

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
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.

OMB No. 1545-0047

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

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 <p style="text-align: center;">CONCORD COMMUNITY TV</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>170 WARREN STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p>CONCORD NH 03301</p>	D Employer identification number <p>02-0503677</p> E Telephone number <p>603-226-8872</p> G Gross receipts \$ 324,222
F Name and address of principal officer: <p>MICHAEL O'MEARA 170 WARREN STREET CONCORD NH 03301</p>		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		H(c) Group exemption number ▶
J Website: ▶ WWW.YOURCONCORDTV.ORG		L Year of formation: 1999
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: NH

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">SEE SCHEDULE O</p>		
Activities & Governance	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 2015 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	265,782	318,563
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,116	4,296
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	365	85
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,396	1,278
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	272,659	324,222
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	218,156	211,166
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,106	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,369	87,176	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	285,525	298,342	
19 Revenue less expenses. Subtract line 18 from line 12	-12,866	25,880	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	367,042	390,870
	22 Net assets or fund balances. Subtract line 21 from line 20	9,474	7,422
		357,568	383,448

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 <p style="text-align: center;">DORIS BALLARD</p> Type or print name and title <p style="text-align: center;">EXECUTIVE DIRECTOR</p>	Date <p style="text-align: center;">12/27/16</p>
Paid Preparer Use Only	Print/Type preparer's name <p>CHARLENE T. VALLEE, CPA</p> Preparer's signature <p style="text-align: center;">CHARLENE T. VALLEE, CPA</p> Date <p>12/22/16</p> Check <input checked="" type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN PTIN <p>P00049215</p> Firm's name <p>HENNESSEY & VALLEE, PLLC</p> Firm's EIN ▶ 47-5012649 Firm's address ▶ 125 N STATE STREET CONCORD, NH 03301 Phone no. 603-225-0941	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)