

023788

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
GREENFIELD COMMUNITY TELEVISION INC
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
393 MAIN STREET PO Box 807
 City or town, state or province, country, and ZIP or foreign postal code
GREENFIELD MA 01302-0807

D Employer identification number
04-3008392

E Telephone number
413-774-4288

F Name and address of principal officer:
GARRY LONGE
393 Main Street
Greenfield MA 01301

G Gross receipts \$ **284,581**

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)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.GCTV.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: _____ **M** State of legal domicile: _____

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COMMUNITY ACCESS CABLE TELEVISION FOR THE DISSEMINATION OF EDUCATIONAL AND INFORMATIONAL MATERIAL OF PUBLIC AND LOCAL INTEREST		
	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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	322,893	284,210
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	398	371
	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)	323,291	284,581
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)	183,327	194,796
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 2,297		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	108,468	127,040
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	291,795	321,836	
19 Revenue less expenses. Subtract line 18 from line 12	31,496	-37,255	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 574,562	End of Year 522,626
	21 Total liabilities (Part X, line 26)	95,647	80,966
	22 Net assets or fund balances. Subtract line 21 from line 20	478,915	441,660

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: **GARRY LONGE** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **GILLIAN R ROSNER, CPA** Preparer's signature: **GILLIAN R ROSNER, CPA** Date: **11/14/19** Check if self-employed PTIN: **P00561038**

Firm's name: **MARGOLA ROSNER AND ASSOC CPA** Firm's EIN: **82-5485902**
 Firm's address: **377 MAIN ST., P.O. BOX 701 GREENFIELD, MA 01302** Phone no.: **413-773-3424**

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