



**BOARD OF DIRECTORS  
Regular Meeting  
September 28, 2015**

**A G E N D A**

**5:30 P.M.**  
Offices of the Corporation

1. Roll Call

Keith Gudger (Chair), Nathan Benjamin, James Fisher, Joe Hall, Mathilde Rand, Lou Tuosto, Adam Wade, Tom Manheim, Larry Laurent, Maitreya Maziarz

[quorum is six]

2. Oral Communications

Any person may address the Board during its Oral Communications period. All Oral Communications must be directed to an item not listed on today's Consent or Regular Agenda, and must be within the jurisdiction of the Board.

3. Consideration of Late Additions to the Agenda; additions and deletions to Consent and Regular Agendas.

**CONSENT AGENDA**

4. Approve Minutes \*  
Regular Board Meeting Minutes of July 27, 2015.
5. Approve Recommendation of Finance Committee to Accept the June 30, 2015 Financial Statements \*

**REGULAR AGENDA**

6. Appoint Secretary of the Board.
7. Oral Report of Executive Director \*
8. Oral Report of Vice Chair and Volunteer Advisory Committee
9. Approve Volunteer Advisory Committee Position Descriptions \*
10. Approve Volunteer Credits Guidelines \*
11. Approve Volunteer Agreement \*

12. Oral Report of Board Chair.

13. Approve Board Resolution 009-2015 \*

14. Board Member / Staff Requests for Specific Items to Appear on next Meeting Agenda

15. Announcements.

16. Adjournment.

**Any person may address the Board during its Public Comment period. Each presentation will be limited to three minutes and individuals may speak only once during Public Comment. A maximum of five minutes will be set aside for this period at this meeting. If the period runs beyond five minutes, the Board may, at its discretion, allow time at the end of the meeting for additional public comment. All comments must be directed to an item NOT listed on today's agenda and must be within the subject matter jurisdiction of the Board. Preference will be given to individuals who did not speak at the previous Board meeting. All speakers must address the entire Board and will not be permitted to engage in dialogue. Speakers are requested to sign the sheet designated for that purpose so that their names may accurately be reflected in the minutes of the meeting. Regular Agenda Items: Members of the public may speak on any item on the agenda. Each presentation will be limited to three minutes. The maximum time devoted to public input on any item will be determined by the Chair.**

**\* Material Included in Board Packet**



816 Pacific Avenue  
Santa Cruz, CA 95060

**EXECUTIVE COMMITTEE**  
**Regular Meeting**  
**September 28, 2015**

**A G E N D A**

**5:30 P.M.**  
Offices of the Corporation

1. Roll Call

Keith Gudger (Chair), Nathan Benjamin, James Fisher, Joe Hall, Mathilde Rand, Lou Tuosto, Adam Wade, Tom Manheim, Larry Laurent, Maitreya Maziarz

[quorum is three]

**ALL ITEMS AS SET FORTH ON THE AGENDA OF THE REGULAR MEETING OF THE BOARD OF DIRECTORS NOTICED CONCURRENTLY.**

**IF A QUORUM OF THE FULL BOARD IS NOT PRESENT AT THE REGULAR BOARD MEETING, THE MEETING WILL BE ADJOURNED TO THE EXECUTIVE COMMITTEE MEETING. IF A QUORUM OF THE EXECUTIVE COMMITTEE (3) IS PRESENT, THE EXECUTIVE COMMITTEE WILL MEET TO TAKE ACTION ON THE ITEMS IN THE AGENDA.**

Any person may address the Board during its Public Comment period. Each presentation will be limited to three minutes and individuals may speak only once during Public Comment. A maximum of five minutes will be set aside for this period at this meeting. If the period runs beyond five minutes, the Board may, at its discretion, allow time at the end of the meeting for additional public comment. All comments must be directed to an item NOT listed on today's agenda and must be within the subject matter jurisdiction of the Board. Preference will be given to individuals who did not speak at the previous Board meeting. All speakers must address the entire Board and will not be permitted to engage in dialogue. Speakers are requested to sign the sheet designated for that purpose so that their names may accurately be reflected in the minutes of the meeting. Regular Agenda Items: Members of the public may speak on any item on the agenda. Each presentation will be limited to three minutes. The maximum time devoted to public input on any item will be determined by the Chair.

Community Television of Santa Cruz County  
Profit Loss Budget Performance  
June  
2015

	Annual Budget 2014-15	June 2015	June Year to Date	% of Budget Expended	Amount Remaining
<b>4000 · CAPITAL REVENUE</b>					
<b>4100 · County PEG Fees</b>	<b>253,530.00</b>	<b>20,772.12</b>	<b>252,929.95</b>	<b>100%</b>	
<b>4300 · OPERATING REVENUE</b>					
CTV Operating Reserves					
4101 · County BOS Meetings	27,570.00	2,297.50	25,272.50	92%	2,297.50
4102 · Watsonville Government Meetings	16,500.00	285.00	4,050.00	25%	12,450.00
4103 · City of Capitola Gov. Meetings	16,500.00	700.00	6,165.00	37%	10,335.00
4104 · SCMTD Meetings	2,200.00	200.00	2,225.00	101%	(25.00)
4105 · County Operating Funds	0.00	0.00	0.00		0.00
4106 · City of Santa Cruz Gov. Mtg.	13,785.00	1,257.88	15,800.55	115%	(2,015.55)
4107 · Wats/Cap/Cty Charter Fees	0.00	0.00	0.00		0.00
4108 · SCCRTC Meetings	2,350.00	225.00	1,650.00	70%	700.00
4109 · SCWD Government Meetings	0.00	250.00	(831.50)		831.50
4110 · Memberships	0.00	0.00	1,082.00		(1,082.00)
4111 · Administration Fees	500.00	0.00	252.94	51%	247.06
4112 · Prod. Serv. - Media Dubbing	10,000.00	0.00	0.00	0%	10,000.00
4114 · Underwriting & Sponsorships	2,000.00	0.00	0.00	0%	2,000.00
4115 · Digital Media Sales	0.00	0.00	120.00		(120.00)
4118 · Misc. Production Income	0.00	0.00	800.00		(800.00)
4119 · Sales-T-shirts	0.00	0.00	331.50		(331.50)
4120 · Facility Rental	5,000.00	0.00	200.00	4%	4,800.00
4121 · SLVWD Meetings	0.00	425.00	2,900.00		(2,900.00)
4122 · PVUSD	0.00	450.00	3,535.00		(3,535.00)
4125 · Sponsorships	0.00	0.00	0.00		0.00
4130 · Classes	1,128.00	136.00	1,450.61	129%	(322.61)
4135 · Third Party Agreements	0.00	0.00	0.00		0.00
4155 · In-Kind Rent	0.00	0.00	0.00		0.00
4160 · In Kind Donations of Services	0.00	0.00	0.00		0.00
4164 · Donations - Other	0.00	0.00	0.00		0.00
4165 · Donations - General	10,000.00	0.00	564.00	6%	9,436.00
4167 · Donations - Events	0.00	0.00	0.00		0.00
4166 · Grants	5,000.00	0.00	0.00	0%	5,000.00
4175 · Contract Projects	0.00	1,170.26	1,170.26		
4180 · Interest Earned	0.00	13.58	63.86		(63.86)
4185 · Misc. Income	200.00	0.00	2,434.00	1217%	(2,234.00)
4190 · Gain/Loss on Sale of Assets	0.00	0.00	0.00		0.00
4195 · Temp. Restricted Revenue	0.00	0.00	0.00		0.00
<b>4200 · Production Service</b>					
4210 · Production-GOV		0.00	0.00		0.00
4220 · Production-EDU		0.00	0.00		0.00
4230 · Production-PUB		0.00	0.00		0.00
4240 · Production-CMAP	30,000.00	0.00	10,016.00	33%	19,984.00
4200 · Production - Other		5,375.00	14,861.00		(5,261.00)
<b>Total 4200 · Production Service</b>	<b>30,000.00</b>	<b>5,375.00</b>	<b>24,877.00</b>	<b>83%</b>	<b>5,123.00</b>
4600 · Special Events Revenue	0.00	0.00	0.00		0.00
<b>Total 4300 · OPERATING REVENUE</b>	<b>396,263.00</b>	<b>33,557.34</b>	<b>347,042.67</b>	<b>88%</b>	<b>49,220.33</b>
4170 · Fiscal Sponsorships Income			5,469.12		(5,469.12)
<b>TOTAL INCOME</b>	<b>396,263.00</b>	<b>33,557.34</b>	<b>352,511.79</b>	<b>89%</b>	<b>43,751.21</b>

