



325 Soquel Avenue  
Santa Cruz, CA 95062

**BOARD OF DIRECTORS**  
**Finance Committee Meeting**  
**June 18, 2018**  
**10:30 A.M.**  
Offices of the Corporation

## **AGENDA**

1. Attendance

(Chair) Joe Hall, Keith Gudger, Tom Manheim, Maitreya Maziarz

2. Oral Communications

Any person may address the Committee 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 Committee.

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

## **REGULAR AGENDA**

4. Consider Approval of May 2018 Financial Reports \*

5. Review 2016 Tax Return \*

6. Adjournment.

Any person may address the Board Committee 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 Packet**

Community Television of Santa Cruz County  
Operating Profit Loss Budget Performance

May  
2018

	Annual Budget 2017-18	May 2018	May Year to Date	% of Annual Budget	Amount Remaining
<b>4300 · OPERATING REVENUE</b>					
4101 · County BOS Meetings	21,000.00	2,325.00	24,955.00	119%	-3,955.00
4103 · City of Capitola Gov. Meetings	10,000.00	578.00	6,485.50	65%	3,514.50
4104 · SCMTD Meetings	1,600.00	272.00	2,412.00	151%	-812.00
4106 · City of Santa Cruz Gov. Mtg.	33,000.00	2,402.50	27,202.50	82%	5,797.50
4108 · SCCRTC Meetings	2,400.00	238.00	2,382.50	99%	17.50
4109 · SCWD Government Meetings	4,800.00	510.00	4,923.00	103%	-123.00
4110 · Memberships	7,500.00	0.00	0.00	0%	7,500.00
4120 · Facility & Equipment Use	150,000.00	12,141.23	120,732.71	80%	29,267.29
4121 · SLVWD Meetings	7,600.00	0.00	3,975.00	52%	3,625.00
4122 · PVUSD	6,100.00	408.00	5,282.50	87%	817.50
4130 · Classes	6,000.00	0.00	712.81	12%	5,287.19
4165 · Donations	500.00	130.00	855.00	171%	-355.00
4180 · Interest Earned	300.00	94.84	918.13	306%	-618.13
4185 · Misc. Income	0.00	0.00	193.00		-193.00
4190 · Gain/Loss on Sale of Assets	0.00	0.00	56.00		-56.00
4200 · Production Services	8,000.00	0.00	7,157.00	89%	843.00
<b>Total 4300 · OPERATING REVENUE</b>	<b>258,800.00</b>	<b>19,099.57</b>	<b>208,242.65</b>	<b>80%</b>	<b>50,557.35</b>
<b>TOTAL INCOME</b>	<b>258,800.00</b>	<b>19,099.57</b>	<b>208,242.65</b>	<b>80%</b>	<b>50,557.35</b>
<b>6000 · OPERATING EXPENSES</b>					
6100 · Advertising	12,000.00	950.00	2,804.99	23%	9,195.01
6300 · Bank Charges	1,600.00	244.88	2,599.26	162%	-999.26
6600 · Dues & Subscriptions	1,500.00	70.00	1,084.05	72%	415.95
7100 · Office Supplies	700.00	61.59	580.41	83%	119.59
7200 · Postage/Freight	500.00	3.47	233.92	47%	266.08
7205 · Printing	1,000.00	0.00	78.44	8%	921.56
7401 · Facility Supplies	3,000.00	247.79	1,603.43	53%	1,396.57
7640 · Licenses/Fees/Misc. Taxes	1,000.00	85.00	105.00	11%	895.00
7700 · Telephone/Telecommunications/Internet	9,000.00	356.93	4,526.31	50%	4,473.69
<b>Total 6000 - Operating Expenses</b>	<b>30,300.00</b>	<b>2,019.66</b>	<b>13,615.81</b>	<b>45%</b>	<b>16,684.19</b>
<b>6800 · Contracted Services</b>					
6900 · Contract Services-Audit Services	14,500.00	1,395.00	1,395.00	10%	13,105.00
7001 · Contract Services-Production Support	3,000.00	0.00	0.00	0%	1,605.00
7007 · Contract Services-CMAP	33,000.00	2,880.00	30,650.00	93%	2,350.00
7010 · Contract Services-Consulting	10,000.00	85.00	1,230.00	12%	8,770.00
7110 · Contract Services-Legal	6,000.00	32.00	3,065.30	51%	2,934.70
7910 · Contract Services-Equipment Technicians	6,000.00	0.00	0.00	0%	6,000.00
<b>Total 6800 · Contracted Services</b>	<b>72,500.00</b>	<b>4,392.00</b>	<b>36,340.30</b>	<b>50%</b>	<b>36,159.70</b>
<b>7000 · Staff Development &amp; Fundraising</b>					
7405 · Training/conferences	2,000.00	299.99	1,657.43	83%	342.57
7800 · Travel/Meals	1,538.00	31.23	31.23	2%	1,506.77
8600 · Special Events Expense	3,000.00	0.00	0.00	0%	3,000.00
<b>Total 7000 · Staff Development &amp; Fundraising</b>	<b>6,538.00</b>	<b>331.22</b>	<b>1,688.66</b>	<b>26%</b>	<b>4,849.34</b>

