDITING EQUIP MAINT	\$ 125
NON-INVESTMENT DEPRECIATION	\$ 40,125
TOTAL	\$ 54,224

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUIPMENT	\$ 43,683	\$ 76,897
LESS ACCUMULATED DEPRECIATION	\$ 21,492	\$ 61,617
TOTAL	\$ 22,191	\$ 15,280

Name of the organization

WALLINGFORD PUBLIC ACCESS

Employer identification number

06-1378847

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
MORTGAGE	\$ 207,046	\$ 192,335
PAYROLL WITHHOLDINGS	\$ 0	\$ 400
SHORT TERM NOTE	\$ 6,000	\$ 0

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

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

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

PRODUCTION AND CABLECAST OF WALLINGFORD PUBLIC ACCESS PROGRAMMING.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2011

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment Sequence No. **179**

Name(s) shown on return **WALLINGFORD PUBLIC ACCESS ASSOCIATION, INC.**

Identifying number
06-1378847

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	33,214
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,109

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	5,212
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	04/15/11	57,231	39 yrs.	MM	S/L	1,039
	04/15/11	5,000	39.0	MM	S/L	91

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	45,665
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2011)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

00773 WALLINGFORD PUBLIC ACCESS

11/15/2012 12:39 PM

06-1378847

Federal Statements

FYE: 12/31/2011

Form 990-EZ General Footnote

Description

REGARDING SCHEDULE B - SCHEDULE OF CONTRIBUTORS:
THE GRANTS FROM CABLE SUBSCRIBERS IS INCOME RECEIVED FROM AT&T BROADBAND
AND 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.

Forms 990 / 990-EZ Return Summary

For calendar year 2011, or tax year beginning _____, and ending _____

**WALLINGFORD PUBLIC ACCESS
ASSOCIATION, INC.**

06-1378847

Net Asset / Fund Balance at Beginning of Year 82,074

Revenue

Contributions	<u>122,573</u>	
Program service revenue		
Investment income	<u>21</u>	
Capital gain / loss		
Special events:		
Gross revenue		
Direct expenses		
Net income		
Other income		
Total revenue		<u>122,594</u>

Expenses

Program services		
Management and general		
Fundraising		
Total expenses		<u>99,042</u>
Excess / (deficit)		<u>23,552</u>

Other changes _____

Net Asset / Fund Balance at End of Year 105,626

Reconciliation of Revenue

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	_____

Reconciliation of Expenses

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	_____

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>295,120</u>	<u>298,361</u>	
Liabilities	<u>213,046</u>	<u>192,735</u>	
Net assets	<u>82,074</u>	<u>105,626</u>	<u>23,552</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/12
 Failure to file penalty _____

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
9	B&H PHOTO VIDEO GLS	5/01/11	6,143		X	0	5 HY 200DB	0	6,143
10	PEG PEDA TRICASTER HARDWARE	5/10/11	13,532		X	0	5 HY 200DB	0	13,532
11	B&H PHOTO VIDEO	5/31/11	5,667		X	0	5 HY 200DB	0	5,667
12	POWERSUPPLY FOR BROADCAST RO	6/09/11	1,459		X	0	5 HY 200DB	0	1,459
13	B&H PHOTO VIDEO	6/23/11	1,296		X	0	5 HY 200DB	0	1,296
14	BUILDING WPAA LETTERED SIGN	9/16/11	1,350		X	0	5 HY 200DB	0	1,350
15	OUTDOOR PTZ POWER SUPPLY	10/12/11	1,898		X	0	5 HY 200DB	0	1,898
16	B&H MICROPHONES	12/28/11	1,869		X	0	5 HY 200DB	0	1,869
			<u>33,214</u>			<u>0</u>		<u>0</u>	<u>33,214</u>
Non-Residential Real Property:									
7	BUILDING RENOVATION	4/15/11	57,231			57,231	39 MMS/L	0	1,039
8	ELECTRICAL WORK	4/15/11	5,000			5,000	39 MMS/L	0	91
			<u>62,231</u>			<u>62,231</u>		<u>0</u>	<u>1,130</u>
Prior MACRS:									
1	BUILDING - 28 S ORCHARD STREET	12/31/09	172,000			172,000	39 MMS/L	4,594	4,410
5	FURNANCE	2/21/10	6,165		X	3,083	5 MQ200DB	4,161	802
6	SECURITY SYSTEM	10/15/10	6,973		X	0	5 MQ200DB	6,973	0
			<u>185,138</u>			<u>175,083</u>		<u>15,728</u>	<u>5,212</u>
Other Depreciation:									
2	LAND - 28 S ORCHARD STREET	12/31/09	44,256			44,256	0 -- Land	0	0
3	MOBILE STREAM KIT & WARRANTY -	3/22/09	20,555			20,555	5 MO S/L	7,194	4,111
4	U-VERSE PEG KIT - DISCOVER VIDEO.	5/31/09	9,990			9,990	5 MO S/L	3,164	1,998
	Total Other Depreciation		<u>74,801</u>			<u>74,801</u>		<u>10,358</u>	<u>6,109</u>
	Total ACRS and Other Depreciation		<u>74,801</u>			<u>74,801</u>		<u>10,358</u>	<u>6,109</u>
	Grand Totals		355,384			312,115		26,086	45,665
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>355,384</u>			<u>312,115</u>		<u>26,086</u>	<u>45,665</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
5	FURNANCE	2/21/10	6,165		0	0	3,082	3,083
6	SECURITY SYSTEM	10/15/10	6,973		0	0	6,973	0
9	B&H PHOTO VIDEO GLS	5/01/11	6,143		0	6,143	0	0
10	PEG PEDA TRICASTER HARDWARE	5/10/11	13,532		0	13,532	0	0
11	B&H PHOTO VIDEO	5/31/11	5,667		0	5,667	0	0
12	POWERSUPPLY FOR BROADCAST ROOF	6/09/11	1,459		0	1,459	0	0
13	B&H PHOTO VIDEO	6/23/11	1,296		0	1,296	0	0
14	BUILDING WPAA LETTERED SIGN	9/16/11	1,350		0	1,350	0	0
15	OUTDOOR PTZ POWER SUPPLY	10/12/11	1,898		0	1,898	0	0
16	B&H MICROPHONES	12/28/11	1,869		0	1,869	0	0
	Form 990, Page 1		<u>46,352</u>		<u>0</u>	<u>33,214</u>	<u>10,055</u>	<u>3,083</u>
	Grand Total		<u>46,352</u>		<u>0</u>	<u>33,214</u>	<u>10,055</u>	<u>3,083</u>