Community Television of Santa Cruz County  
Profit Loss Budget Performance  
June  
2015

	Annual Budget 2014-15	June 2015	June Year to Date	% of Budget Expended	Amount Remaining
<b>5000 · CAPITAL EXPENDITURES</b>					
<b>5100 · Facility</b>					
7400 · Facility Rep./Maint./Security	0.00	12,359.46	15,123.38		(15,123.38)
6701 · Facility/Equip. Insurance	0.00	0.00	0.00		0.00
7058 · Leasehold Improvements/Capital	0.00	0.00	0.00		0.00
7300 · Facilities & Equipment Rental	0.00	14.27	1,786.19		(1,786.19)
5100 · Facility - Other	0.00	0.00	0.00		0.00
<b>Total 5100 · Facility</b>	<b>0.00</b>	<b>12,373.73</b>	<b>16,909.57</b>		<b>(16,909.57)</b>
<b>5200 · Equipment</b>					
7215 · Copy Machine Lease	0.00	243.51	4,188.14		(4,188.14)
7051 · Equipment Repair	0.00	0.00	60.00		(60.00)
7011 · Automation Equipment	0.00	0.00	3,000.00		(3,000.00)
7052 · Prod. Equip. Replacement -Depr.	0.00	0.00	(75,640.78)		75,640.78
7053 · Prod.Equip.Replacement-NonDepr.	0.00	0.00	3,608.72		(3,608.72)
7056 · Equipment - Depreciated	0.00	0.00	0.00		(828.09)
7057 · Equipment - Non Depreciated	0.00	567.14	828.09		(828.09)
<b>Total 5200 · Equipment</b>	<b>0.00</b>	<b>810.65</b>	<b>(63,955.83)</b>		<b>63,955.83</b>
<b>5300 · Media Licensing</b>					
7059 · Music Library	0	55.00	330.00		(330.00)
<b>Total 5300 · Media Licensing</b>	<b>0</b>	<b>55.00</b>	<b>330.00</b>		<b>(330.00)</b>
<b>Total 5000 · CAPITAL EXPENDITURES</b>	<b>0.00</b>	<b>13,239.38</b>	<b>(46,716.26)</b>		<b>46,716.26</b>
<b>6000 · OPERATING EXPENSES</b>					
6100 · Advertising	1,500.00	0.00	2,076.00	138%	(576.00)
6200 · Bad Debt	0.00	0.00	5,329.45	0%	(5,329.45)
6300 · Bank Charges	850.00	62.07	641.09	75%	208.91
6450 · Finance Charges/Late Fees	0.00	0.00	74.00		(74.00)
6600 · Dues & Subscriptions	2,500.00	84.17	3,227.19	129%	(727.19)
6650 · Interest on Leased Equip.	0.00	2,585.32	4,055.03		(4,055.03)
6700 · Insurance	2,500.00	1,212.53	11,027.22	441%	(8,527.22)
6999 · Uncategorized Expenses	0.00	0.00	0.00		0.00
7061 · Production Truck/ Repairs/Maint	0.00	0.00	19.00		(19.00)
7100 · Office Supplies	2,000.00	15.42	1,631.61	82%	368.39
7105 · Production Expenses	800.00	130.79	1,440.00	180%	(640.00)
7200 · Postage/Freight	1,000.00	66.00	577.58	58%	422.42
7205 · Printing	150.00	71.77	1,116.85	745%	(966.85)
7401 · Facility Supplies	500.00	(103.75)	420.20	84%	79.80
7640 · Licenses/Fees/Misc. Taxes	5,250.00	0.00	4,660.13	89%	589.87
7700 · Telephone/Telecommunications	3,000.00	310.98	2,178.04	73%	821.96
7900 · Facility Utilities	0.00	51.00	2,100.09		(2,100.09)
<b>Total 6000 - Operating Expenses</b>	<b>20,050.00</b>	<b>4,486.30</b>	<b>40,573.48</b>	<b>202%</b>	<b>(20,523.48)</b>

Community Television of Santa Cruz County  
Profit Loss Budget Performance  
June  
2015

	Annual Budget 2014-15	June 2015	June Year to Date	% of Budget Expended	Amount Remaining
<b>6800 - Contracted Services</b>					
7009 · Contracted Services-Dir Cont	30,000.00	6,149.30	48,311.42	161%	(18,311.42)
6900 · Contract Services-Audit/Payroll	14,500.00	940.00	12,071.80	83%	2,428.20
7001 · Contract Services-Studio Prod.	0.00	1,165.00	1165.00		(12,071.80)
7003 · Contract Services-Janitorial	4,500.00	0.00	1,095.00	24%	3,405.00
7006 · Contract Service-AmeriCorp	0.00	0.00	0.00		(1,095.00)
7007 · Contract Services-CMAP	50,000.00	5,000.00	25,795.00	52%	24,205.00
7010 · Contract Services-Consulting	15,000.00	600.00	15,180.00	101%	(180.00)
7110 · Contract Services-Legal	2,000.00	346.80	1,755.15	88%	244.85
7910 · Contract Services-Field Prod.	4,000.00	0.00	0.00	0%	4,000.00
7915 · Contracted Services-Dunbar Prod	0.00	0.00	6,000.00		(6,000.00)
<b>Total 6800 · Contracted Services</b>	<b>120,000.00</b>	<b>14,201.10</b>	<b>111,373.37</b>	<b>93%</b>	<b>8,626.63</b>
<b>7000 - Staff Development &amp; Fundraising</b>					
7210 · Newsletter/Brochure/Annual Repo	0.00	0.00	0.00		0.00
7405 · Training/conferences	500.00	0.00	1,870.00	374%	(1,370.00)
7800 · Travel/Meals	500.00	618.77	3,910.99	782%	(3,410.99)
7920 · Retreats/Events	500.00	87.12	320.54	64%	179.46
7950 · Misc. Expense	0.00	0.00	62.98		(62.98)
8600 · Special Events Expense	0.00	0.00	713.25		(713.25)
<b>Total 7000 · Staff Development &amp; Fundraising</b>	<b>1,500.00</b>	<b>705.89</b>	<b>6,877.76</b>	<b>459%</b>	<b>(5,377.76)</b>
<b>7500 - Operating Salaries &amp; Benefits</b>					
7510 · Salaries - Other	0.00	(1,473.16)	-1473.16	0%	1,473.16
7510 · Salaries - Executive Director	0.00	0.00	0.00		0.00
7512 · Salaries - Executive Producer	60,000.00	3,309.53	46,969.53	78%	13,030.47
7520 · Salaries - Programming Coord.	0.00	0.00	0.00		0.00
7530 · Salaries - Access Facilitator	0.00	0.00	0.00		0.00
7535 · Salaries - Admin Coordinator	0.00	412.50	14,594.40	0%	(14,594.40)
7540 · Salaries - Playback Tech	0.00	0.00	0.00		0.00
7541 · Salaries - Production Super.	0.00	0.00	0.00		0.00
7542 · Salaries - Media Coordinator	40,000.00	5,846.00	41,903.38	105%	(1,903.38)
7545 · Salaries - Operations Coord.	0.00	0.00	0.00		0.00
7585 · Salaries - Extra Help Govt.	12,000.00	2,976.12	17,956.46	150%	(5,956.46)
7586 · Salaries - Extra Help Trainers	0.00	0.00	34.00		(34.00)
7588 · Salaries - Education Coordinato	0.00	0.00	0.00		0.00
7589 · Salaries - Extra Help Prod Asst	12,000.00	75.38	1,464.64	12%	10,535.36
7590 · Salaries - Vacation Replacement	0.00	0.00	0.00		0.00
7620 · Payroll Taxes/Workers Comp					
7621 · Payroll Taxes	21,032.30	1,529.70	19,601.11	93%	1,431.19
7635 · Workers Comp	4,910.34	0.00	3,821.00	78%	1,089.34
7630 · Health/Dental/Vision	50,000.00	896.85	16,536.78	33%	33,463.22
7632 · Pension	20,000.00	0.00	396.00	2%	19,604.00
<b>Total 7500 · Operating Salaries &amp; Benefits</b>	<b>219,942.64</b>	<b>13,572.92</b>	<b>161,804.14</b>	<b>74%</b>	<b>58,138.50</b>
<b>Total 6000 · OPERATING EXPENSES</b>	<b>361,492.64</b>	<b>32,966.21</b>	<b>320,628.75</b>	<b>89%</b>	<b>40,863.89</b>

