

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning _____, and ending _____

**WALLINGFORD PUBLIC ACCESS
ASSOCIATION, INC.**

06-1378847

Net Asset / Fund Balance at Beginning of Year		<u>362,738</u>
Revenue		
Contributions	<u>198,080</u>	
Program service revenue		
Investment income	<u>1,304</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>0</u>	
Total revenue		<u>199,384</u>
Expenses		
Program services	<u>162,155</u>	
Management and general	<u>4,503</u>	
Fundraising		
Total expenses		<u>166,658</u>
Excess / (deficit)		<u>32,726</u>
Changes		<u>8,121</u>
Net Asset / Fund Balance at End of Year		<u><u>403,585</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>207,505</u>
Less:	
Unrealized gains	<u>8,121</u>
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>199,384</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>166,658</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>166,658</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>363,466</u>	<u>405,139</u>	
Liabilities	<u>728</u>	<u>1,554</u>	
Net assets	<u><u>362,738</u></u>	<u><u>403,585</u></u>	<u><u>40,847</u></u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/24
Failure to file penalty _____

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning 2023, and ending 20

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

**WALLINGFORD PUBLIC ACCESS
ASSOCIATION, INC.**

EIN or SSN

06-1378847

Name and title of officer or person subject to tax **JAMES S STAVRIS JR
TREASURER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>199,384</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **DAVIS, MASCOLA & PHILLIPS, LLC** to enter my PIN **00773** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **11/13/24**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

06074563089
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date **11/13/24**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WALLINGFORD PUBLIC ACCESS ASSOCIATION, INC.		D Employer identification number 06-1378847
	Doing business as		E Telephone number 203-294-9722
	Number and street (or P.O. box if mail is not delivered to street address) 28 SOUTH ORCHARD STREET		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code WALLINGFORD CT 06492		G Gross receipts \$ 199,384
F Name and address of principal officer: JAMES S STAVRIS JR 27 FAIRLAWN DRIVE WALLINGFROD CT 06492			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WPAA.TV			H(c) Group exemption number
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1994
			M State of legal domicile: CT

Part I Summary

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	7
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	9
	6 Total number of volunteers (estimate if necessary)		6	50-75
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0	
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		161,128	198,080
	9 Program service revenue (Part VIII, line 2g)		0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,857	1,304
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		164,985	199,384	
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)			35,321
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25)		0	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			87,064
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			122,385
19 Revenue less expenses. Subtract line 18 from line 12			42,600	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		363,466	405,139
	21 Total liabilities (Part X, line 26)		728	1,554
22 Net assets or fund balances. Subtract line 21 from line 20			362,738	403,585

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	
	JAMES S STAVRIS JR Type or print name and title		TREASURER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	MARY F. MASCOLA		11/13/24	P00489248
	Firm's name	Firm's EIN		
DAVIS, MASCOLA & PHILLIPS, LLC		41-2072419		
Firm's address		Phone no.		
85 BARNES RD STE 207 WALLINGFORD, CT 06492-2576		203-265-0488		

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

For Paperwork Reduction Act Notice, see the separate instructions.

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 \$ **78,336** including grants of \$) (Revenue \$)

THE ORGANIZATION'S PURPOSE IS TO PROVIDE COMMUNITY TV AND EMPOWER THE PEOPLE OF WALLINGFORD TO MEET THEIR OWN COMMUNICATION NEEDS. OPERATING A COMMUNITY BASED MEDIA CENTER INCLUSIVE OF A TV STUDIO, COMMUNITY MEETING ROOMS, PERFORMANCE SPACE AND A PHOTOGRAPHY AND FINE ART GALLERY EXHIBIT.

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

N/A

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

N/A

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

(Expenses \$ **83,819** including grants of \$) (Revenue \$)

4e Total program service expenses **162,155**

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 Rev. Proc. 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 donor-restricted endowments or in 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?		
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

Part IV Checklist of Required Schedules (continued)

		Yes	No
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in noncash 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, Part 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 on 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		
b	Enter the number of Forms W-2G included on 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	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
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	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
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)?	4a			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?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			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?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
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 on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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 on 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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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, 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
7b	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:		
8a	The governing body?	X	
8b	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 on 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
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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on 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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on 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
16b	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 **CT**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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.

JAMES S STAVRIS JR

27 FAIRLAWN DRIVE

WALLINGFORD

CT 06492

203-294-9722

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) HERB JACKSON PRESIDENT	2.50 0.00	X		X				0	0	0
(2) CASSANDRA ALLEN VICE PRESIDENT	5.00 0.00	X		X				0	0	0
(3) JAMES S STAVRIS JR TREASURER	3.00 0.00	X						0	0	0
(4) ELAINE GAFFNEY SECRETARY	1.00 0.00	X						0	0	0
(5) CURT HUIZENGA BOARD MEMBER	1.00 0.00	X		X				0	0	0
(6) JEFF KOHAN BOARD MEMBER	1.00 0.00	X						0	0	0
(7) TODD WHITE BOARD MEMBER	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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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)										
(19)										

1b Subtotal			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)			

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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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	111,960				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	86,120				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f			198,080			
	Program Service Revenue			Business Code			
2a							
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)			1,304		1,304	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
			(ii) Personal				
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			199,384	0	0	1,304	

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, 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				
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	28,704	28,704		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,982	1,982		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	2,285		2,285	
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.)	1,296	1,296		
12 Advertising and promotion	1,348	1,335	13	
13 Office expenses	535	535		
14 Information technology				
15 Royalties				
16 Occupancy	16,093	16,093		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	130	130		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,728	82,523	2,205	
23 Insurance	2,639	2,639		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GRANT EXP -PEGPETIA R&M	16,969	16,969		
b OUTREACH COMMUNITY VIDEO	4,035	4,035		
c INTERNET/CABLE	1,783	1,783		
d FESTIVAL FEES - PRODUCER	1,265	1,265		
e All other expenses	2,866	2,866		
25 Total functional expenses. Add lines 1 through 24e	166,658	162,155	4,503	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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	13,012	1	10,265	
	2 Savings and temporary cash investments	25,676	2	69,515	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	100	8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 860,589			
	b Less: accumulated depreciation	10b 646,020	222,088	10c	214,569
	11 Investments—publicly traded securities	102,590	11	110,790	
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)		363,466	16	405,139	
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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	728	25	1,554	
	26 Total liabilities. Add lines 17 through 25		728	26	1,554
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	362,738	27	403,585	
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	362,738	32	403,585		
33 Total liabilities and net assets/fund balances	363,466	33	405,139		

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	199,384
2	Total expenses (must equal Part IX, column (A), line 25)	2	166,658
3	Revenue less expenses. Subtract line 2 from line 1	3	32,726
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	362,738
5	Net unrealized gains (losses) on investments	5	8,121
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	403,585

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 on 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 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 on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 - Federal General Footnote**Description**

REGARDING SCHEDULE B - SCHEDULE OF CONTRIBUTORS:

THE GRANTS FROM CABLE SUBSCRIBERS IS INCOME RECEIVED FROM COMCAST AND FRONTIER COMMUNICATIONS. THE PUBLIC UTILITIES REGULATORY AUTHORITY, FORMERLY CALLED 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**Indirect Depreciation****Statement 1 - Form 4562, Line 6 - Section 179 Expense**

<u>Description of Property</u>	<u>Cost</u>	<u>Expense</u>
CABLECAST EQUIP - TELVUE COMPUTER	\$ 33,167	\$ 33,167
STUDIO NETWORK SOLUTIONS SERVER	13,590	13,590
COMPUTER YOUTH LAB WORKSTATIONS (8	30,453	30,453
TOTAL	<u>\$ 77,210</u>	<u>\$ 77,210</u>

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 above (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						

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 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

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2022 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test — 2023. 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
b 33 1/3% support test — 2022. 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
17a 10%-facts-and-circumstances test — 2023. 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
b 10%-facts-and-circumstances test — 2022. 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
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

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

(Complete only if you checked the box on line 10 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	91,785	96,743	84,123	161,128	198,080	631,859
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	91,785	96,743	84,123	161,128	198,080	631,859
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.)						631,859

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	91,785	96,743	84,123	161,128	198,080	631,859
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	631	117	157	215	1,304	2,424
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	631	117	157	215	1,304	2,424
11 Net income from unrelated business activities not included on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	92,416	96,860	84,280	161,343	199,384	634,283
14 First 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	99.62 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.76 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests — 2023.** 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 — 2022.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2023

Name of the organization WALLINGFORD PUBLIC ACCESS ASSOCIATION, INC.	Employer identification number 06-1378847
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Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

WALLINGFORD PUBLIC ACCESS

Employer identification number

06-1378847

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CFGNH COMMUNITY FOUNDATION GREATER NEW HAV 70 AUDUBON ST NEW HAVEN CT 06510	\$ 3,502	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

WALLINGFORD PUBLIC ACCESS ASSOCIATION, INC.

Employer identification number

06-1378847

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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 make 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 program
 - 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" on 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.
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on 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** Term endowment %
- The percentages on 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:
- | | Yes | No |
|-------------------------------------|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on 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		44,256		44,256
b Buildings		174,161	63,306	110,855
c Leasehold improvements		105,251	45,793	59,458
d Equipment		446,066	446,066	
e Other		90,855	90,855	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				214,569

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL WITHHOLDINGS	1,554
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,554

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization	WALLINGFORD PUBLIC ACCESS ASSOCIATION, INC.	Employer identification number 06-1378847
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FORM 990 - ORGANIZATION'S MISSION

WALLINGFORD PUBLIC ACCESS ASSOCIATION, INC. COMMONLY KNOWN AS WPAA-TV AND
 COMMUNITY MEDIA CENTER CORE PROGRAM IS MAKE TV: CREATION OF CITIZEN MEDIA.
 THE WALLINGFORD PUBLIC ACCESS ASSOCIATION, INC HAS EXPANDED ITS
 OUTREACH BEYOND COMMUNITY CABLE TV. THE ORGANIZATION EXPANDED ITS
 COMMUNITY SERVICE TO ENCOURAGE AND EMPOWER THE PEOPLE OF WALLINGFORD, CT TO
 MEET THEIR OWN COMMUNICATION NEEDS. THIS IS ACHIEVED BY THE ORGANIZATION
 FACILITATING DIGITAL MEDIA CREATION AND MANAGING ITS PUBLIC DISTRIBUTION
 VIA TELEVISION, SOCIAL MEDIA, BOOKS AND AUDIO MEDIA. OPERATING A COMMUNITY
 BASED MEDIA CENTER INCLUSIVE OF A TV STUDIO, COMMUNITY MEETING ROOMS,
 PERFORMANCE SPACE AND A PHOTOGRAPHY AND FINE ART GALLERY EXHIBIT.

FORM 990, PART I, LINE 6

THE VOLUNTEER POOL IS COMPRISED MAINLY OF COMMUNITY MEMBERS OF ALL AGES
 THAT PARTICIPATE TO HELP ENHANCE THE GROWTH AND PRODUCTION OF THE WPAA
 PROGRAMMING. THEY ARE NOT COMPENSATED FOR THEIR SERVICES.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

THE ORGANIZATION'S PURPOSE IS TO PROVIDE COMMUNITY TV AND EMPOWER THE
 PEOPLE OF WALLINGFORD TO MEET THEIR OWN COMMUNICATION NEEDS. OPERATING A
 COMMUNITY BASED MEDIA CENTER INCLUSIVE OF A TV STUDIO, COMMUNITY MEETING
 ROOMS, PERFORMANCE SPACE AND A PHOTOGRAPHY AND FINE ART GALLERY EXHIBIT.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

SUSAN HUIZENGA

CURT HUIZENGA

Name of the organization

Employer identification number

WALLINGFORD PUBLIC ACCESS

06-1378847

EXEC DIR

BOARD MEMBER

MARRIED COUPLE

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
 THE ORGANIZATION RECEIVES A COPY OF THE 990 PRIOR TO ELECTRONICALLY
 FILING TO REVIEW ITS CONTENT. IT IS THEN REVIEWED BY A GOVERNING
 BOARD MEMBER. CHANGES ARE PROVIDED (IF ANY) OR AUTHORIZATION IS GIVEN TO
 THE CPA TO FILE THE RETURN. THE 990 IS AVAILABLE FOR ANY AND ALL MEMBERS
 TO INSPECT AND REVIEW AT THEIR LEISURE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
 MEMBERS ARE REQUIRED TO DISCLOSE THEIR CONFLICTS OF INTEREST AT THE BOARD
 MEETINGS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 DOCUMENTS ARE AVAILABLE FOR REVIEW AT THE ORGANIZATION'S OFFICE DURING
 NORMAL BUSINESS HOURS. DOCUMENTS ARE ALSO FILED WITH THE PUBLIC UTILITIES
 REGULATORY AUTHORITY, AS REQUIRED.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023

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	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	77,210
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
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	1,160,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	SEE STATEMENT 1	77,210	77,210
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	77,210
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	77,210
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	237,636
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	314,846

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't 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	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	7,518
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 <input type="checkbox"/>		

Section B—Assets Placed in Service During 2023 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		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	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	7,518
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.