Community Television of Santa Cruz County  
Operating Profit Loss Budget Performance

May  
2018

	Annual Budget 2017-18	May 2018	May Year to Date	% of Annual Budget	Amount Remaining
<b>7500 · Operating Salaries &amp; Benefits</b>					
7530 · Salaries - Coworking Community Coordinator	33,000.00	2,836.18	29,938.37	91%	3,061.63
7535 · Salaries - Accountant	15,450.00	1,277.72	11,211.09	73%	4,238.91
7542 · Salaries - Media Services Coordinator	48,500.00	4,308.98	45,193.73	93%	3,306.27
7585 · Salaries - Government Technicians	13,000.00	1,707.92	16,285.98	125%	-3,285.98
7589 · Salaries - Extra Help Trainers, Technicians	10,000.00	0.00	2,387.44	24%	7,612.56
7621 · Payroll Taxes	11,000.00	959.11	10,796.32	98%	203.68
7635 · Workers Comp	2,012.00	461.00	1,739.01	86%	272.99
7630 · Health/Dental/Vision	12,000.00	959.86	10,281.16	86%	1,718.84
7632 · Severance/Vacation Payouts	4,500.00	0.00	720.00	16%	3,780.00
<b>Total 7500 · Operating Salaries &amp; Benefits</b>	<b>149,462.00</b>	<b>12,510.77</b>	<b>128,553.10</b>	<b>86%</b>	<b>20,908.90</b>
<b>TOTAL EXPENSES</b>	<b>258,800.00</b>	<b>19,253.65</b>	<b>180,197.87</b>	<b>70%</b>	<b>78,602.13</b>
<b>NET INCOME/LOSS</b>	<b>0.00</b>	<b>-154.08</b>	<b>28,044.78</b>	<b>10.8%</b>	

Community Television of Santa Cruz County  
Capital Profit Loss Budget Performance

May  
2018

	Annual Budget 2017-18	May 2018	May Year to Date	% of Annual Budget	Amount Remaining
<b>4000 · CAPITAL REVENUE</b>					
4100 · County PEG Fees	500,000.00	0.00	375,000.00	75%	125,000.00
4106 · County PEG Fees	100,000.00	0.00	100,000.00	100%	0.00
<b>TOTAL INCOME</b>	<b>600,000.00</b>	<b>0.00</b>	<b>475,000.00</b>	<b>79%</b>	<b>125,000.00</b>
<b>5000 · CAPITAL EXPENDITURES</b>					
<b>5100 · Facility</b>					
7400 · Facility Lease	192,000.00	15,160.03	167,937.37	87%	24,062.63
6701 · Facility/Equip. Insurance	9,294.00	841.10	10,359.48	111%	-1,065.48
7058 · Leasehold Improvements/Capital	0.00	0.00	16,812.00		-16,812.00
7300 · Facilities & Equipment Rental	1,000.00	38.29	420.19	42%	579.81
<b>Total 5100 · Facility</b>	<b>202,294.00</b>	<b>16,039.42</b>	<b>195,529.04</b>	<b>97%</b>	<b>6,764.96</b>
<b>5200 · Equipment</b>					
6650 · Interest on Leased Equip	0.00	33.37	534.71		-534.71
7215 · Copy Machine Lease	5,000.00	195.14	4,643.99	93%	356.01
7051 · Equipment Repair	10,000.00	0.00	0.00	0%	10,000.00
7056 · Equipment - Depreciated	367,046.00	2,254.99	157,344.44	43%	339,873.17
7057 · Equipment - Non Depreciated	15,000.00	4,182.40	27,172.83	181%	-12,172.83
<b>Total 5200 · Equipment</b>	<b>397,046.00</b>	<b>6,665.90</b>	<b>189,695.97</b>	<b>48%</b>	<b>207,350.03</b>
<b>5300 · Media Licensing</b>					
7059 · Music Library	660.00	55.00	605.00	92%	55.00
<b>Total 5300 · Media Licensing</b>	<b>660.00</b>	<b>55.00</b>	<b>605.00</b>	<b>92%</b>	<b>55.00</b>
<b>Total 5000 · CAPITAL EXPENDITURES</b>	<b>600,000.00</b>	<b>22,760.32</b>	<b>385,830.01</b>	<b>64%</b>	<b>214,169.99</b>
<b>NET INCOME/LOSS</b>	<b>0.00</b>	<b>-22,760.32</b>	<b>89,169.99</b>		