Community Television of Santa Cruz County  
 Profit Loss Budget Performance  
 June  
 2015

	Annual Budget 2014-15	June 2015	June Year to Date	% of Budget Expended	Amount Remaining
6400 · Depreciation Exp-Prod Equip		0.00	0.00		0.00
6405 · Depreciation Exp-Equipment		0.00	0.00		0.00
6410 · Depreciation Exp-Leasehold		0.00	0.00		0.00
6412 · Depreciation - Prod. Vehicle		0.00	0.00		0.00
9100 · Suspense		0.00	0.00		0.00
9920 · Reimbursable Expenses		0.00	0.00		0.00
	0.00	0.00	0.00		0.00
<b>TOTAL EXPENSES</b>	<b>361,492.64</b>	<b>46,205.59</b>	<b>273,912.49</b>	<b>76%</b>	<b>87,580.15</b>
<b>NET INCOME/LOSS</b>	<b>34,770.36</b>	<b>(12,648.25)</b>	<b>78,599.30</b>	<b>226.1%</b>	

## Community Television of Santa Cruz County

## Balance Sheet

As of June 30, 2015

Jun 30, 15

## ASSETS

## Current Assets

## Checking/Savings

1070 · CD 12 month Cert SCCCUC	48,111.22
1010 · Checking-SCCCUC	110,084.25
1015 · PayPal Checking-SCCCUC	2,545.63
1020 · Savings-SCCCUC	51,514.34
1021 · Petty Cash Fund	96.04
Total Checking/Savings	<u>212,351.48</u>

## Accounts Receivable

1115 · Accounts Receivable	63,253.36
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Total Accounts Receivable	<u>63,253.36</u>
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## Other Current Assets

1117 · A/R - Temp. Restricted	416,065.00
1200 · Prepaid Insurance	
1202 · Accident	675.00
1203 · Crime Coverage	134.64
1206 · Workers Comp Deposit	830.00
1209 · Liability / D&O (SLIP)	1,751.33
1210 · Property Liability (SPIP)	3,047.87
Total 1200 · Prepaid Insurance	<u>6,438.84</u>

1260 · Prepaid Expenses	22,808.26
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1300 · PFG Common Stock	4,931.00
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Total Other Current Assets	<u>450,243.10</u>
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Total Current Assets	725,847.94
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## Fixed Assets

## 1600 · Production Equipment

1700 · Accum Depr-Production Equipment	-464,830.15
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1600 · Production Equipment - Other	677,785.98
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Total 1600 · Production Equipment	<u>212,955.83</u>
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## 1602 · Board of Supervisors Equipment

1702 · Accum Depr-Board of Supervisors	-58,956.90
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1602 · Board of Supervisors Equipment - Other	58,956.90
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Total 1602 · Board of Supervisors Equipment	<u>0.00</u>
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## 1620 · Office Furniture/Equipment

1720 · Accum Depr-Furniture/Equipment	-79,354.28
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## Community Television of Santa Cruz County

## Balance Sheet

As of June 30, 2015

Jun 30, 15

1620 · Office Furniture/Equipment - Other	<u>95,916.41</u>
Total 1620 · Office Furniture/Equipment	16,562.13
1625 · Leasehold Improvement	
1725 · Accum Depr-Leasehold Improv.	-108,669.83
1625 · Leasehold Improvement - Other	<u>183,560.92</u>
Total 1625 · Leasehold Improvement	74,891.09
1650 · Future Equipment Replacement	
1750 · Accum Depr-Future Equip Replace	-22,095.53
1650 · Future Equipment Replacement - Other	<u>22,095.52</u>
Total 1650 · Future Equipment Replacement	-0.01
1660 · Production Vehicle	
1760 · Accum Depr-Production Vehicle	-98,879.72
1660 · Production Vehicle - Other	<u>106,108.28</u>
Total 1660 · Production Vehicle	7,228.56
1670 · Broadcasting Equipment	<u>28,933.89</u>
Total Fixed Assets	<u>340,571.49</u>
<b>TOTAL ASSETS</b>	<u><u>1,066,419.43</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
2100 · Accounts Payable	<u>5,343.61</u>
Total Accounts Payable	5,343.61
Credit Cards	
2000 · VISA-SCCCU	<u>581.54</u>
Total Credit Cards	581.54
Other Current Liabilities	
24000 · Payroll Liabilities	5,012.95
2140 · Accrued Vacation	<u>4,494.50</u>
Total Other Current Liabilities	<u>9,507.45</u>
Total Current Liabilities	15,432.60
Long Term Liabilities	
2400 · Business Equipment Loan 33736	37,107.89

## Community Television of Santa Cruz County

## Balance Sheet

As of June 30, 2015

Jun 30, 15

Total Long Term Liabilities	<u>37,107.89</u>
Total Liabilities	52,540.49
Equity	
3015 · Net Assets-Temp Restricted	416,064.46
3900 · Retained Earnings	519,215.18
Net Income	78,599.30
Total Equity	<u>1,013,878.94</u>
TOTAL LIABILITIES & EQUITY	<u>1,066,419.43</u>



**BOARD OF DIRECTORS  
Regular Meeting  
July 27, 2015**

**MINUTES**

**5:30 P.M.**  
Offices of the Corporation

1. Roll Call

Present: Keith Gudger (Chair), Mathilde Rand, Tom Manheim, Nathan Benjamin, Keith Sterling, Lou Tuosto, Larry Laurent

Absent: James Fisher, Joe Hall, Adam Wade

2. Oral Communications

No one addressed the board.

3. Consideration of Late Additions to the Agenda; additions and deletions to Consent and Regular Agendas.

None.

**CONSENT AGENDA**

4. Approve Minutes\*  
Regular Board Meeting Minutes of June 22, 2015.
5. Approve Minutes\*  
Special Board Meeting Minutes of June 12, 2015.
6. Accept Minutes\*  
Personnel Committee Meeting Minutes of July 2, 2015.
7. Accept Minutes\*  
Finance Committee Meeting Minutes of June 22, 2015.

Rand moved to approve, Manheim seconded, approved unanimously.

**REGULAR AGENDA**

8. Oral Report of Executive Director.

Given.

9. Oral Report of Vice Chair and Volunteer Advisory Committee.

Given.

10. Oral Report of Board Chair.

Given.

11. Discussion and Action on Key Person Insurance on STC Principals.

Manheim moved that the Board authorize the ED and Board Chair to move ahead with pursuing policy in an amount ranging from \$1-\$1000 to include disability and life insurance and to move forward with life insurance portion if disability isn't feasible. Tuosto seconded. Approved unanimously.

12. Board Member / Staff Requests for Specific Items to Appear on next Meeting Agenda  
-Volunteer Advisory Committee position descriptions.  
-Report back on insurance issue.

13. Announcements

14. Adjournment

Rand moved to approve, Tuosto seconded. Approved unanimously.

These minutes are scheduled for approval on September 28, 2015.

Approved: \_\_\_\_\_  
Board Chair

Attest: \_\_\_\_\_  
Board Secretary

**Community Television of Santa Cruz County  
Executive Director's Report to the Board  
July 24 – September 28, 2015**

**Administration**

**1. Financial:**

- We are working with the county to try and have the unspent capital funds from last year (\$28,463.86) rolled over to this year \$28,463.86.
- This year we will be invoicing the county quarterly for our capital funds. This will help us maintain enough cash flow to pay for construction on our new space.
- We have received the first disbursement.
- CTV will send the county an end of the year reconciliation of all DIVCA funds, with the understanding that unspent capital may be rolled over to the following year.
- CTV's production department invoiced over \$12,000 in paid productions fiscal year to date.