DAA

06-1378847

Federal Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Section 179 Expense:											
77	CABLECAST EQUIP - TELVUE COMPU	6/08/23	33,167		X	X	N/A	5	HY 200DB	0	33,167
78	STUDIO NETWORK SOLUTIONS SERV	9/17/23	13,590		X	X	N/A	5	HY 200DB	0	13,590
79	COMPUTER YOUTH LAB WORKSTATI	9/22/23	30,453		X	X	N/A	5	HY 200DB	0	30,453
			<u>77,210</u>				<u>N/A</u>			<u>0</u>	<u>77,210</u>
5-year GDS Property:											
77	CABLECAST EQUIP - TELVUE COMPU	6/08/23	N/A*		X	X	0	5	HY 200DB	0	0
78	STUDIO NETWORK SOLUTIONS SERV	9/17/23	N/A*		X	X	0	5	HY 200DB	0	0
79	COMPUTER YOUTH LAB WORKSTATI	9/22/23	N/A*		X	X	0	5	HY 200DB	0	0
			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Prior MACRS:											
1	BUILDING - 28 S ORCHARD STREET	12/31/09	172,000				172,000	39	MMS/L	57,517	4,410
5	FURNANCE	2/21/10	6,165			X	3,083	5	MQ200DB	6,165	0
6	SECURITY SYSTEM	10/15/10	6,973			X	0	5	MQ200DB	6,973	0
7	BUILDING RENOVATION	4/15/11	57,231				57,231	39	MMS/L	17,182	1,467
8	ELECTRICAL WORK	4/15/11	5,000				5,000	39	MMS/L	1,501	128
9	B&H PHOTO VIDEO GLS	5/01/11	6,143			X	0	5	HY 200DB	6,143	0
10	PEG PEDA TRICASTER HARDWARE	5/10/11	13,532			X	0	5	HY 200DB	13,532	0
11	B&H PHOTO VIDEO	5/31/11	5,667			X	0	5	HY 200DB	5,667	0
12	POWERSUPPLY FOR BROADCAST ROC	6/09/11	1,459			X	0	5	HY 200DB	1,459	0
13	B&H PHOTO VIDEO	6/23/11	1,296			X	0	5	HY 200DB	1,296	0
14	BUILDING WPAA LETTERED SIGN	9/16/11	1,350			X	0	5	HY 200DB	1,350	0
15	OUTDOOR PTZ POWER SUPPLY	10/12/11	1,898			X	0	5	HY 200DB	1,898	0
16	B&H MICROPHONES	12/28/11	1,869			X	0	5	HY 200DB	1,869	0
17	HP WORKSTATION AND MONITOR-DI	1/27/12	1,910		X	X	0	5	HY 200DB	1,910	0
18	2 NEWE FRONT WINDOWS	2/20/12	1,125				1,125	39	MMS/L	314	29
19	ASUS P9Z68-V LX DESKTOP COMPUTE	2/22/12	1,069		X	X	0	5	HY 200DB	1,069	0
20	ELECTRICAL WIRING MODIFICATIONS	3/10/12	2,000				2,000	39	MMS/L	553	52
21	NEW GLASS DOORS FROM LOWES	5/29/12	1,036		X	X	0	7	HY 200DB	1,036	0
23	MSI GE620DX CORE i7 COMPUTER	7/31/12	1,570		X	X	0	5	HY 200DB	1,570	0
26	INTEL i7 QUAD COMPUTER RC430KW	12/08/12	1,225		X	X	0	5	HY 200DB	1,225	0
38	HBC TRICASTER 460 UPGRADE	1/06/14	2,995				2,995	5	MQ200DB	2,995	0
40	MTE - GREEN SCREEN	3/19/14	962				962	5	MQ200DB	962	0
42	PARKING LOT ENHANCEMENTS	7/02/14	10,938				10,938	15	HY 150DB	6,740	646
43	PAVING - SIDE DRIVEWAY	7/07/14	1,200				1,200	15	HY 150DB	739	71
44	1ST FL CONCRETE COATING	10/22/14	5,500				5,500	15	MQ150DB	3,267	325
45	SONY 70" LED HDTV	11/17/14	1,921				1,921	5	MQ200DB	1,921	0
46	MURAL PAINTED ON THE BUILDING	5/13/15	3,400				3,400	39	MMS/L	665	87
47	2/3' CCD HD ROBOTIC CAMERA	10/14/15	29,351		X	X	0	5	MQ200DB	29,351	0
48	2/3' CCD HD ROBOTIC CAMERA	10/14/15	29,351		X	X	0	5	MQ200DB	29,351	0
49	2/3" CCD HD STUDIO PACKAGE CAME	10/14/15	35,074		X	X	0	5	MQ200DB	35,074	0
50	2/3" CCD HD STUDIO PACKAGE CAME	10/14/15	35,074		X	X	0	5	MQ200DB	35,074	0
51	STUDIO LIGHTING INTERIOR	10/14/15	57,406		X	X	0	5	MQ200DB	57,406	0
52	REMOTE CAMERA SYNCB/AMAZON	10/21/15	2,280			X	1,140	5	MQ200DB	2,280	0
53	REMOTE CAMERA SYNCB/AMAZON	10/21/15	2,280			X	1,140	5	MQ200DB	2,280	0
54	REMOTE CAMERA SYNCB/AMAZON	10/21/15	2,280			X	1,140	5	MQ200DB	2,280	0
55	GRAY SCALE #SRWI-GS	10/26/15	883			X	442	5	MQ200DB	883	0
56	GENERIC DESKTOP COMPUTER	10/28/15	1,901			X	951	5	MQ200DB	1,901	0
58	OUTDOOR SAFETY LIGHTING	11/01/15	9,615				9,615	39	MMS/L	1,757	246
59	EDITING SOFTWARE	11/02/15	1,514			X	757	3	MQ200DB	1,514	0
60	HP ZBOOK 17 G2 MOBILE WORKSTAT	11/02/15	2,100			X	1,050	5	MQ200DB	2,100	0
61	27" IMAC WITH MONITOR	11/02/15	4,209			X	2,104	5	MQ200DB	4,209	0
62	APPLE MACBOOK PRO (PORTABLE)	11/02/15	2,995			X	1,497	5	MQ200DB	2,995	0
64	STUDIO 19 PROLINE PROMPTER	11/02/15	1,999			X	999	5	MQ200DB	1,999	0
65	JVC HANDHELD S35mm CAMCORDER	11/15/16	4,202				4,202	5	MQ200DB	4,202	0
66	SERVER HARD DRIVE UPGRADE TO 2T	12/13/16	1,395				1,395	5	MQ200DB	1,395	0
67	STORAGE SHED	12/13/16	1,500			X	750	7	MQ200DB	1,443	57
68	NEW COMPUTER	3/07/17	926				926	5	MQ200DB	926	0
69	TRICASTER 455/460 REFURBISHED	8/29/17	5,172				5,172	5	MQ200DB	5,172	0
70	OCONCHOBHAIR TRICASTER	11/28/17	6,265				6,265	5	MQ200DB	6,265	0
71	EDITING MONITOR (34 IN) SUITE 1	6/13/20	999			X	0	5	HY 200DB	999	0
72	EDITING DUAL MONITORS SUITE 2	6/13/20	1,318			X	0	5	HY 200DB	1,318	0
73	STUDIOXYZ MAC AUDIO EQUIP - POD	6/13/20	1,393			X	0	5	HY 200DB	1,393	0
74	UPSTAIRS GREEN ROOM AND EDITING	6/15/20	4,649			X	0	7	HY 200DB	4,649	0