# Community Television of Santa Cruz County

## BALANCE SHEET

As of May 31, 2018

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
1010 Checking-SCCCU	3,114.75
1015 PayPal Checking-SCCCU	3,685.69
1020 Savings-SCCCU	36,550.91
1021 Petty Cash Fund	254.56
1070 CD 12 month Cert SCCC	48,139.37
1075 Checking - Lighthouse Bank	707,730.35
1080 Savings - Lighthouse Bank	502.86
1099 Cash Box	0.00
<b>Total Bank Accounts</b>	<b>\$799,978.49</b>
Accounts Receivable	
1114 Temp A/R	0.00
1115 Accounts Receivable	4,632.00
1116 Grants Receivable	0.00
<b>Total Accounts Receivable</b>	<b>\$4,632.00</b>
Other Current Assets	
1117 A/R - Temp. Restricted	0.00
1125 County Reserve Acct. Restricted	0.00
1200 Prepaid Insurance	
1201 Health	0.00
1202 Accident	83.66
1203 Crime Coverage	0.00
1206 Workers Comp Deposit	462.00
1209 Liability / D&O (SLIP)	0.00
1210 Property Liability (SPIP)	841.06
<b>Total 1200 Prepaid Insurance</b>	<b>1,386.72</b>
1260 Prepaid Expenses	21,384.98
1300 PFG Common Stock	4,931.00
1400 Undeposited Funds	238.00
<b>Total Other Current Assets</b>	<b>\$27,940.70</b>
<b>Total Current Assets</b>	<b>\$832,551.19</b>
Fixed Assets	
1600 Production Equipment	776,969.81
1700 Accum Depr-Production Equipment	-493,235.15
<b>Total 1600 Production Equipment</b>	<b>283,734.66</b>
1620 Office Furniture/Equipment	99,615.17
1720 Accum Depr-Furniture/Equipment	-83,663.58
<b>Total 1620 Office Furniture/Equipment</b>	<b>15,951.59</b>
1625 Leasehold Improvement	188,719.87
1725 Accum Depr-Leasehold Improv.	-114,773.76
<b>Total 1625 Leasehold Improvement</b>	<b>73,946.11</b>

	TOTAL
1670 Broadcasting Equipment	28,933.89
<b>Total Fixed Assets</b>	<b>\$402,566.25</b>
<b>TOTAL ASSETS</b>	<b>\$1,235,117.44</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
2100 Accounts Payable	1,196.61
<b>Total Accounts Payable</b>	<b>\$1,196.61</b>
Other Current Liabilities	
2110 Sales Tax Payable	0.00
2111 Sales Tax (Manual entry)	0.00
2140 Accrued Vacation	2,531.20
24000 Payroll Liabilities	1,034.98
CA PIT / SDI	162.26
CA SUI / ETT	-593.82
Federal Taxes (941/944)	2,102.86
<b>Total 24000 Payroll Liabilities</b>	<b>2,706.28</b>
Board of Equalization Payable	0.00
Direct Deposit Payable	0.00
<b>Total Other Current Liabilities</b>	<b>\$5,237.48</b>
<b>Total Current Liabilities</b>	<b>\$6,434.09</b>
Long-Term Liabilities	
2400 Business Equipment Loan 33736	8,808.43
<b>Total Long-Term Liabilities</b>	<b>\$8,808.43</b>
<b>Total Liabilities</b>	<b>\$15,242.52</b>
Equity	
3000 Opening Bal Equity	0.00
3015 Net Assets-Temp Restricted	0.00
3900 Retained Earnings	648,807.83
3905 Retained Earnings - Capital Reserves	453,852.31
Net Revenue	117,214.78
<b>Total Equity</b>	<b>\$1,219,874.92</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$1,235,117.44</b>

DENISE M. BROLIN, CPA  
785 NICOLE CT  
GILROY, CA 95020-6809

COMMUNITY TELEVISION OF SANTA CRUZ  
COUNTY  
325 SOQUEL AVENUE  
SANTA CRUZ, CA 95062

**CLIENT COPY**

**DENISE M. BROLIN, CPA  
785 NICOLE CT  
GILROY, CA 95020-6809  
(408) 848-3861**

May 15, 2018

COMMUNITY TELEVISION OF SANTA CRUZ  
COUNTY  
325 SOQUEL AVENUE  
SANTA CRUZ, CA 95062

Dear BECCA:

Your 2016 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Enclosed is your 2016 Federal Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. Mail your Federal return on or before November 15, 2017 to:

DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0027

Your 2016 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. There is a balance due of \$10 payable by May 15, 2018. Mail your California payment voucher, Form 3586, on or before May 15, 2018 to:

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0531

Enclosed is your 2016 California Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. Mail the California return on or before November 15, 2017 to:

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0700

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$75 payable by May 15, 2018. Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before May 15, 2018 to:

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470



Please be sure to call us if you have any questions.