Paid projects:

CTV projects completed in August & September

- o Forte Voice Academy – video short
- o Jim Potterson – video short
- o An Unplanned Awakening - movie

CTV projects in progress

- o City of Santa Cruz - Water Treatment Facility
- o Grey Bears
- o HopeLab (partner with CMAP)
- o UCSC Charles Farr profile
- o Spirit of 64 – Documentary
- o Cabrillo College video production
- o New Teachers Association
- o Comcast Commercials

**2. Facilities / Equipment**

- o Drawings were submitted to the City of Santa Cruz for building permits for our new space on Soquel Ave. Our Architect is responding to the first round of changes.
- o We met with a studio consultant and have a progressive plan for the studio incorporating power saving LED lights.
- o We reviewed bids from contractors for our new construction and have chosen a contractor.
- o We have identified the essential equipment needed for our paid services team and member productions. We have purchased a portion of that equipment and we'll have an opportunity to purchase more equipment later in the year. Right now our cash flow must be directed to construction costs.

### 3. **Personnel:**

Longtime employee Peter McGettigan has resigned.

### 4. **Production:**

Production of our own new series in in progress.

- The Food Chain – interns are in pre-production researching topics and guests

Government Access Services:

- CTV will provide coverage of 15 government meetings this month.

### **Resource Development:**

- o We are producing commercials for Comcast's local insertion clients. This is a new and growing revenue stream.
- o We continue to sell our older equipment, no longer in use, and have now earned more than \$6000.
- o We had a third meeting with AMP of Monterey and CMAP in Gilroy to explore ways in which we might work together. We are endeavoring to collaborate on a an hour of regional programing that may lead to a regional channel in the future.

### **Government Access Services:**

- Currently we are covering an average of 15 government meetings each month. We also continue respond to technical concerns at meeting locations across the county.

### **Community Involvement:**

- CTV played a significant role in Second Harvest's campaign for National Hunger Action Month (September). Our interns captured photos and videos of 15 local businesses involved in the effort to raise awareness of hunger in our community. They created several promotional videos being used by Second Harvest in their online campaign.
- Executive Director met with:
  - o Pajaro Valley Unified School District
  - o The City of Watsonville
  - o San Lorenzo Valley Water District
  - o Santa Cruz Regional Transportation Commission

## **CG Coordinator**

The CG Coordinator schedules and facilitates access to the TriCaster and Live Text program for developing or editing lower thirds and titles or preparing the "Live" session graphics of an upcoming program for a production.

This session may include:

1. Cleaning out old clips, stills and titles from a session.
2. Working alongside a show's computer graphics person.
3. If slots are available, prep work for Green/Blue screen or Live Sets.

### **Main Tasks and Responsibilities**

- Ready the control room and studio equipment, including cameras and lights if needed
- Share knowledge of TriCaster switcher and Live Text application
- Announce and schedule individual sessions and fill time slots.
- Maintain appointment times without overlap
- Provide documentation, including manuals and Easy Steps
- Enter Bugzilla reports on any equipment failure
- Reports problems or questions to Producers Directors Coordinator for Workshop Sessions

### **Key Competencies**

- Studio Supervisor Certified
- Working Knowledge of TriCaster/Live Text
- Team Player
- Communication and Organization Skills
- Facilitation Skills
- Problem-Solving Skills

## **Equipment Specialist Coordinator**

The Equipment Specialist Coordinator makes sure that the equipment check-out/in system works for all stakeholders, evaluates the need for repairs and replacement, and assess the need for new equipment.

- Implement and monitor equipment check-out/in system.
- Assign equipment specialists to check out/in people who request equipment.
- Assess the training and retraining needs for equipment specialists.

- Train and mentor equipment specialists.
- Create training and other documents when needed.
- Suggest changes to the check-out/in system.
- Check that inventory is complete and maintain inventory list.
- Evaluate equipment for repair and replacement.
- Based on development and input from VAC, suggest purchases for new equipment.

## **Key Competencies**

- Equipment Specialist Certified
- Team player
- Communication skills
- Facilitation skills
- Problem Solving skills

## **Outreach Coordinator**

The Outreach Coordinator connects with people in the larger community to distribute information about public access and recruitment of volunteers.

## **Main Tasks and Responsibilities**

- Engage in community outreach through social media, special events, orientation workshops, fund-raising events, and appearances on radio shows or public events.
- Raise awareness through direct contact, marketing and advertising to promote SC Currents presence in the community.
- Document information on viewer demographics.
- Work with the Training Coordinator to establish classes for the community on TV production.

## **Key Competencies**

- Team Player
- Knowledge of SC Currents Policies and Procedures
- Community Involvement
- Communication Skills
- Knowledge of Potential Partnerships
- Time Scheduling Skills
- Knowledge of Staff and Equipment Capabilities and Limitations
- Written and Oral Communication Skills



## **Producers & Directors Coordinator**

The Producers & Directors Coordinator keeps producers and directors informed of latest developments at the studio, schedules events for producers and directors and acts as a liaison between them and the Volunteer Advisory Committee.

### **Main Tasks and Responsibilities**

- Schedule regular informational, discussion and hands-on workshop sessions for producers and directors
- Ready the conference room, control room and studio equipment, including cameras and lights if needed, during hands-on sessions for workshops
- Schedule workshop presenters
- Act as editor for the *Tips & Gaps* Newsletter for online access
- Research and write or edit *Easy Steps*. In addition laminate them and upload them to computers for downloading. Keep these documents up to date.
- Solicit information on station policies or SC Currents from VAC and board members
- Collect and report on general or common gaps in knowledge among producers or directors
- Act as a liaison between producers & directors and VAC

### **Key Competencies**

- Studio Supervisor certified
- Producer of a Series
- Certified and Active Director
- Team Player
- Communication and Organization Skills
- Facilitation Skills
- Problem-Solving Skills

## **Studio Supervisor Coordinator**

The Studio Supervisor Coordinator has overall responsibility for the Studio Supervisor Program.

### **Main Tasks and Responsibilities**

- Maintain a current list of volunteers who are certificated to perform the function of Studio Supervisor.
- Assist, as necessary, the Volunteer Coordinator with the scheduling of Studio Supervisors.

- Ensure that all Studio Supervisors understand the current scheduling protocol and the importance of two-way communication with the VC to maintain scheduling reliability and preclude scheduling errors.
- Monitor the viability of the Studio Supervisor program and schedule training for new applicants.
- Communicate with Training Coordinator about scheduling refresher training for current Studio Supervisors.
- Assemble and maintain a standardized curriculum of training documentation and other information pertaining to studio supervision in order to ensure a high level of technical competency.
- When necessary, assist Studio Supervisors to report equipment problems into a Bugzilla problem report.

## **Key Competencies**

- Studio Supervisor Certified
- Strong working knowledge of studio operations, production and equipment
- Ability to resolve common studio technical problems
- Knowledge of whom and when to call for assistance in resolving problems
- Team player
- Communication skills
- Facilitation skills
- Problem solving skills

## **Training Coordinator**

The Training Coordinator prepares, monitors, evaluates, and documents training activities of the Peer-to-Peer training program

### **Main Tasks and Responsibilities**

- Assess the training needs within the SC Currents volunteer community.
  - Identify training gaps within the volunteer community
  - Develop plans/resources to mitigate those gaps
- Develop, implement, and monitor training programs within SC Currents.
  - Schedule new classes
  - Review/Update current classes
  - Post/Update Requirements
- Oversee and help create training materials.
  - Handouts
  - Brochures

- Class flyer
- Website information
- Schedule classes
  - Maintain training calendar
  - Schedule instructors
  - Schedule venue (studio/conference room) and equipment
  - Track enrollment
- Select and train instructors for the Peer-to-Peer classes.
  - Evaluate potential instructors
  - Mentor new instructors

## **Key Competencies**

- Studio Supervisor certified (desired)
- Team player
- Communication skills
- Facilitation skills
- Problem Solving skills

## **TriCaster Coordinator**

The TriCaster Coordinator facilitates access to and the use of the TriCaster video switcher by Producers/Directors for the purpose of developing their skills with the system and/or preparing for upcoming productions. Access to the TriCaster system is scheduled by the TriCaster Coordinator who also promotes the event to Producers/Directors via email and develops a reservation schedule based on responses to the announcement email.