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

06-1378847

Federal Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
75	CABLE CAST SYSTEM (OUTGOING BR	11/15/21	2,644		X	0	5 MQ200DB	2,644	0
76	TRICASTER 2 ELITE LIVE PRODUCTIO	3/16/22	41,086		X X	0	5 HY 200DB	41,086	0
			<u>607,295</u>			<u>306,900</u>		<u>429,464</u>	<u>7,518</u>
Other Depreciation:									
2	LAND - 28 S ORCHARD STREET	12/31/09	44,256			44,256	0 -- Land	0	0
27	CARPETING-HOME DEPOT	4/10/13	4,218			4,218	7 MO S/L	4,218	0
28	2 STANDING TRIPODS-B&H	1/16/13	2,944			2,944	5 MO S/L	2,944	0
29	HB COMM STUDIO EQUIPMENT	7/05/13	100,130			100,130	5 MO S/L	100,130	0
31	HB COMM FUJI S17X6.6BRM ZOOM LE	4/24/13	1,748			1,748	5 MO S/L	1,748	0
32	GREEN SCREEN	7/17/13	729			729	5 MO S/L	729	0
33	TELVUE B100 PLAYOUT SERVER, MON	4/10/13	4,855			4,855	5 MO S/L	4,855	0
34	DELL POWER VAULT XM3200	6/12/13	5,995			5,995	5 MO S/L	5,995	0
35	VARIZOON VZ-QUICKJIBKIT WITH DC	7/01/13	2,995			2,995	5 MO S/L	2,995	0
36	15 IN MONITOR/DELVCAM 7 IN RACK	7/05/13	1,974			1,974	5 MO S/L	1,974	0
37	MICS CABLES/ETC	7/10/13	318			318	5 MO S/L	318	0
39	VZ-MC100 PANTILT CONTROL	1/13/14	3,901			3,901	5 MO S/L	3,901	0
41	V-R43P LCD RACK MONITOR	5/07/14	2,024			2,024	5 MO S/L	2,024	0
	Total Other Depreciation		<u>176,087</u>			<u>176,087</u>		<u>131,831</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>176,087</u>			<u>176,087</u>		<u>131,831</u>	<u>0</u>
	Grand Totals		860,592			482,987		561,295	84,728
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>860,592</u>			<u>482,987</u>		<u>561,295</u>	<u>84,728</u>

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CT Asset Report

FYE: 12/31/2023

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Asset	Description	Date In Service	Cost	Basis for Depr	CT Prior	CT Current	Federal Current	Difference Fed - CT
Section 179 Expense:								
77	CABLECAST EQUIP - TELVUE COMPU	6/08/23	33,167	N/A	0	33,167	33,167	0
78	STUDIO NETWORK SOLUTIONS SERV	9/17/23	13,590	N/A	0	13,590	13,590	0
79	COMPUTER YOUTH LAB WORKSTATI	9/22/23	30,453	N/A	0	30,453	30,453	0
			<u>77,210</u>	<u>N/A</u>	<u>0</u>	<u>77,210</u>	<u>77,210</u>	<u>0</u>
5-year GDS Property:								
77	CABLECAST EQUIP - TELVUE COMPU	6/08/23	N/A*	0	0	0	0	0
78	STUDIO NETWORK SOLUTIONS SERV	9/17/23	N/A*	0	0	0	0	0
79	COMPUTER YOUTH LAB WORKSTATI	9/22/23	N/A*	0	0	0	0	0
			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Prior MACRS:								
1	BUILDING - 28 S ORCHARD STREET	12/31/09	172,000	172,000	57,517	4,410	4,410	0
5	FURNANCE	2/21/10	6,165	3,083	6,165	0	0	0
6	SECURITY SYSTEM	10/15/10	6,973	0	6,973	0	0	0
7	BUILDING RENOVATION	4/15/11	57,231	57,231	17,182	1,467	1,467	0
8	ELECTRICAL WORK	4/15/11	5,000	5,000	1,501	128	128	0
9	B&H PHOTO VIDEO GLS	5/01/11	6,143	0	6,143	0	0	0
10	PEG PEDA TRICASTER HARDWARE	5/10/11	13,532	0	13,532	0	0	0
11	B&H PHOTO VIDEO	5/31/11	5,667	0	5,667	0	0	0
12	POWERSUPPLY FOR BROADCAST ROC	6/09/11	1,459	0	1,459	0	0	0
13	B&H PHOTO VIDEO	6/23/11	1,296	0	1,296	0	0	0
14	BUILDING WPAA LETTERED SIGN	9/16/11	1,350	0	1,350	0	0	0
15	OUTDOOR PTZ POWER SUPPLY	10/12/11	1,898	0	1,898	0	0	0
16	B&H MICROPHONES	12/28/11	1,869	0	1,869	0	0	0
17	HP WORKSTATION AND MONITOR-DI	1/27/12	1,910	955	1,910	0	0	0
18	2 NEWE FRONT WINDOWS	2/20/12	1,125	1,125	314	29	29	0
19	ASUS P9Z68-V LX DESKTOP COMPUTE	2/22/12	1,069	534	1,069	0	0	0
20	ELECTRICAL WIRING MODIFICATIONS	3/10/12	2,000	2,000	553	52	52	0
21	NEW GLASS DOORS FROM LOWES	5/29/12	1,036	518	1,036	0	0	0
23	MSI GE620DX CORE i7 COMPUTER	7/31/12	1,570	785	1,570	0	0	0
26	INTEL i7 QUAD COMPUTER RC430KW	12/08/12	1,225	612	1,225	0	0	0
38	HBC TRICASTER 460 UPGRADE	1/06/14	2,995	2,995	2,995	0	0	0
40	MTE - GREEN SCREEN	3/19/14	962	962	962	0	0	0
42	PARKING LOT ENHANCEMENTS	7/02/14	10,938	10,938	6,740	646	646	0
43	PAVING - SIDE DRIVEWAY	7/07/14	1,200	1,200	739	71	71	0
44	1ST FL CONCRETE COATING	10/22/14	5,500	5,500	3,267	325	325	0
45	SONY 70" LED HDTV	11/17/14	1,921	1,921	1,921	0	0	0
46	MURAL PAINTED ON THE BUILDING	5/13/15	3,400	3,400	665	87	87	0
47	2/3' CCD HD ROBOTIC CAMERA	10/14/15	29,351	14,676	29,351	0	0	0
48	2/3' CCD HD ROBOTIC CAMERA	10/14/15	29,351	14,676	29,351	0	0	0
49	2/3" CCD HD STUDIO PACKAGE CAME	10/14/15	35,074	17,537	35,074	0	0	0
50	2/3" CCD HD STUDIO PACKAGE CAME	10/14/15	35,074	17,537	35,074	0	0	0
51	STUDIO LIGHTING INTERIOR	10/14/15	57,406	28,703	57,406	0	0	0
52	REMOTE CAMERA SYNCB/AMAZON	10/21/15	2,280	1,140	2,280	0	0	0
53	REMOTE CAMERA SYNCB/AMAZON	10/21/15	2,280	1,140	2,280	0	0	0
54	REMOTE CAMERA SYNCB/AMAZON	10/21/15	2,280	1,140	2,280	0	0	0
55	GRAY SCALE #SRWI-GS	10/26/15	883	442	883	0	0	0
56	GENERIC DESKTOP COMPUTER	10/28/15	1,901	951	1,901	0	0	0
58	OUTDOOR SAFETY LIGHTING	11/01/15	9,615	9,615	1,757	246	246	0
59	EDITING SOFTWARE	11/02/15	1,514	757	1,514	0	0	0
60	HP ZBOOK 17 G2 MOBILE WORKSTAT	11/02/15	2,100	1,050	2,100	0	0	0
61	27" IMAC WITH MONITOR	11/02/15	4,209	2,104	4,209	0	0	0
62	APPLE MACBOOK PRO (PORTABLE)	11/02/15	2,995	1,497	2,995	0	0	0
64	STUDIO 19 PROLINE PROMPTER	11/02/15	1,999	999	1,999	0	0	0
65	JVC HANDHELD S35mm CAMCORDER	11/15/16	4,202	4,202	4,202	0	0	0
66	SERVER HARD DRIVE UPGRADE TO 2T	12/13/16	1,395	1,395	1,395	0	0	0
67	STORAGE SHED	12/13/16	1,500	750	1,443	57	57	0
68	NEW COMPUTER	3/07/17	926	926	926	0	0	0
69	TRICASTER 455/460 REFURBISHED	8/29/17	5,172	5,172	5,172	0	0	0
70	OCONCHOBHAIR TRICASTER	11/28/17	6,265	6,265	6,265	0	0	0
71	EDITING MONITOR (34 IN) SUITE 1	6/13/20	999	0	999	0	0	0
72	EDITING DUAL MONITORS SUITE 2	6/13/20	1,318	0	1,318	0	0	0
73	STUDIOXYZ MAC AUDIO EQUIP - POD	6/13/20	1,393	0	1,393	0	0	0
74	UPSTAIRS GREEN ROOM AND EDITING	6/15/20	4,649	0	4,649	0	0	0