Sincerely,

DENISE M. BROLIN

**CLIENT COPY**

**DENISE M. BROLIN, CPA**  
785 NICOLE CT  
GILROY, CA 95020-6809  
(408) 848-3861

Client 77036931  
May 15, 2018

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**COMMUNITY TELEVISION OF SANTA CRUZ  
COUNTY  
325 SOQUEL AVENUE  
SANTA CRUZ, CA 95062  
(831) 425-8848**

**FEDERAL FORMS**

Form 990	2016 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule D	Schedule D
Schedule O	Supplemental Information
Form 8868	Application for Extension
Form 990-T	2016 Exempt Organization Bus. Income Tax Return
	Depreciation Schedules
Form 8879-EO	IRS e-file Signature Authorization

**CALIFORNIA FORMS**

Form 199	2016 California Exempt Organization Return
Form 3539 (199)	Automatic Extension Voucher - Corp.
Form 3885 (199)	Depreciation and Amortization - Corp.
Form 3586	3586 Electronic Filing Payment Voucher
Form 8453-EO	California e-file Return Authorization for Exempt
Form 109	2016 California Exempt Org. Bus. Inc. Tax Return
Form 3805Q	NOL Deduction - Corporations
Form RRF-1	2017 Registration/Renewal Fee Report
	California Depreciation Schedules

**FEE SUMMARY**

Preparation Fee	\$	1,120.00
PREPARATION OF FORM 990 T/CA FORM 109		275.00
Amount Due	\$	<b>1,395.00</b>

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Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning 7/01, 2016, and ending 6/30, 202017

▶ 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).

## 2016

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

COMMUNITY TELEVISION OF SANTA CRUZ  
COUNTY

Employer identification number

77-0369318

Name and title of officer

REBECCA KING REED

Executive Dir.

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

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>1 a</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>1 b</b> <u>799,180.</u>
<b>2 a</b> Form 990-EZ check here . . . . .	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2 b</b> _____
<b>3 a</b> Form 1120-POL check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3 b</b> _____
<b>4 a</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>4 b</b> _____
<b>5 a</b> Form 8868 check here . . . . .	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5 b</b> _____

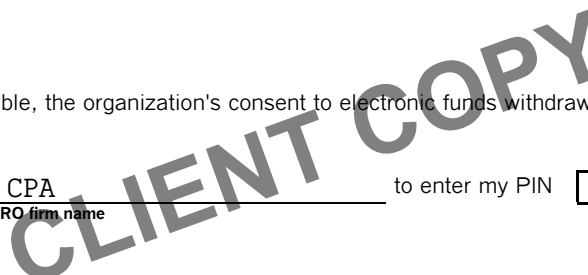
### Part II Declaration and Signature Authorization of Officer

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)

organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DENISE M. BROLIN, CPA to enter my PIN 77036 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros



the return's disclosure consent screen.

program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 5/15/2018

### 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 . . . . . 77525895020  
do not enter all zeros

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 ▶ DENISE M. BROLIN Date ▶ \_\_\_\_\_

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed

[www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

## Automatic 6-Month Extension of Time.

Only submit original (no copies needed).

use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number, see instructions**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>COMMUNITY TELEVISION OF SANTA CRUZ COUNTY</b>	Employer identification number (EIN) or <b>77-0369318</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>325 SOQUEL AVENUE</b>	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SANTA CRUZ, CA 95062</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) .....

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ -----

Telephone No. ▶ ----- Fax No. ▶ -----

• If the organization does not have an office or place of business in the United States, check this box .....

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ..... . If it is for part of the group, check this box ...  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until \_\_\_\_\_, 20\_\_\_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit .....	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....	<b>3c</b>	\$

**Caution:** payment instructions.

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

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning 7/01, 2016, and ending 6/30, 2017

**B** Check if applicable:

<input type="checkbox"/> Address change	<b>C</b> COMMUNITY TELEVISION OF SANTA CRUZ COUNTY 325 SOQUEL AVENUE SANTA CRUZ, CA 95062	<b>D</b> Employer identification number 77-0369318
<input type="checkbox"/> Name change		<b>E</b> Telephone number (831) 425-8848
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

**F** Name and address of principal officer: REBECCA KING REED  
Same As C Above

**G** Gross receipts \$ 799,180.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If 'No,' attach a list. (see instructions)

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

**J** Website: WWW.COMMUNITYTV.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1994 **M** State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO FOSTER COMMUNITY DIALOGUE AND INDIVIDUAL SELF-EXPRESSION THROUGH VARIOUS MEDIA</u>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>10</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>10</u>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<u>6</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<u>50</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>109,804.</u>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>-123,520.</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<u>888,692.</u>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>107,236.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>154.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>25,388.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,021,470.</u>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>248,320.</u>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>1,076.</u>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>224,114.</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>472,434.</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>549,036.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<u>1,585,451.</u>
	<b>21</b> Total liabilities (Part X, line 26)	<u>69,887.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>1,515,564.</u>

**Part II Signature Block**

complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: REBECCA KING REED Date: \_\_\_\_\_  
 Type or print name and title: Executive Dir.