Future Depreciation Report**FYE: 12/31/12**

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	BUILDING - 28 S ORCHARD STREET	12/31/09	172,000	4,411	4,411
5	FURNANCE	2/21/10	6,165	481	481
6	SECURITY SYSTEM	10/15/10	6,973	0	0
7	BUILDING RENOVATION	4/15/11	57,231	1,468	1,468
8	ELECTRICAL WORK	4/15/11	5,000	128	128
9	B&H PHOTO VIDEO GLS	5/01/11	6,143	0	0
10	PEG PEDA TRICASTER HARDWARE	5/10/11	13,532	0	0
11	B&H PHOTO VIDEO	5/31/11	5,667	0	0
12	POWERSUPPLY FOR BROADCAST ROOM	6/09/11	1,459	0	0
13	B&H PHOTO VIDEO	6/23/11	1,296	0	0
14	BUILDING WPAA LETTERED SIGN	9/16/11	1,350	0	0
15	OUTDOOR PTZ POWER SUPPLY	10/12/11	1,898	0	0
16	B&H MICROPHONES	12/28/11	1,869	0	0
			<u>280,583</u>	<u>6,488</u>	<u>6,488</u>
Other Depreciation:					
2	LAND - 28 S ORCHARD STREET	12/31/09	44,256	0	0
3	MOBILE STREAM KIT & WARRANTY - DIS	3/22/09	20,555	4,111	4,111
4	U-VERSE PEG KIT - DISCOVER VIDEO, LLC	5/31/09	9,990	1,998	1,998
	Total Other Depreciation		<u>74,801</u>	<u>6,109</u>	<u>6,109</u>
	Total ACRS and Other Depreciation		<u>74,801</u>	<u>6,109</u>	<u>6,109</u>
	Grand Totals		<u>355,384</u>	<u>12,597</u>	<u>12,597</u>

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
	\$ 44,256	\$	\$ 44,256	\$ 0
CONSTRUCTION IN PROCESS	172,000	4,594	234,231	10,134
	57,231			
TOTAL	\$ 273,487	\$ 4,594	\$ 278,487	\$ 10,134

Schedule A, Part III, Line 1(e)

Description	Amount
GRANT FROM COMCAST - SUBSCRIBERS	\$ 68,123
GRANT FROM ST OF CT - PORTABLE EQUIP	34,941
GRANT FROM AT&T SUBSCRIBERS	12,205
GRANT FROM PIECE THEATRE	6,101
DONATIONS	600
I GIVE DONATIONS	388
WELLPOINT DONATION	215
TOTAL	\$ 122,573

Schedule A, Part III, Line 10a(e)

Description	Amount
BANK INTEREST	\$ 21
TOTAL	\$ 21