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

06-1378847

CT Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CT Prior	CT Current	Federal Current	Difference Fed - CT
75	CABLE CAST SYSTEM (OUTGOING BR	11/15/21	2,644	0	2,644	0	0	0
76	TRICASTER 2 ELITE LIVE PRODUCTIO	3/16/22	41,086	0	41,086	0	0	0
			<u>607,295</u>	<u>403,433</u>	<u>429,464</u>	<u>7,518</u>	<u>7,518</u>	<u>0</u>
Other Depreciation:								
2	LAND - 28 S ORCHARD STREET	12/31/09	44,256	44,256	0	0	0	0
27	CARPETING-HOME DEPOT	4/10/13	4,218	4,218	4,218	0	0	0
28	2 STANDING TRIPODS-B&H	1/16/13	2,944	2,944	2,944	0	0	0
29	HB COMM STUDIO EQUIPMENT	7/05/13	100,130	100,130	100,130	0	0	0
31	HB COMM FUJI S17X6.6BRM ZOOM LE	4/24/13	1,748	1,748	1,748	0	0	0
32	GREEN SCREEN	7/17/13	729	729	729	0	0	0
33	TELVUE B100 PLAYOUT SERVER, MON	4/10/13	4,855	4,855	4,855	0	0	0
34	DELL POWER VAULT XM3200	6/12/13	5,995	5,995	5,995	0	0	0
35	VARIZOON VZ-QUICKJIBKIT WITH DC	7/01/13	2,995	2,995	2,995	0	0	0
36	15 IN MONITOR/DELVCAM 7 IN RACK	7/05/13	1,974	1,974	1,974	0	0	0
37	MICS CABLES/ETC	7/10/13	318	318	318	0	0	0
39	VZ-MC100 PANTILT CONTROL	1/13/14	3,901	3,901	3,901	0	0	0
41	V-R43P LCD RACK MONITOR	5/07/14	2,024	2,024	2,024	0	0	0
	Total Other Depreciation		<u>176,087</u>	<u>176,087</u>	<u>131,831</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>176,087</u>	<u>176,087</u>	<u>131,831</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		860,592	579,520	561,295	84,728	84,728	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>860,592</u>	<u>579,520</u>	<u>561,295</u>	<u>84,728</u>	<u>84,728</u>	<u>0</u>