**Paid Preparer Use Only**

Print/Type preparer's name: DENISE M. BROLIN Preparer's signature: DENISE M. BROLIN Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P00590440

Firm's name: DENISE M. BROLIN, CPA Firm's EIN: \_\_\_\_\_  
 Firm's address: 785 NICOLE CT GILROY, CA 95020-6809 Phone no.: (408) 848-3861

May the IRS discuss this return with the preparer shown above? (see instructions)  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

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

**4**

and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 182,084. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

SINCE 2/16/94 DEVELOPED AND OPERATED PUBLIC, EDUCATIONAL, AND GOVERNMENTAL ACCESS CABLE CHANNELS AND A VIDEO PRODUCTION FACILITY AVAILABLE 44 HOURS PER WEEK FOR PUBLIC USE

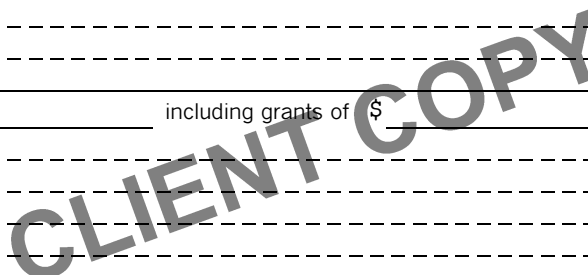
**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**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 **▶ 182,084.**



**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> (see instructions)? .....		X
3 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 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 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, 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> (see instructions). .....		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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....		X
<b>23</b> 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
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>b</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
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II.</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>30</b> contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <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
<b>37</b> treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

BAA

Form 990 (2016)



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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

**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.

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1 b</b> 10		
<b>2</b>	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? . . . . .		X
<b>3</b>	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? See Sch O . . . . .	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . See Schedule O . . . . .	X	
<b>7 a</b>	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? . See Schedule O . . . . .	X	
<b>7 b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . See Sch O . . . . .	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	a The governing body? . . . . .	X	
<b>8 b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	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 . . . . .		X

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

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10 b</b>	b operations are consistent with the organization's exempt purposes? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>12 a</b>	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O . . . . .		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . .	X	
<b>12 b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		X
<b>12 c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done . . . . .		X
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		X
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b>	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?		
<b>15 a</b>	a The organization's CEO, Executive Director, or top management official. See Schedule O . . . . .	X	
<b>15 b</b>	b Other officers or key employees of the organization. . . . .	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16 b</b>	b 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** for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O) See Sch. O
- 19** the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
 MELANIE SWEET 325 SOQUEL AVENUE SANTA CRUZ CA 95062 (831) 425-8848

**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**

1 a

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.

employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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) KEITH GUDGER ----- Chairman	1 ----- 0	X		X				0.	0.	0.
(2) MAITREYA MAZIARZ ----- VICE CHAIR	1 ----- 0	X		X				0.	0.	0.
(3) LARRY LAURENT ----- Secretary	1 ----- 0	X		X				0.	0.	0.
(4) JOE HALL ----- Treasurer	1 ----- 0	X		X				0.	0.	0.
(5) ADAM WADE ----- MEMBER	1 ----- 0	X						0.	0.	0.
(6) JAMES FISHER ----- MEMBER	1 ----- 0	X						0.	0.	0.
(7) TOM MANHEIM ----- MEMBER	1 ----- 0	X						0.	0.	0.
(8) JANIS O'DRISCOLL ----- MEMBER	1 ----- 0	X						0.	0.	0.
(9) LOU TUOSTO ----- MEMBER	1 ----- 0	X						0.	0.	0.
(10) REBECCA KING REED ----- Executive Dir.	40 ----- 0			X				0.	0.	0.
(11) -----										
(12) -----										
(13) -----										
(14) -----										

**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 dotted 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			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Sub-total</b> .....						0.	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> .....						0.	0.	0.	

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**2** from the organization ▶ 0

	Yes	No
<b>3</b> 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
<b>4</b> 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
<b>5</b> 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

(A) Name and business address	(B) Description of services	(C) Compensation

**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 ▶ 0

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>				
	<b>b</b> Membership dues .....	<b>1 b</b> 625.				
	<b>c</b> Fundraising events .....	<b>1 c</b>				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1 e</b> 616,198.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 90.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f .....	<b>▶</b> 616,913.				
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2 a</b> PRODUCTION FEES .....	515100	36,599.	35,999.	600.	
	<b>b</b> OPERATING CONTRACTS .....	515100	28,833.	28,833.		
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
<b>g Total.</b> Add lines 2a-2f .....	<b>▶</b> 65,432.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		694.		694.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real	89,638.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....	89,638.			
	<b>d</b> Net rental income or (loss) .....		89,638.	89,638.		
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including.. \$ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....		<b>▶</b>				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	<b>▶</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	<b>▶</b>				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> MEMBERSHIPS .....		18,766.		18,766.		
<b>b</b> MISCELLANEOUS .....	515100	5,484.	4,684.	800.		
<b>c</b> MISCELLANEOUS SALES .....	515100	2,253.	2,253.			
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....	<b>▶</b>	26,503.				
<b>12 Total revenue.</b> See instructions .....	<b>▶</b>	799,180.	71,769.	109,804.	694.	