## **Main Tasks and Responsibilities**

- Activate and adjust control room and studio equipment, including cameras and lights.
- Share knowledge of the TriCaster video switcher with Producers and Directors.
- Write and send announcements of Open TriCaster Nights.
- Organize and track access requests and develop reservation lists.
- Ensure volunteers adhere to reservation schedule in their use of the TriCaster.
- Access supporting documentation from manufacture to assist users in operating the TriCaster to achieve their goals.
- Enter Bugzilla reports on equipment that is failing to operate correctly.

## **Key Competencies**

- Studio Supervisor certified
- Working knowledge of TriCaster operation
- Team player
- Communication and organization skills
- Facilitation skills
- Problem Solving skills

## **Volunteer Coordinator**

The volunteer coordinator recruits, certifies, places, monitors and supports CTV volunteers.

## **Main Tasks and Responsibilities**

- Find volunteer opportunities within CTV and match opportunities to volunteers;
- Encourage Staff members to delegate tasks and projects to volunteers;
- Work with the Training Coordinator to ensure appropriate training for volunteers;
- Work with the Outreach Coordinator to recruit volunteers through appropriate publicity;
- Interview volunteers to ensure they are appropriately matched and trained for a position;
- Offer advice, information and support to volunteers;
- Match volunteers to outside non-profits requesting volunteer video support;
- Maintain, updating and giving appropriate access to the CTV Volunteer Google calendar;
- Track volunteer credits, memberships and certifications for all volunteers;
- Schedule Public Access shows;
- Maximize volunteer utilization;
- Ensure that volunteers fully understand their responsibilities.

## **Competencies**

- Communication Proficiency
- Collaboration and Cooperation Skills
- Leadership Skills
- Organizational Skills
- Team Player
- Technical Capacity
- Time Management Skills

## **Policies and Guidelines for Volunteer Credits**

CTV users can earn credits for completing specific tasks for Public Access (SC Currents) and/or tasks that benefit the CTV organization. These credits can be utilized for membership, studio use, rental of selected equipment, payment for selected classes, or transfer credits to other volunteers.

In order to qualify for credit, tasks must be pre-approved by either the Volunteer Advisory Committee or Volunteer Coordinator and may require specific training. Working on the shows of Public Access Producers does not qualify a user for volunteer credit. Self-appointment to a specific task does not qualify a user automatically for credit: users with specific ideas to improve the organization need to communicate with the VAC or Volunteer Coordinator and receive approval first.

### **Qualifying Tasks for Volunteer Credit**

- Studio Supervisor (as scheduled by Volunteer Coordinator)
- Equipment Specialist (as scheduled by Equipment Specialist Coordinator)
- Coordinator of Volunteers, Training, Studio Supervisors, Equipment Specialist, Non-Profit Programs, Outreach, Producers/Directors, Tricaster Program, and CG Program
- Studio upkeep as scheduled by Volunteer Coordinator or Volunteer Advisory Committee (VAC)
- Crew on VAC approved shows, for example PSA Day and Non-Profit Spotlight
- Trainer of classes as scheduled by Training Coordinator
- Participate in staff produced shoots (as scheduled by Volunteer Coordinator)
- Crew at Board meetings (as scheduled by Volunteer Coordinator)
- Crew on community productions (as scheduled by Volunteer Coordinator)

### **Key Requirements**

Each volunteer will need to follow the Volunteer Agreement that covers general volunteer conduct and responsibilities before undertaking any of the above tasks.

### **Documentation of Volunteer Credits**

Earned credits are recorded monthly by the Volunteer Coordinator based on the monthly input from the volunteers.

## **CTV / SC Currents Volunteer Agreement**

Thank you for offering to volunteer for SC Currents, an all volunteer organization that supports Community Television's mission to foster community dialog and individual expression through modern media.

In order to guarantee the success of SC Currents, we ask everyone to keep the following notions in mind:

### **We Are A Team**

We need to be aware of how our actions affect our colleagues and the community as a whole. We treat one another with respect and settle differences in a friendly manner.

### **We Are Dependable**

When we volunteer to do something, other people count on us. If we cannot keep our commitment, we will notify other members of the team.

### **We Are Here to Help**

Our actions reflect on SC Currents and Community TV. We must be courteous and helpful when interacting with the community. We are volunteers and, as such, will not speak on behalf of or act as an official representative of the organization.

### **We Are Discrete**

We sometimes learn private information about other people and organizations while serving as a volunteer. We keep this information to ourselves so that we won't hurt others.

We look forward to having you join us and help us provide public access to all members of the Santa Cruz Community. Please always follow the "Rules and Procedures" on the CTV website.

Thank you,

SC Currents Volunteer Advisory Committee



RESOLUTION OF THE BOARD OF DIRECTORS OF  
COMMUNITY TELEVISION OF SANTA CRUZ COUNTY  
RESOLUTION NO.: 009-2015

On 9/28/2015, at a regular noticed and convened meeting of the Board of Directors of Community Television of Santa Cruz County, also known as "CTV", the Board adopted the following Resolution of the Board:

*According to the Community Television of Santa Cruz County Financial Policies & Procedures, Section III Subsection 5, "Disbursements", approved April 2011:*

*"Expenditures over \$5000 must be approved by the Board of Directors, on the recommendation of the Finance Committee."*

*On June 12, 2015, the Board approved the Business Agreement and Satellite Sublease, which included the following statement:*

*"In connection with the operation of the said business, CTV shall provide up to \$240,000 in initial capital for the build-out and furnishing of the Premises, including determining the architect/designer and the contractor with advice from STC if requested; provide the computers and equipment needed for the space build-out and operations, as well as the phone and security/RFID access system for entry and internal access and to link to DeskWorks (computers and phone system may be existing owned by CTV, so long as adequate to needs, though the security/RFID/access system will be new); provide the digital media software and digital media equipment (this may be existing equipment so long as adequate to needs); provide for new equipment as needed annually; provide for the staffing and ongoing marketing for the Digital Media Center."*

*The Board resolves the following:*

- 1. In order to expedite the construction of the Digital Media Center, the Executive Director may approve, without further Board approval, expenditures necessary to comply with the Satellite Business Agreement and Sublease up to the contracted amount of \$240,000.*

I, Secretary of the Board of Community Television of Santa Cruz County, hereby certify that the foregoing Resolution of the Board was duly adopted and inserted into the Minutes of the Corporation.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Secretary of the Board

\_\_\_\_\_  
Keith Gudger – Board Chair

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

COPY



Armanino<sup>LLP</sup>  
740 Front St. Suite 365  
Santa Cruz, CA 95060-4550  
831 423 6500 main  
831 423 5206 fax  
armaninoLLP.com



May 6, 2015

Community Television of Santa Cruz Cty  
816 Pacific Avenue  
Santa Cruz, CA 95060

Community Television of Santa Cruz Cty:

Enclosed is the organization's 2013 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 15, 2015.

CALIFORNIA FORM 199 RETURN:

The Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail a paper copy of the return to the FTB.

Your payment should be made as instructed below on or before June 15, 2015.

Separately mail California Form FTB 3586 with a check or money order for \$10, payable to Franchise Tax Board.

Mail to: Franchise Tax Board  
PO BOX 942857  
Sacramento CA 94257-0531

Include the corporation number or FEIN and "2013 FTB 3586" on the check or money order.

CALIFORNIA FORM RRF-1 RETURN:

Please sign and mail Form RRF-1 on or before May 15, 2015.

Mail to - Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

Enclose a check for \$75 made payable to Attorney General's Registry of Charitable Trusts. Include "Form RRF-1," the report year and the organization's state charity registration number and/or organization number on the remittance.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Armanino LLP

COPY

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

# 2013

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo)**

Name of exempt organization

Employer identification number

**COMMUNITY TELEVISION OF SANTA CRUZ CTY**

**77-0369318**

Name and title of officer

**JOE HALL  
TREASURER**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, 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 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>707,769.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ARMANINO LLP to enter my PIN 95060  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2013 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.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### 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.