06-1378847

AMT Asset Report

FYE: 12/31/2023

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Section 179 Expense:											
77	CABLECAST EQUIP - TELVUE COMPU	6/08/23	33,167	X	X		N/A	5	HY 200DB	0	33,167
78	STUDIO NETWORK SOLUTIONS SERV	9/17/23	13,590	X	X		N/A	5	HY 200DB	0	13,590
79	COMPUTER YOUTH LAB WORKSTATI	9/22/23	30,453	X	X		N/A	5	HY 200DB	0	30,453
			<u>77,210</u>				<u>N/A</u>			<u>0</u>	<u>77,210</u>
5-year GDS Property:											
77	CABLECAST EQUIP - TELVUE COMPU	6/08/23	N/A*	X	X		0	5	HY 200DB	0	0
78	STUDIO NETWORK SOLUTIONS SERV	9/17/23	N/A*	X	X		0	5	HY 200DB	0	0
79	COMPUTER YOUTH LAB WORKSTATI	9/22/23	N/A*	X	X		0	5	HY 200DB	0	0
			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Prior MACRS:											
1	BUILDING - 28 S ORCHARD STREET	12/31/09	172,000				172,000	39	MMS/L	57,517	4,410
5	FURNANCE	2/21/10	6,165			X	3,083	5	MQ200DB	6,165	0
6	SECURITY SYSTEM	10/15/10	6,973			X	0	5	MQ200DB	6,973	0
7	BUILDING RENOVATION	4/15/11	57,231				57,231	39	MMS/L	17,182	1,467
8	ELECTRICAL WORK	4/15/11	5,000				5,000	39	MMS/L	1,501	128
9	B&H PHOTO VIDEO GLS	5/01/11	6,143			X	0	5	HY 200DB	6,143	0
10	PEG PEDA TRICASTER HARDWARE	5/10/11	13,532			X	0	5	HY 200DB	13,532	0
11	B&H PHOTO VIDEO	5/31/11	5,667			X	0	5	HY 200DB	5,667	0
12	POWERSUPPLY FOR BROADCAST ROC	6/09/11	1,459			X	0	5	HY 200DB	1,459	0
13	B&H PHOTO VIDEO	6/23/11	1,296			X	0	5	HY 200DB	1,296	0
14	BUILDING WPAA LETTERED SIGN	9/16/11	1,350			X	0	5	HY 200DB	1,350	0
15	OUTDOOR PTZ POWER SUPPLY	10/12/11	1,898			X	0	5	HY 200DB	1,898	0
16	B&H MICROPHONES	12/28/11	1,869			X	0	5	HY 200DB	1,869	0
17	HP WORKSTATION AND MONITOR-DI	1/27/12	1,910			X	0	5	HY 200DB	1,910	0
18	2 NEWE FRONT WINDOWS	2/20/12	1,125				1,125	39	MMS/L	314	29
19	ASUS P9Z68-V LX DESKTOP COMPUTE	2/22/12	1,069			X	0	5	HY 200DB	1,069	0
20	ELECTRICAL WIRING MODIFICATIONS	3/10/12	2,000				2,000	39	MMS/L	553	52
21	NEW GLASS DOORS FROM LOWES	5/29/12	1,036			X	0	7	HY 200DB	1,036	0
23	MSI GE620DX CORE i7 COMPUTER	7/31/12	1,570			X	0	5	HY 200DB	1,570	0
26	INTEL i7 QUAD COMPUTER RC430KW	12/08/12	1,225			X	0	5	HY 200DB	1,225	0
38	HBC TRICASTER 460 UPGRADE	1/06/14	2,995				2,995	5	MQ150DB	2,995	0
40	MTE - GREEN SCREEN	3/19/14	962				962	5	MQ150DB	962	0
42	PARKING LOT ENHANCEMENTS	7/02/14	10,938				10,938	15	HY 150DB	6,740	646
43	PAVING - SIDE DRIVEWAY	7/07/14	1,200				1,200	15	HY 150DB	739	71
44	1ST FL CONCRETE COATING	10/22/14	5,500				5,500	15	MQ150DB	3,267	325
45	SONY 70" LED HDTV	11/17/14	1,921				1,921	5	MQ150DB	1,921	0
46	MURAL PAINTED ON THE BUILDING	5/13/15	3,400				3,400	39	MMS/L	665	87
47	2/3' CCD HD ROBOTIC CAMERA	10/14/15	29,351			X	0	5	MQ200DB	29,351	0
48	2/3' CCD HD ROBOTIC CAMERA	10/14/15	29,351			X	0	5	MQ200DB	29,351	0
49	2/3" CCD HD STUDIO PACKAGE CAME	10/14/15	35,074			X	0	5	MQ200DB	35,074	0
50	2/3" CCD HD STUDIO PACKAGE CAME	10/14/15	35,074			X	0	5	MQ200DB	35,074	0
51	STUDIO LIGHTING INTERIOR	10/14/15	57,406			X	0	5	MQ200DB	57,406	0
52	REMOTE CAMERA SYNCB/AMAZON	10/21/15	2,280			X	1,140	5	MQ200DB	2,280	0
53	REMOTE CAMERA SYNCB/AMAZON	10/21/15	2,280			X	1,140	5	MQ200DB	2,280	0
54	REMOTE CAMERA SYNCB/AMAZON	10/21/15	2,280			X	1,140	5	MQ200DB	2,280	0
55	GRAY SCALE #SRWI-GS	10/26/15	883			X	442	5	MQ200DB	883	0
56	GENERIC DESKTOP COMPUTER	10/28/15	1,901			X	951	5	MQ200DB	1,901	0
58	OUTDOOR SAFETY LIGHTING	11/01/15	9,615				9,615	39	MMS/L	1,757	246
59	EDITING SOFTWARE	11/02/15	1,514			X	757	3	MQ200DB	1,514	0
60	HP ZBOOK 17 G2 MOBILE WORKSTAT	11/02/15	2,100			X	1,050	5	MQ200DB	2,100	0
61	27" IMAC WITH MONITOR	11/02/15	4,209			X	2,104	5	MQ200DB	4,209	0
62	APPLE MACBOOK PRO (PORTABLE)	11/02/15	2,995			X	1,497	5	MQ200DB	2,995	0
64	STUDIO 19 PROLINE PROMPTER	11/02/15	1,999			X	999	5	MQ200DB	1,999	0
65	JVC HANDHELD S35mm CAMCORDER	11/15/16	4,202				4,202	5	MQ200DB	4,202	0
66	SERVER HARD DRIVE UPGRADE TO 2T	12/13/16	1,395				1,395	5	MQ200DB	1,395	0
67	STORAGE SHED	12/13/16	1,500			X	750	7	MQ200DB	1,443	57
68	NEW COMPUTER	3/07/17	926				926	5	MQ200DB	926	0
69	TRICASTER 455/460 REFURBISHED	8/29/17	5,172				5,172	5	MQ150DB	5,172	0
70	OCONCHOBHAIR TRICASTER	11/28/17	6,265				6,265	5	MQ200DB	6,265	0
71	EDITING MONITOR (34 IN) SUITE 1	6/13/20	999			X	0	5	HY 200DB	999	0
72	EDITING DUAL MONITORS SUITE 2	6/13/20	1,318			X	0	5	HY 200DB	1,318	0
73	STUDIOXYZ MAC AUDIO EQUIP - POD	6/13/20	1,393			X	0	5	HY 200DB	1,393	0
74	UPSTAIRS GREEN ROOM AND EDITING	6/15/20	4,649			X	0	7	HY 200DB	4,649	0

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

06-1378847

AMT Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
75	CABLE CAST SYSTEM (OUTGOING BR	11/15/21	2,644		X	0	5 MQ200DB	2,644	0
76	TRICASTER 2 ELITE LIVE PRODUCTIO	3/16/22	41,086		X X	0	5 HY 200DB	41,086	0
			<u>607,295</u>			<u>306,900</u>		<u>429,464</u>	<u>7,518</u>
Other Depreciation:									
2	LAND - 28 S ORCHARD STREET	12/31/09	44,256			44,256	0 -- Land	0	0
27	CARPETING-HOME DEPOT	4/10/13	4,218			4,218	7 MO S/L	4,218	0
28	2 STANDING TRIPODS-B&H	1/16/13	2,944			2,944	5 MO S/L	2,944	0
29	HB COMM STUDIO EQUIPMENT	7/05/13	100,130			100,130	5 MO S/L	100,130	0
31	HB COMM FUJI S17X6.6BRM ZOOM LE	4/24/13	1,748			1,748	5 MO S/L	1,748	0
32	GREEN SCREEN	7/17/13	729			729	5 MO S/L	729	0
33	TELVUE B100 PLAYOUT SERVER, MON	4/10/13	4,855			4,855	5 MO S/L	4,855	0
34	DELL POWER VAULT XM3200	6/12/13	5,995			5,995	5 MO S/L	5,995	0
35	VARIZOON VZ-QUICKJIBKIT WITH DC	7/01/13	2,995			2,995	5 MO S/L	2,995	0
36	15 IN MONITOR/DELVCAM 7 IN RACK	7/05/13	1,974			1,974	5 MO S/L	1,974	0
37	MICS CABLES/ETC	7/10/13	0			0	0 HY	0	0
39	VZ-MC100 PANTILT CONTROL	1/13/14	0			0	0 HY	0	0
41	V-R43P LCD RACK MONITOR	5/07/14	0			0	0 HY	0	0
	Total Other Depreciation		<u>169,844</u>			<u>169,844</u>		<u>125,588</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>169,844</u>			<u>169,844</u>		<u>125,588</u>	<u>0</u>
	Grand Totals		854,349			476,744		555,052	84,728
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>854,349</u>			<u>476,744</u>		<u>555,052</u>	<u>84,728</u>

