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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final
☒ Return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Medfield Community Cable Access Corporation

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite
18 North Meadows Road PO Box 294

City or town, state or province, country, and ZIP or foreign postal code
Medfield, MA 02052

F Name and address of principal officer
David Maxson
18 North Meadows Rd PO Box 294
Medfield, MA 02052

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

D Employer identification number
04-2978708

E Telephone number
(508) 359-8888

G Gross receipts \$ 295,984

I Tax-exempt status
☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ info@medfield tv

K Form of organization
☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1987

M State of legal domicile
MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To provide local cable access programming to residents of Medfield

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

3 Number of voting members of the governing body (Part VI, line 1a)8

4 Number of independent voting members of the governing body (Part VI, line 1b)8

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)10

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 120

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

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)412,609

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)5,343

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)417,952

295,984

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)174,384

177,264

16a Professional fundraising fees (Part IX, column (A), line 11e)0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)173,162

171,805

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)347,546

349,069

19 Revenue less expenses Subtract line 18 from line 1270,406

-53,085

Net Assets or Fund Balances

20 Total assets (Part X, line 16)946,307

893,391

21 Total liabilities (Part X, line 26)20,028

17,118

22 Net assets or fund balances Subtract line 21 from line 20926,279

876,273

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

2017-11-10
Date

DAVID MAXSON PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
K M HUGHES CPA

Preparer's signature
K M HUGHES CPA

Date
2017-11-10

Check ☒ if self-employed

PTIN

Firm's name ▶ KATHLEEN M HUGHES CPA

Firm's EIN ▶

Firm's address ▶ PO BOX 298
NORFOLK, MA 02056

Phone no (508) 520-2313

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)