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**Part IX Statement of Functional Expenses**

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	79,623.	40,607.	39,016.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	9,071.	4,626.	4,445.	
10 Payroll taxes	8,347.	4,257.	4,090.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,964.		727.	1,237.
c Accounting	12,467.		12,467.	
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 Schedule O.)	13,779.	3,996.	9,783.	
12 Advertising and promotion	207.	149.	58.	
13 Office expenses	619.	87.	532.	
14 Information technology				
15 Royalties				
16 Occupancy	39,839.	35,058.	4,781.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	981.		981.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,323.	60,323.		
23 Insurance	4,302.	4,302.		
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 <u>PRODUCTION EQUIPMENT</u>	20,149.	20,149.		
b <u>LEASEHOLD IMPROVEMENTS</u>	4,818.	4,818.		
c <u>PRODUCTION EXPENSES</u>	1,953.	1,953.		
d <u>BAD DEBT</u>	1,527.	1,527.		
e All other expenses	2,986.	232.	2,915.	-161.
25 Total functional expenses. Add lines 1 through 24e	262,955.	182,084.	79,795.	1,076.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**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>	1	Cash – non-interest-bearing	465,763.	1	551,139.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	428,705.	4	137,459.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	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 instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	30,936.	9	31,280.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,494,445.		
	10b	Less: accumulated depreciation	10b	791,610.	10c	702,835.
	11	Investments – publicly traded securities		11		
	12	Investments – other securities. See Part IV, line 11		12		
	13	Investments – program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	4,931.	15	4,931.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,585,451.	16	1,427,644.		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	30,623.	17	2,271.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	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		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties	27,794.	24	18,079.	
	25	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	11,470.	25	4,364.	
	26	<b>Total liabilities.</b> Add lines 17 through 25	69,887.	26	24,714.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets	1,099,500.	27	1,402,930.	
	28	Temporarily restricted net assets	416,064.	28		
	29	Permanently restricted net assets		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	<b>Total net assets or fund balances.</b>	1,515,564.	33	1,402,930.	
	34	<b>Total liabilities and net assets/fund balances.</b>	1,585,451.	34	1,427,644.	

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Form 990 (2016)

**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>	799,180.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	262,955.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	536,225.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,515,564.
<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) <i>See Schedule O</i>	<b>9</b>	-648,859.
<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>	1,402,930.

**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?		X
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			
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?		X
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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<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.			
<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>	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Form **990** (2016)



**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

**2016**

Open to Public Inspection

Name of the organization <b>COMMUNITY TELEVISION OF SANTA CRUZ COUNTY</b>	Employer identification number <b>77-0369318</b>
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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 12, 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 (Form 990 or 990-EZ).)
- 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  \_\_\_\_\_ 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college university: \_\_\_\_\_
- 10  from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** You must complete Part IV, Sections A and B.
  - b  **Type II.** You must complete Part IV, Sections A and C.
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. **You must complete Part IV, Sections A and D, and Part V.**
  - e  \_\_\_\_\_ integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3. . . . .						
5 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) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4. . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10. . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>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**

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)). . . . .	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14. . . . .	15	%
16a <b>33-1/3% support test—2016.</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—2015.</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"/>		
17a <b>10%-facts-and-circumstances test—2016.</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 VI how . . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2015.</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 VI how the . . . . . ▶ <input type="checkbox"/>		
18 <b>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)**

fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .	800,796.	635,155.	279,284.	888,692.	616,913.	3,220,840.
<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. . . . .	64,971.	47,875.	47,926.	107,236.	65,432.	333,440.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	865,767.	683,030.	327,210.	995,928.	682,345.	3,554,280.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .	0.	0.	0.	0.	0.	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.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b. . . . .	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						3,554,280.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6. . . . .	865,767.	683,030.	327,210.	995,928.	682,345.	3,554,280.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	1,344.	103.	64.	154.	694.	2,359.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						0.
<b>c</b> Add lines 10a and 10b. . . . .	1,344.	103.	64.	154.	694.	2,359.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI. . . . .	31,802.	24,636.	25,237.		116,141.	197,816.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	898,913.	707,769.	352,511.	996,082.	799,180.	3,754,455.
<b>14 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>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	94.67 %
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15. . . . .	<b>16</b>	97.25 %

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)). . . . .	<b>17</b>	0.06 %
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	0.08 %
<b>19a 33-1/3% support tests—2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2016

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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Schedule A (Form 990 or 990-EZ) 2016

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV,

(See instructions.)

**Part III, Line 12 - Other Income**

<u>Nature and Source</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>
OTHER INCOME	\$ 116,141.		\$ 25,237.	\$ 24,636.	\$ 31,802.
Total	<u>\$ 116,141.</u>	<u>\$ 0.</u>	<u>\$ 25,237.</u>	<u>\$ 24,636.</u>	<u>\$ 31,802.</u>

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes' on 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.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

COMMUNITY TELEVISION OF SANTA CRUZ COUNTY

Employer identification number

77-0369318

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and 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?
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?