06-1378847

Bonus Depreciation Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
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	0	6,143	0
10	PEG PEDA TRICASTER HARDWARE	5/10/11	13,532		0	0	13,532	0
11	B&H PHOTO VIDEO	5/31/11	5,667		0	0	5,667	0
12	POWERSUPPLY FOR BROADCAST ROOM	6/09/11	1,459		0	0	1,459	0
13	B&H PHOTO VIDEO	6/23/11	1,296		0	0	1,296	0
14	BUILDING WPAA LETTERED SIGN	9/16/11	1,350		0	0	1,350	0
15	OUTDOOR PTZ POWER SUPPLY	10/12/11	1,898		0	0	1,898	0
16	B&H MICROPHONES	12/28/11	1,869		0	0	1,869	0
17	HP WORKSTATION AND MONITOR-DISC	1/27/12	1,910		1,910	0	0	0
19	ASUS P9Z68-V LX DESKTOP COMPUTER	2/22/12	1,069		1,069	0	0	0
21	NEW GLASS DOORS FROM LOWES	5/29/12	1,036		1,036	0	0	0
23	MSI GE620DX CORE i7 COMPUTER	7/31/12	1,570		1,570	0	0	0
26	INTEL i7 QUAD COMPUTER RC430KWN	12/08/12	1,225		1,225	0	0	0
47	2/3' CCD HD ROBOTIC CAMERA	10/14/15	29,351		29,351	0	0	0
48	2/3' CCD HD ROBOTIC CAMERA	10/14/15	29,351		29,351	0	0	0
49	2/3" CCD HD STUDIO PACKAGE CAMER	10/14/15	35,074		35,074	0	0	0
50	2/3" CCD HD STUDIO PACKAGE CAMER	10/14/15	35,074		35,074	0	0	0
51	STUDIO LIGHTING INTERIOR	10/14/15	57,406		57,406	0	0	0
52	REMOTE CAMERA SYNCB/AMAZON	10/21/15	2,280		0	0	1,140	1,140
53	REMOTE CAMERA SYNCB/AMAZON	10/21/15	2,280		0	0	1,140	1,140
54	REMOTE CAMERA SYNCB/AMAZON	10/21/15	2,280		0	0	1,140	1,140
55	GRAY SCALE #SRWI-GS	10/26/15	883		0	0	441	442
56	GENERIC DESKTOP COMPUTER	10/28/15	1,901		0	0	950	951
59	EDITING SOFTWARE	11/02/15	1,514		0	0	757	757
60	HP ZBOOK 17 G2 MOBILE WORKSTATIC	11/02/15	2,100		0	0	1,050	1,050
61	27" IMAC WITH MONITOR	11/02/15	4,209		0	0	2,105	2,104
62	APPLE MACBOOK PRO (PORTABLE)	11/02/15	2,995		0	0	1,498	1,497
64	STUDIO 19 PROLINE PROMPTER	11/02/15	1,999		0	0	1,000	999
67	STORAGE SHED	12/13/16	1,500		0	0	750	750
71	EDITING MONITOR (34 IN) SUITE 1	6/13/20	999		0	0	999	0
72	EDITING DUAL MONITORS SUITE 2	6/13/20	1,318		0	0	1,318	0
73	STUDIOXYZ MAC AUDIO EQUIP - PODC	6/13/20	1,393		0	0	1,393	0
74	UPSTAIRS GREEN ROOM AND EDITING	6/15/20	4,649		0	0	4,649	0
75	CABLE CAST SYSTEM (OUTGOING BRC	11/15/21	2,644		0	0	2,644	0
76	TRICASTER 2 ELITE LIVE PRODUCTION	3/16/22	41,086		41,086	0	0	0
77	CABLECAST EQUIP - TELVUE COMPUT	6/08/23	33,167		33,167	0	0	0
78	STUDIO NETWORK SOLUTIONS SERVE	9/17/23	13,590		13,590	0	0	0
79	COMPUTER YOUTH LAB WORKSTATIO	9/22/23	30,453		30,453	0	0	0
Grand Total			392,658		77,210	0	66,243	15,053

06-1378847

Depreciation Adjustment Report

FYE: 12/31/2023

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	BUILDING - 28 S ORCHARD STREET	4,410	4,410	0
Page 1	1	5	FURNANCE	0	0	0
Page 1	1	6	SECURITY SYSTEM	0	0	0
Page 1	1	7	BUILDING RENOVATION	1,467	1,467	0
Page 1	1	8	ELECTRICAL WORK	128	128	0
Page 1	1	9	B&H PHOTO VIDEO GLS	0	0	0
Page 1	1	10	PEG PEDA TRICASTER HARDWARE	0	0	0
Page 1	1	11	B&H PHOTO VIDEO	0	0	0
Page 1	1	12	POWERSUPPLY FOR BROADCAST ROOM	0	0	0
Page 1	1	13	B&H PHOTO VIDEO	0	0	0
Page 1	1	14	BUILDING WPAA LETTERED SIGN	0	0	0
Page 1	1	15	OUTDOOR PTZ POWER SUPPLY	0	0	0
Page 1	1	16	B&H MICROPHONES	0	0	0
Page 1	1	17	HP WORKSTATION AND MONITOR-DISCO'	0	0	0
Page 1	1	18	2 NEWE FRONT WINDOWS	29	29	0
Page 1	1	19	ASUS P9Z68-V LX DESKTOP COMPUTER F	0	0	0
Page 1	1	20	ELECTRICAL WIRING MODIFICATIONS - A	52	52	0
Page 1	1	21	NEW GLASS DOORS FROM LOWES	0	0	0
Page 1	1	23	MSI GE620DX CORE i7 COMPUTER	0	0	0
Page 1	1	26	INTEL i7 QUAD COMPUTER RC430KWN111	0	0	0
Page 1	1	38	HBC TRICASTER 460 UPGRADE	0	0	0
Page 1	1	40	MTE - GREEN SCREEN	0	0	0
Page 1	1	42	PARKING LOT ENHANCEMENTS	646	646	0
Page 1	1	43	PAVING - SIDE DRIVEWAY	71	71	0
Page 1	1	44	1ST FL CONCRETE COATING	325	325	0
Page 1	1	45	SONY 70" LED HDTV	0	0	0
Page 1	1	46	MURAL PAINTED ON THE BUILDING	87	87	0
Page 1	1	47	2/3' CCD HD ROBOTIC CAMERA	0	0	0
Page 1	1	48	2/3' CCD HD ROBOTIC CAMERA	0	0	0
Page 1	1	49	2/3" CCD HD STUDIO PACKAGE CAMERA	0	0	0
Page 1	1	50	2/3" CCD HD STUDIO PACKAGE CAMERA	0	0	0
Page 1	1	51	STUDIO LIGHTING INTERIOR	0	0	0
Page 1	1	52	REMOTE CAMERA SYNCB/AMAZON	0	0	0
Page 1	1	53	REMOTE CAMERA SYNCB/AMAZON	0	0	0
Page 1	1	54	REMOTE CAMERA SYNCB/AMAZON	0	0	0
Page 1	1	55	GRAY SCALE #SRWI-GS	0	0	0
Page 1	1	56	GENERIC DESKTOP COMPUTER	0	0	0
Page 1	1	58	OUTDOOR SAFETY LIGHTING	246	246	0
Page 1	1	59	EDITING SOFTWARE	0	0	0
Page 1	1	60	HP ZBOOK 17 G2 MOBILE WORKSTATION	0	0	0
Page 1	1	61	27" IMAC WITH MONITOR	0	0	0
Page 1	1	62	APPLE MACBOOK PRO (PORTABLE)	0	0	0
Page 1	1	64	STUDIO 19 PROLINE PROMPTER	0	0	0
Page 1	1	65	JVC HANDHELD S35mm CAMCORDER W/ T	0	0	0
Page 1	1	66	SERVER HARD DRIVE UPGRADE TO 20TB	0	0	0
Page 1	1	67	STORAGE SHED	57	57	0
Page 1	1	68	NEW COMPUTER	0	0	0
Page 1	1	69	TRICASTER 455/460 REFURBISHED	0	0	0
Page 1	1	70	OCONCHOBHAIR TRICASTER	0	0	0
Page 1	1	71	EDITING MONITOR (34 IN) SUITE 1	0	0	0
Page 1	1	72	EDITING DUAL MONITORS SUITE 2	0	0	0
Page 1	1	73	STUDIOXYZ MAC AUDIO EQUIP - PODCAS	0	0	0
Page 1	1	74	UPSTAIRS GREEN ROOM AND EDITING RC	0	0	0
Page 1	1	75	CABLE CAST SYSTEM (OUTGOING BROAI	0	0	0
Page 1	1	76	TRICASTER 2 ELITE LIVE PRODUCTION SY	0	0	0
Page 1	1	77	CABLECAST EQUIP - TELVUE COMPUTER	33,167	33,167	0
Page 1	1	78	STUDIO NETWORK SOLUTIONS SERVER	13,590	13,590	0
Page 1	1	79	COMPUTER YOUTH LAB WORKSTATIONS	30,453	30,453	0
				<u>84,728</u>	<u>84,728</u>	<u>0</u>