**68613442365**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization 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 ▶ \_\_\_\_\_

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

Form sections B through M: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature fields for Officer (JOE HALL, TREASURER), Preparer (ROBERT SMILEY), and Preparer's firm (ARMANINO LLP).

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

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: THE MISSION OF COMMUNITY TELEVISION IS TO FOSTER COMMUNITY DIALOGUE AND INDIVIDUAL SELF-EXPRESSION THROUGH TELEVISION, THE INTERNET, AND OTHER ELECTRONIC MEDIA.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 456,415. including grants of \$ ) (Revenue \$ 72,511.) SINCE 2/16/94 DEVELOPED AND OPERATED PUBLIC, EDUCATIONAL, AND GOVERNMENTAL ACCESS CABLE CHANNELS AND A VIDEO PRODUCTION FACILITY AVAILABLE 44 HRS PER WEEK FOR PUBLIC USE.

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 456,415.

**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		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? <i>If "Yes," complete Schedule D, Part VI</i> .....	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? <i>If "Yes," complete Schedule D, Part VII</i> .....		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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		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? <i>If "Yes," complete Schedule G, Part I</i> .....		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? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		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? <i>If "Yes," complete Schedule J</i> .....		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
24b			
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? .....		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
24d			
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
32			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? <i>If "Yes," complete Schedule R, Part I</i> .....		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
35a			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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
36			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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
38		X	

**Note.** All Form 990 filers are required to complete Schedule O .....

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

Main form body containing questions 1a through 14b with Yes/No columns and input fields.



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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 11b Describe in 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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 CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization:
THE ORGANIZATION - 831-425-8848
816 PACIFIC AVENUE, SANTA CRUZ, CA 95060

**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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) JAMES FISHER MEMBER	1.00	X						0.	0.	0.
(2) KEITH GUDGER CHAIR	1.00	X						0.	0.	0.
(3) JOE HALL TREASURER	1.00	X						0.	0.	0.
(4) ADAM WADE MEMBER	1.00	X						0.	0.	0.
(5) MATHILDE RAND VICE CHAIR	1.00	X						0.	0.	0.
(6) LOU TUOSTO MEMBER	1.00	X						0.	0.	0.
(7) KEITH STERLING SECRETARY	1.00	X						0.	0.	0.
(8) TOM MANHEIM MEMBER	1.00	X						0.	0.	0.
(9) NATHAN BENJAMIN MEMBER	1.00	X						0.	0.	0.
(10) LYNN C MILLER EXECUTIVE DIRECTOR	40.00		X					32,937.	0.	0.

**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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
<b>1b Sub-total</b> .....							32,937.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							32,937.	0.	0.	

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 <b>former</b> officer, director, or 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
COMMUNITY MEDIA ACCESS PARTNERSHIP 850 DAY ROAD, GILROY, CA 95020	MANAGEMENT	133,651.

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  1

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	1,445.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	624,670.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,040.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f		635,155.				
	Program Service Revenue	2 a	<b>OPERATING CONTRACTS</b>	Business Code 515100	24,109.	24,109.		
		b	<b>PRODUCTION FEES</b>	515100	23,766.	23,766.		
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		47,875.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		103.			103.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	<b>MISCELLANEOUS</b>	515100	19,372.	19,372.				
b	<b>CONTRACT PROJECT</b>	515100	4,405.	4,405.				
c	<b>THIRD PARTY AGREEMENT</b>	511110	500.	500.				
d	All other revenue	515100	359.	359.				
e	<b>Total.</b> Add lines 11a-11d		24,636.					
12	<b>Total revenue.</b> See instructions.		707,769.	72,511.	0.	103.		

**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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,513.	2,572.	993.	948.
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	171,138.	93,910.	31,457.	45,771.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	53,685.	15,267.	38,418.	
10 Payroll taxes	18,180.	9,909.	3,973.	4,298.
11 Fees for services (non-employees):				
a Management	133,651.	30,000.	58,792.	44,859.
b Legal	1,037.			1,037.
c Accounting	14,070.		14,070.	
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 Sch O.)				
12 Advertising and promotion	1,822.	1,822.		
13 Office expenses	2,248.	698.	1,424.	126.
14 Information technology				
15 Royalties				
16 Occupancy	106,562.	68,311.	21,251.	17,000.
17 Travel	1,800.	1,538.	58.	204.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,003.	568.	85.	350.
20 Interest	8,351.		8,351.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,883.	55,475.	9,408.	
23 Insurance	11,920.	9,538.	1,231.	1,151.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CONSULTING</b>	138,291.	120,225.	7,716.	10,350.
b <b>UTILITIES</b>	15,808.	13,391.	2,014.	403.
c <b>LICENSES FEES AND MISC</b>	12,227.	100.	12,127.	
d <b>PRODUCTION EXPENSES</b>	7,404.	7,083.	321.	
e All other expenses	41,997.	26,008.	12,749.	3,240.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	810,590.	456,415.	224,438.	129,737.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	262,918.	<b>1</b>	239,158.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	479,151.	<b>4</b>	433,186.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	9,965.	<b>9</b>	6,314.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,165,801.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 832,787.	341,534.	<b>10c</b> 333,014.
	<b>11</b> Investments - publicly traded securities .....	3,389.	<b>11</b>	4,931.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,096,957.	<b>16</b>	1,016,603.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,995.	<b>17</b>	32,037.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	35,377.	<b>24</b>	47,145.
	<b>25</b> 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 .....	14,823.	<b>25</b>	1,480.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	58,195.	<b>26</b>	80,662.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	539,369.	<b>27</b>	519,876.
	<b>28</b> Temporarily restricted net assets .....	499,393.	<b>28</b>	416,065.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,038,762.	<b>33</b>	935,941.	
<b>34</b> Total liabilities and net assets/fund balances .....	1,096,957.	<b>34</b>	1,016,603.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	707,769.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	810,590.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-102,821.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,038,762.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	935,941.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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
<b>2b</b>	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	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 in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

<b>Name of the organization</b> COMMUNITY TELEVISION OF SANTA CRUZ CTY	<b>Employer identification number</b> 77-0369318
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**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									



**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	53,981.	90,290.	23,911.	800,796.	635,155.	1604133.
<b>2</b> 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 .....	838,019.	811,008.	898,227.	64,971.	47,875.	2660100.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	892,000.	901,298.	922,138.	865,767.	683,030.	4264233.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</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 .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						4264233.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....	892,000.	901,298.	922,138.	865,767.	683,030.	4264233.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	2,857.	1,997.	1,487.	1,344.	103.	7,788.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	2,857.	1,997.	1,487.	1,344.	103.	7,788.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	10,471.	24,011.	22,319.	31,802.	24,636.	113,239.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	905,328.	927,306.	945,944.	898,913.	707,769.	4385260.

**14 First five 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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	97.24 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	97.54 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	.18 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	.31 %

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Horizontal lines for supplemental information.

COPY

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

Employer identification number

COMMUNITY TELEVISION OF SANTA CRUZ CTY

77-0369318

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization <b>COMMUNITY TELEVISION OF SANTA CRUZ CTY</b>	Employer identification number <b>77-0369318</b>
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**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	<u>COUNTY OF SANTA CRUZ</u>  <u>701 OCEAN ST, 5TH FLOOR</u>  <u>SANTA CRUZ, CA 95060</u>	\$ <u>624,670.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>COMMUNITY FOUNDATION FOR AMERICORPS</u>  <u>7807 SOQUEL DRIVE</u>  <u>APTOS, CA 95003</u>	\$ <u>5,000.</u>	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.)