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for total number, total acreage, and number of easements on certified historic structures.

- 3 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?
7
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)?
9 conservation easements.

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a in Part XIII, the text of the footnote to its financial statements that describes these items.
b following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on 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 items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Part XIII.

5 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' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a 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	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a 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 on lines 2a, 2b, and 2c should equal 100%.

3 a 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' on line 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' on 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
1 a Land				
b Buildings				
c Leasehold improvements		447,569.	137,594.	309,975.
d Equipment		1,043,177.	653,276.	389,901.
e Other		3,699.	740.	2,959.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				702,835.

BAA

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on 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) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' on 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)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' on 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)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED COMPENSATED ABSENCES	2,683.
(3) PAYROLL LIABILITIES	1,681.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	4,364.

**2.**

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.** N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

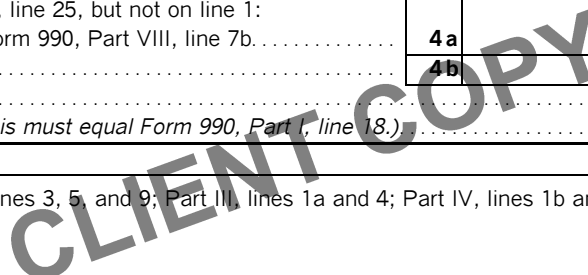
**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<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>2 a</b>		
	<b>b</b> Prior year adjustments	<b>2 b</b>		
	<b>c</b> Other losses	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2 d</b>		
	<b>e</b> Add lines <b>2 a</b> through <b>2 d</b>		<b>2 e</b>	
<b>3</b>	Subtract line <b>2 e</b> from line <b>1</b>		<b>3</b>	
<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>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4 b</b>		
	<b>c</b> Add lines <b>4 a</b> and <b>4 b</b>		<b>4 c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**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,



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2016**

**Open to Public  
Inspection**

COMMUNITY TELEVISION OF SANTA CRUZ  
COUNTY

Employer identification number

77-0369318

**FORM 990, PART XII, LINE 2C:**

THE ORGANIZATION HAS A COMMITTEE THAT OVERSEES THE AUDIT. THE ORGANIZATION HAS NOT  
CHANGED ITS OVERSIGHT PROCESS OR ITS SELECTION PROCESS DURING THE TAX YEAR.

**Form 990, Part VI, Line 3 - Description of Delegated Duties to Management Company**

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, Line 6 - Explanation of Classes of Members or Shareholder**

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

**Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body**

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

**Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders**

MEMBERS OF THE ORGANIZATION ARE ELIGIBLE TO APPROVE BYLAWS.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

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

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

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

**Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection**

THE 990 IS AVAILABLE UPON REQUEST.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST

**Form 990, Part XI, Line 9  
Other Changes In Net Assets Or Fund Balances**

ALLOCATION OF EXPENSES TO UNRELATED BUSINESS ACTIVITY.....	\$	-233,323.
ALLOCATION OF UNRELATED BUSINESS INCOME.....		-109,804.
REMOVAL OF ASSETS.....		-197,691.

Name of the organization COMMUNITY TELEVISION OF SANTA CRUZ COUNTY	Employer identification number 77-0369318
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**Form 990, Part XI, Line 9 (continued)**  
**Other Changes In Net Assets Or Fund Balances**

TRANSFER OF LEASEHOLD IMPROVEMENTS TO FIXED ASSETS.....	\$ -108,041.
Total	\$ <u>-648,859.</u>

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Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2016**

For calendar year 2016 or other tax year beginning 7/01, 2016, and ending 6/30, 2017

▶ **Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).**  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>	<input type="checkbox"/> Check box if name changed and see instructions. COMMUNITY TELEVISION OF SANTA CRUZ COUNTY 325 SOQUEL AVENUE SANTA CRUZ, CA 95062	<b>D</b> Employer identification number (Employees' trust, see instructions.) 77-0369318  <b>E</b> Unrelated business activity codes (See instructions.) 900002
---	----------------------	--	---

<b>C</b> Book value of all assets at end of year 1,427,644.	<b>F</b> Group exemption number (See instructions.) ▶ <b>G</b> Check organization type . . . . ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---

**H** Describe the organization's primary unrelated business activity.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-sub subsidiary controlled group? . . . ▶  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