Form 990	Two Year Comparison Report	2022 & 2023
Name For calendar year 2023, or tax year beginning _____, ending _____		Taxpayer Identification Number

Name **WALLINGFORD PUBLIC ACCESS ASSOCIATION, INC.** Taxpayer Identification Number **06-1378847**

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	107,328	86,120	-21,208
	2. Membership dues and assessments			
	3. Government contributions and grants	53,800	111,960	58,160
	4. Program service revenue			
	5. Investment income	215	1,304	1,089
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	3,642		-3,642
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	164,985	199,384	34,399
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	35,321	30,686	-4,635
	17. Professional fundraising fees			
	18. Other professional fees	2,800	3,581	781
	19. Occupancy, rent, utilities, and maintenance	9,476	16,093	6,617
	20. Depreciation and Depletion	49,591	84,728	35,137
	21. Other expenses	25,197	31,570	6,373
	22. Total expenses. Add lines 13 through 21	122,385	166,658	44,273
	23. Excess or (Deficit). Subtract line 22 from line 12	42,600	32,726	-9,874
Other Information	24. Total exempt revenue	164,985	199,384	34,399
	25. Total unrelated revenue			
	26. Total excludable revenue	3,857	1,304	-2,553
	27. Total assets	363,466	405,139	41,673
	28. Total liabilities	728	1,554	826
	29. Retained earnings	362,738	403,585	40,847
	30. Number of voting members of governing body	6	7	
	31. Number of independent voting members of governing body	6	7	
	32. Number of employees	10	9	
	33. Number of volunteers	50-75	50-75	

Form 990	Tax Return History				2023
Name	WALLINGFORD PUBLIC ACCESS ASSOCIATION, INC.				Employer Identification Number 06-1378847

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	91,785	96,743	84,123	161,128	198,080	
Membership dues						
Program service revenue			1,570	3,642		
Capital gain or loss			157	215	1,304	
Investment income	631	117				
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	92,416	96,860	85,850	164,985	199,384	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	2,561	3,376	7,944			
Other compensation	7,618	11,528	15,829	35,321	30,686	
Professional fees	3,175	1,125	3,850	2,800	3,581	
Occupancy costs	8,493	7,828	9,872	9,476	16,093	
Depreciation and depletion	13,439	19,504	12,077	49,591	84,728	
Other expenses	18,318	22,636	20,061	25,197	31,570	
Total expenses	53,604	65,997	69,633	122,385	166,658	
Excess or (Deficit)	38,812	30,863	16,217	42,600	32,726	
Total exempt revenue	92,416	96,860	85,850	164,985	199,384	
Total unrelated revenue						
Total excludable revenue	631	117	1,727	3,857	1,304	
Total Assets	320,105	316,429	334,548	363,466	405,139	
Total Liabilities	35,220	681	780	728	1,554	
Net Fund Balances	284,885	315,748	333,768	362,738	403,585	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
CAPITAL FOR CHANGE INTEREST	\$ 900			14 CT		
BANK INTEREST	5			14 CT		
TOTAL	<u>\$ 905</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
FREEMAN'S PURSE	\$ 399			14 CT		
TOTAL	<u>\$ 399</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL SERVICE FEES	\$ 1,296	\$ 1,296	\$	\$
TOTAL	<u>\$ 1,296</u>	<u>\$ 1,296</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
FOOD FOR WPAA VOLUNTEERS	\$ 839	\$ 839	\$	\$
VIDEO CONTENT	683	683		
CABLECAST SUPPLIES	615	615		
FREEMAN'S PURSE FEES	320	320		
MILEAGE REIMBURSEMENT	116	116		
PROGRAMING COLLABORATION	89	89		
POSTAGE AND DELIVERY	63	63		
CABLE & COMPUTER REPAIRS	50	50		
ANNUAL REPORT	50	50		
BANK SERVICE CHARGES	30	30		
TELEPHONE	11	11		
TOTAL	<u>\$ 2,866</u>	<u>\$ 2,866</u>	<u>\$ 0</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
PEGPETIA - STATE GRANT	\$ 98,113
CT HUMANITIES - STATE GRANT	7,200
ARPA	6,647
GRANT FROM COMCAST - SUBSCRIBERS	72,575
GRANT FROM FRONTIER SUBSCRIBERS	6,891
GENERAL DONATIONS	2,789
VOID CHECKS	363
CFGNH	
CASH CONTRIBUTION	3,502
TOTAL	<u>\$ 198,080</u>

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

Description	Amount
CAPITAL FOR CHANGE INTEREST	\$ 900
BANK INTEREST	5
FREEMAN'S PURSE	399
TOTAL	<u>\$ 1,304</u>