Name of organization <b>COMMUNITY TELEVISION OF SANTA CRUZ CTY</b>	Employer identification number <b>77-0369318</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>COMMUNITY TELEVISION OF SANTA CRUZ CTY</b>	Employer identification number <b>77-0369318</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>COMMUNITY TELEVISION OF SANTA CRUZ CTY</b>	Employer identification number <b>77-0369318</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

**PART I-A, LINE 1:**

**EXPLANATION: ORGANIZATION HAD A LINK ON ITS WEBSITE AND ITS MONTHLY NEWLETTER TO A SITE THAT SUPPORTED THE CAP ACT AND ENCOURAGED PEOPLE TO ASK THEIR CONGRESS REPRESENTATIVES TO SUPPORT THE ACT.**

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

COMMUNITY TELEVISION OF SANTA CRUZ CTY

Employer identification number

77-0369318

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**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 are a 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 programs
  - 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" to 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?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in 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" to 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" to 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				
b Buildings				
c Leasehold improvements		183,561.	108,670.	74,891.
d Equipment		982,240.	724,117.	258,123.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				333,014.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) <b>ACCRUED COMPENSATED ABSENCES</b>	<b>1,480.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	926,757.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	218,988.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	218,988.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	707,769.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	707,769.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	1,029,578.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	218,988.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	218,988.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	810,590.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	810,590.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

**EXPLANATION: THE ORGANIZATION IS A TAX-EXEMPT CORPORATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA STATE FRANCHISE TAX UNDER SECTION 23701(D) OF THE REVENUE AND TAXATION CODE. THE ORGANIZATION IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. FOR THE YEAR ENDED JUNE 30, 2014, THE ORGANIZATION PAID NO UNRELATED BUSINESS INCOME TAX.**

**THE PREPARATION OF THE FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRES THE ORGANIZATION TO REPORT INFORMATION REGARDING ITS EXPOSURE TO VARIOUS TAX POSITIONS TAKEN BY THE ORGANIZATION. MANAGEMENT HAS DETERMINED WHETHER ANY**

**Part XIII** Supplemental Information (continued)

TAX POSITIONS HAVE MET THE THRESHOLD AND HAS MEASURED THE ORGANIZATION'S  
EXPOSURE TO THOSE TAX POSITIONS. MANAGEMENT BELIEVES THAT THE ORGANIZATION  
HAS ADEQUATELY ADDRESSED ALL RELEVANT TAX POSITIONS AND THAT THERE ARE NO  
UNRECORDED LIABILITIES. THE ORGANIZATION IS CURRENT ON REQUISITE TAX  
FILINGS, WHICH ARE SUBJECT TO EXAMINATION UNDER STATUTORY PROVISIONS AND  
STANDARD STATUTE OF LIMITATIONS.

COPY

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

COMMUNITY TELEVISION OF SANTA CRUZ CTY

Employer identification number

77-0369318

FORM 990, PART VI, SECTION A, LINE 3:

EXPLANATION: COMMUNITY MEDIA ACCESS PARTNERSHIP IS A COMMUNITY TELEVISION STATION IN GILROY, CA. COMMUNITY TELEVISION OF SANTA CRUZ COUNTY CONTRACTED WITH THEM FOR SERVICES.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: ANY SANTA CRUZ COUNTY RESIDENT MAY BECOME A MEMBER FOR A SUBSCRIPTION FEE.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: ANY MEMBER OF THE ORGANIZATION HAS VOTING RIGHTS WHICH INCLUDE ELECTION OR REMOVAL MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: MEMBERS OF THE ORGANIZATION ARE ELIGIBLE TO APPROVE BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE TAX RETURN WAS PROVIDED TO THE BOARD FOR REVIEW BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE ORGANIZATION'S BOARD OF DIRECTORS HAS TO APPROVE COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED ON COMPARABILITY DATA AND JUDGEMENT.

FORM 990, PART VI, SECTION C, LINE 18:



Name of the organization COMMUNITY TELEVISION OF SANTA CRUZ CTY	Employer identification number 77-0369318
--	--

EXPLANATION: THE 990 IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS A COMMITTEE THAT

EXPLANATION: OVERSEES THE AUDIT. THE ORGANIZATION HAS NOT CHANGED ITS  
OVERSIGHT PROCESS OR ITS SELECTION PROCESS DURING THE TAX YEAR.

COPY

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
100	PRODUCTION/BROADCASTING EQUIPMENT	VARIOUS	SL	5.00		HY17	699,741.				699,741.	435,194.		29,636.	464,830.
200	BOARD OF SUPERVISORS EQPT	VARIOUS	SL	5.00		HY17	58,957.				58,957.	58,957.		0.	58,957.
300	OFFICE FURN/EQPT	VARIOUS	SL	5.00		HY17	95,338.				95,338.	76,174.		3,180.	79,354.
500	FURNITURE AND EQPT REPLACEMENT	VARIOUS	SL	5.00		HY17	22,096.				22,096.	22,096.		0.	22,096.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						876,132.				876,132.	592,421.		32,816.	625,237.
	TRANSPORTATION EQUIPMENT														
700	PRODUCTION VEHICLE	VARIOUS	SL	5.00		HY17	106,108.				106,108.	72,917.		25,963.	98,880.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						106,108.				106,108.	72,917.		25,963.	98,880.
	OTHER														
400	LEASEHOLD IMPROV	VARIOUS	SL	5.00		HY17	183,561.				183,561.	102,566.		6,104.	108,670.
	* 990 PAGE 10 TOTAL OTHER						183,561.				183,561.	102,566.		6,104.	108,670.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,165,801.				1,165,801.	767,904.		64,883.	832,787.

California Exempt Organization  
Annual Information Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 07/01/2013, and ending (mm/dd/yyyy) 06/30/2014

Corporation/Organization Name <b>COMMUNITY TELEVISION OF SANTA CRUZ CTY</b>			California corporation number <b>1881306</b>
Address (suite, room, or PMB no.) <b>816 PACIFIC AVENUE</b>			FEIN <b>77-0369318</b>
City <b>SANTA CRUZ</b>	State <b>CA</b>	ZIP Code <b>95060</b>	

<b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>J</b> If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.
<b>B</b> Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>D</b> Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____	
<b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	
<b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)	
<b>G</b> Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions	
<b>H</b> Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____	
<b>I</b> Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.	
<b>K</b> Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____	
<b>L</b> If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/>	
<b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	72,614.00
	2	Gross dues and assessments from members and affiliates	2	1,445.00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	633,710.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B	4	707,769.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	707,769.00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	810,590.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-102,821.00
<b>Filing Fee</b>	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Title <b>TREASURER</b>	Date	Telephone <b>831-425-8848</b>
	Preparer's signature		Date	PTIN <b>P00410982</b>
<b>Paid Preparer's Use Only</b>	Firm's name (or yours, if self-employed) and address <b>ARMANINO LLP 740 FRONT ST., SUITE 365 SANTA CRUZ, CA 95060-4550</b>			FEIN <b>94-6214841</b>
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Telephone <b>831-423-6500</b>

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

328951 11-14-13

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	1	00	
	2	Interest	2	103.00	
	3	Dividends	3	00	
	4	Gross rents	4	00	
	5	Gross royalties	5	00	
	6	Gross amount received from sale of assets (See Instructions)	6	00	
	7	Other income SEE STATEMENT 2	7	72,511.00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	72,614.00	
	9	Contributions, gifts, grants, and similar amounts paid	9	00	
	10	Disbursements to or for members	10	00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	11	4,513.00	
	12	Other salaries and wages	12	171,138.00	
	<b>Expenses and Disbursements</b>	13	Interest	13	8,351.00
		14	Taxes	14	18,180.00
		15	Rents	15	106,562.00
		16	Depreciation and depletion (See instructions)	16	64,883.00
		17	Other Expenses and Disbursements SEE STATEMENT 4	17	436,963.00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	810,590.00

<b>Schedule L Balance Sheets</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		262,918.		239,158.
2	Net accounts receivable		479,151.		433,186.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock STMT 5		3,389.		4,931.
8	Mortgage loans				
9	Other investments				
10 a	Depreciable assets	1,110,064.		1,165,801.	
b	Less accumulated depreciation	( 768,530. )	341,534.	( 832,787. )	333,014.
11	Land				
12	Other assets STMT 6		9,965.		6,314.
13	<b>Total assets</b>		1,096,957.		1,016,603.
<b>Liabilities and net worth</b>					
14	Accounts payable		7,995.		32,037.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 7		50,200.		48,625.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		1,038,762.		935,941.
22	<b>Total liabilities and net worth</b>		1,096,957.		1,016,603.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	-102,821.	7	Income recorded on books this year not included in this return.	
2	Federal income tax		8	Deductions in this return not charged against book income this year	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year		10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return			Subtract line 9 from line 6	-102,821.
6	<b>Total.</b> Add line 1 through line 5	-102,821.			

