

**Short Form
Return of Organization Exempt From Income Tax**

2009

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , 2009, and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C</p> <p>Please use IRS label or print or type. See Specific Instructions.</p> <p>REHOBOTH PUBLIC ACCESS CORPORATION 320 ANAWAN STREET REHOBOTH, MA 02769-2600</p>	<p>D Employer identification number</p> <p>71-0970254</p>	<p>E Telephone number</p> <p>(508) 252-6343</p>	<p>F Group Exemption Number</p> <p>▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.repac9.org

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

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 201,187.

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

	1 Contributions, gifts, grants, and similar amounts received		
	2 Program service revenue including government fees and contracts	2	134,877.
	3 Membership dues and assessments	3	
	4 Investment income	4	821.
REVENUE	5a Gross amount from sale of assets other than inventory	5a	64,959.
	b Less: cost or other basis and sales expenses	5b	63,434.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	1,525.
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ <u>See Statement 2</u>)	8	530.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶	9	137,753.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	42,417.
	13 Professional fees and other payments to independent contractors	13	4,306.
	14 Occupancy, rent, utilities, and maintenance	14	1.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ <u>See Statement 3</u>)	16	66,771.
	17 Total expenses. Add lines 10 through 16. ▶	17	113,495.
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,258.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	178,778.
	20 Other changes in net assets or fund balances (attach explanation) <u>See Statement 4</u>	20	6,597.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	209,633.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		68,053.	22	113,802.
23	Land and buildings		28,665.	23	25,997.
24	Other assets (describe ▶ <u>See Statement 5</u>)		82,391.	24	70,506.
25	Total assets		179,109.	25	210,305.
26	Total liabilities (describe ▶ <u>See Statement 6</u>)		331.	26	672.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		178,778.	27	209,633.

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

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 9

Table with columns for question number, question text, and Yes/No columns. Includes questions 33 through 41 regarding organizational activities, financial reporting, and tax compliance.

42a The organization's books are in care of ROGER BREault Telephone no. (508) 252-6343 Located at 101 WINTHROP STREET REHOBOTH MA ZIP + 4 02769

Table with columns for question number, question text, and Yes/No columns. Includes questions 42b and 42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [] N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

Table with columns for question number, question text, and Yes/No columns. Includes questions 44 and 45 regarding donor advised funds and controlled entities.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

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

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

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

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

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: ROGER BREault Date: _____
 Type or print name and title: President

Paid Preparer's Use Only

Preparer's signature: PAUL PACHECO, E.A. Date: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: BSCO Inc. 2796 Acushnet Ave. New Bedford, MA 02745

Check if self-employed: Preparer's Identifying Number (See instructions): N/A
 EIN: N/A Phone no.: (508) 995-4623

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

COPY

REHOBOTH PUBLIC ACCESS CORPORATION

71-0970254

Statement 1
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 64,959.
 Cost or Other Basis: 63,434.

Total Gain (Loss) Publicly Traded Securities \$ 1,525.

Total Net Gain (Loss) From Noninventory Sales \$ 1,525.

Statement 2
Form 990-EZ, Part I, Line 8
Other Revenue

Video Sales Total \$ 530.
 Total \$ 530.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion..... \$ 100.
 Comcast Cable TV..... 8,967.
 Depreciation..... 33,779.
 Insurance..... 2,724.
 Ma. filings..... 110.
 Materials & supplies..... 7,716.
 Miscellaneous..... 395.
 Office Expenses..... 1,959.
 Repairs..... 1,127.
 Subcontractors..... 4,071.
 Telephone..... 2,780.
 Travel..... 3,043.
 Total \$ 66,771.

Statement 4
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Net unrealized gain on investments..... \$ 6,597.
 Total \$ 6,597.

REHOBOTH PUBLIC ACCESS CORPORATION

71-0970254

Statement 5
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment.....	\$ 82,391.	\$ 70,506.
Total	<u>\$ 82,391.</u>	<u>\$ 70,506.</u>

Statement 6
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 331.	\$ 672.
Total	<u>\$ 331.</u>	<u>\$ 672.</u>

Statement 7
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

TO PROVIDE PUBLIC, EDUCATIONAL, AND GOVERNMENTAL TELEVISED PROGRAMMING TO THE TOWN OF REHOBOTH, MA AND SURROUNDING AREAS.

Statement 8
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

TO ORGANIZE AND MAINTAIN A CABLE TELEVISION STUDIO FOR PUBLIC, EDUCATIONAL, AND GOVERNMENTAL PROGRAMMING TO THE RESIDENTS OF REHOBOTH, MA. AND SURROUNDING AREAS.

Statement 9
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No