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1  
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
COUNTY OF SANTA CRUZ	701 OCEAN ST, 5TH FLOOR SANTA CRUZ, CA 95060	06/30/14	624,670.
COMMUNITY FOUNDATION FOR AMERICORPS	7807 SOQUEL DRIVE APTOS, CA 95003	06/30/14	5,000.
TOTAL INCLUDED ON LINE 3			629,670.

FORM 199 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
SALES	359.
MISCELLANEOUS	19,372.
CONTRACT PROJECT	4,405.
THIRD PARTY AGREEMENT	500.
OPERATING CONTRACTS	24,109.
PRODUCTION FEES	23,766.
TOTAL TO FORM 199, PART II, LINE 7	72,511.

FORM 199      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES      STATEMENT      3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JAMES FISHER 816 PACIFIC AVENUE SANTA CRUZ, CA 95060	MEMBER 1.00	0.
KEITH GUDGER 816 PACIFIC AVENUE SANTA CRUZ, CA 95060	CHAIR 1.00	0.
JOE HALL 816 PACIFIC AVENUE SANTA CRUZ, CA 95060	TREASURER 1.00	0.
ADAM WADE 816 PACIFIC AVENUE SANTA CRUZ, CA 95060	MEMBER 1.00	0.
MATHILDE RAND 816 PACIFIC AVENUE SANTA CRUZ, CA 95060	VICE CHAIR 1.00	0.
LOU TUOSTO 816 PACIFIC AVENUE SANTA CRUZ, CA 95060	MEMBER 1.00	0.
KEITH STERLING 816 PACIFIC AVENUE SANTA CRUZ, CA 95060	SECRETARY 1.00	0.
TOM MANHEIM 816 PACIFIC AVENUE SANTA CRUZ, CA 95060	MEMBER 1.00	0.
NATHAN BENJAMIN 816 PACIFIC AVENUE SANTA CRUZ, CA 95060	MEMBER 1.00	0.
LYNN C MILLER 816 PACIFIC AVENUE SANTA CRUZ, CA 95060	EXECUTIVE DIRECTOR 40.00	4,513.

TOTAL TO FORM 199, PART II, LINE 11

4,513.

FORM 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
CONSULTING	138,291.
UTILITIES	15,808.
LICENSES FEES AND MISC	12,227.
PRODUCTION EXPENSES	7,404.
OTHER EMPLOYEE BENEFITS	53,685.
MANAGEMENT FEES	133,651.
LEGAL FEES	1,037.
ACCOUNTING FEES	14,070.
ADVERTISING AND PROMOTION	1,822.
OFFICE EXPENSES	2,248.
TRAVEL	1,800.
CONFERENCES AND CONVENTIONS	1,003.
INSURANCE	11,920.
ALL OTHER EXPENSES	41,997.
TOTAL TO FORM 199, PART II, LINE 17	436,963.

FORM 199	INVESTMENTS IN STOCK	STATEMENT	5
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	3,389.	4,931.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	3,389.	4,931.

FORM 199	OTHER ASSETS	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	9,965.	6,314.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	9,965.	6,314.

FORM 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCRUED COMPENSATED ABSENCES	14,644.	1,480.	
ACCRUED PENSION PAYABLE	179.	0.	
UNSECURED NOTES AND LOANS PAYABLE	35,377.	47,145.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	50,200.	48,625.	

FORM 199	FUND BALANCES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	539,369.	519,876.	
TEMPORARILY RESTRICTED ASSETS	499,393.	416,065.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	1,038,762.	935,941.	



# Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

**FORM 199**

**FEIN 77-0369318**

Corporation name

California corporation number

**COMMUNITY TELEVISION OF SANTA CRUZ CTY**

**1881306**

**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add line 9 and line 10, less line 12	13	

**Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356**

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	9	1,083,752.	767,903.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	64,883.

**Part III Summary**

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	64,883.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	64,883.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12					22	

CA 3885		DEPRECIATION				STATEMENT 9	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
100 PRODUCTION/BROADCASTING EQUIPMENT	VARIOUS	633,004.	435,194.	SL	5.00	29,636.	
200 BOARD OF SUPERVISORS EQPT	VARIOUS	58,956.	58,956.	SL	5.00	0.	
300 OFFICE FURN/EQPT	VARIOUS	80,027.	76,174.	SL	5.00	3,180.	
400 LEASEHOLD IMPROV	VARIOUS	183,561.	102,566.	SL	5.00	6,104.	
500 FURNITURE AND EQPT REPLACEMENT	VARIOUS	22,096.	22,096.	SL	5.00	0.	
700 PRODUCTION VEHICLE	VARIOUS	106,108.	72,917.	SL	5.00	25,963.	
TOTAL DEPR TO FORM 3885		<u>1,083,752.</u>	<u>767,903.</u>			<u>64,883.</u>	

COPY

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**

**If the amount of payment is zero, do not mail this voucher.**

**WHERE TO FILE:**

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2013 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:**

**Fiscal Year - See instructions.  
Calendar Year - File and Pay by March 17, 2014.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:**

Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov](http://ftb.ca.gov) for more information.

339035  
12-11-13

--- DETACH HERE --- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2013** **Payment Voucher for Corps  
and Exempt Orgs e-filed Returns**

CALIFORNIA FORM  
**3586 (e-file)**

1881306          COMM 77-0369318          000000000000          13          FORM 3  
TYB 07-01-2013          TYE 06-30-2014

COMMUNITY TELEVISION OF SANTA  
816 PACIFIC AVENUE  
SANTA CRUZ          CA 95060

(831) 425-8848

Total Payment Amt          10.

TAXABLE YEAR  
**2013**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>COMMUNITY TELEVISION OF SANTA CRUZ CTY</b>	<b>77-0369318</b>

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<b>707,769.00</b>
2 Total gross income (Form 199, line 8)	2	<b>707,769.00</b>
3 Total expenses and disbursements (Form 199, line 9)	3	<b>810,590.00</b>

**Part II Settle Your Account Electronically for Taxable Year 2013**

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
--	-----------	---------------------------------

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my Electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2013 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, the reason(s) for the delay.**

<b>Sign Here</b>	Signature of Officer _____	Date _____	TREASURER	Title _____
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**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an Intermediate Service Provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2013 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	<b>ARMANINO LLP</b> <b>740 FRONT ST., SUITE 365</b> <b>SANTA CRUZ, CA</b>	FEIN <b>94-6214841</b>	ZIP Code <b>95060-4550</b>	

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	<b>ARMANINO LLP</b> <b>740 FRONT ST., SUITE 365</b> <b>SANTA CRUZ, CA</b>	FEIN <b>94-6214841</b>	ZIP Code <b>95060-4550</b>

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <b>CT</b> <u>93080</u>  <b>COMMUNITY TELEVISION OF SANTA CRUZ CTY</b> <small>Name of Organization</small>  <u>816 PACIFIC AVENUE</u> <small>Address (Number and Street)</small>  <u>SANTA CRUZ, CA 95060</u> <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>1881306</u>  Federal Employer I.D. No. <u>77-0369318</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2013 ending 06/30/2014 ) list:  
 Gross annual revenue \$ 707,769 Total assets \$ 1,016,603.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. <span style="float:right"><b>SEE STATEMENT 10</b></span>	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 831-425-8848

Organization's e-mail address \_\_\_\_\_

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

<b>JOE HALL</b>	<b>TREASURER</b>
<small>Signature of authorized officer</small>	<small>Printed Name</small>
	<small>Title</small>
	<small>Date</small>

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING  
PART B, LINE 6

STATEMENT 10

COUNTY OF SANTA CRUZ  
701 OCEAN STREET, 5TH FLOOR  
SANTA CRUZ, CA 95060  
ATTN: KEVIN BOWLING

COPY