**J** The books are in care of ▶ **MELANIE SWEET** Telephone number ▶ (831) 425-8848

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales . . .			
<b>b</b> Less returns and allowances . . . <b>c</b> Balance ▶	<b>1 c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D) . . . . .	<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts . . . . .	<b>4 c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) . . . . .	<b>5</b>		
<b>6</b> Rent income (Schedule C) . . . . .	<b>6</b> 89,638.		89,638.
<b>7</b> Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>		
<b>11</b> Advertising income (Schedule J) . . . . .	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) . . . . . See Statement 1	<b>12</b> 20,166.		20,166.
<b>13 Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b> 109,804.	0.	109,804.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		(A) Income	(B) Expenses	(C) Net
<b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>			
<b>15</b> Salaries and wages . . . . .	<b>15</b>			40,206.
<b>16</b> Repairs and maintenance . . . . .	<b>16</b>			
<b>17</b> Bad debts . . . . .	<b>17</b>			
<b>18</b> Interest (attach schedule) . . . . .	<b>18</b>			
<b>19</b> Taxes and licenses . . . . .	<b>19</b>			4,110.
<b>20</b> Charitable contributions (See instructions for limitation rules) . . . . .	<b>20</b>			
<b>21</b> Depreciation (attach Form 4562) . . . . .	<b>21</b>			
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22 a</b>			<b>22 b</b>
<b>23</b> Depletion . . . . .	<b>23</b>			
<b>24</b> Contributions to deferred compensation plans . . . . .	<b>24</b>			
<b>25</b> Employee benefit programs . . . . .	<b>25</b>			1,794.
<b>26</b> Excess exempt expenses (Schedule I) . . . . .	<b>26</b>			
<b>27</b> Excess readership costs (Schedule J) . . . . .	<b>27</b>			
<b>28</b> Other deductions (attach schedule) . . . . . See Statement 2	<b>28</b>			187,214.
<b>29 Total deductions.</b> Add lines 14 through 28 . . . . .	<b>29</b>			233,324.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . .	<b>30</b>			-123,520.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) . . . . .	<b>31</b>			
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .	<b>32</b>			-123,520.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	<b>33</b>			
<b>34</b> Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	<b>34</b>			-123,520.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____ (2) Additional 3% tax (not more than \$100,000) ..... \$ _____ <b>c</b> Income tax on the amount on line 34 .....		<b>35 c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....		<b>36</b>	
<b>37 Proxy tax.</b> See instructions .....		<b>37</b>	
<b>38 Alternative minimum tax.</b> .....		<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions .....		<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies .....		<b>40</b>	0.

**Part IV Tax and Payments**

<b>41 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>41 a</b>	
<b>b</b> Other credits (see instructions) .....	<b>41 b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions) .....	<b>41 c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>41 d</b>	
<b>e Total credits.</b> Add lines 41a through 41d .....	<b>41 e</b>	0.
<b>42</b> Subtract line 41e from line 40 .....	<b>42</b>	0.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) .....	<b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43 .....	<b>44</b>	0.
<b>45 a</b> Payments: A 2015 overpayment credited to 2016 .....	<b>45 a</b>	
<b>b</b> 2016 estimated tax payments .....	<b>45 b</b>	
<b>c</b> Tax deposited with Form 8868 .....	<b>45 c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>45 d</b>	
<b>e</b> Backup withholding (see instructions) .....	<b>45 e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) .....	<b>45 f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total .....	<b>45 g</b>	
<b>46 Total payments.</b> Add lines 45a through 45g .....	<b>46</b>	0.
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	<b>47</b>	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed .....	<b>48</b>	
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid .....	<b>49</b>	
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2017 estimated tax</b> ▶ _____ <b>Refunded</b> ▶ _____	<b>50</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ _____	Yes	No
		X
<b>52</b> If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____ 0.		

**Sign Here** Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Executive Dir. \_\_\_\_\_ Title \_\_\_\_\_  
May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
Print/Type preparer's name: DENISE M. BROLIN Preparer's signature: DENISE M. BROLIN Date: \_\_\_\_\_ Check  if self-employed PTIN: P00590440  
Firm's name ▶ DENISE M. BROLIN, CPA Firm's EIN ▶ \_\_\_\_\_  
Firm's address ▶ 785 NICOLE CT GILROY, CA 95020-6809 Phone no. (408) 848-3861



**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

1 Inventory at beginning of year.....	1		6 Inventory at end of year.....	6			
2 Purchases.....	2		7 <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2.....	7			
3 Cost of labor.....	3						
4 a Additional section 263A costs (attach schedule)	4 a						
b Other costs (attach sch)	4 b						
5 <b>Total.</b> Add lines 1 through 4b.....	5		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....			Yes	No
							X

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	89,638.	
(2)		
(3)		
(4)		
Total	Total 89,638.	
(c) <b>Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)..... ▶		(b) <b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B)..... ▶
89,638.		

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> ..... ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8..... ▶				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (See instructions)

<b>Part I Income From Periodicals Reported on a Consolidated Basis</b>						
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		0%	
		0%	
		0%	
		0%	
<b>Total.</b> Enter here and on page 1, Part II, line 14. . . . . ▶			

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**Statement 1**  
**Form 990-T, Part I, Line 12**  
**Other Income**

MEMBERSHIPS.....	\$	18,766.
MISCELLANEOUS.....		800.
Program Service Revenue.....		600.
Total	\$	<u>20,166.</u>

**Statement 2**  
**Form 990-T, Part II, Line 28**  
**Other Deductions**

ACCOUNTING.....	\$	1,650.
ADVERTISING.....		3,792.
BANK CHARGES.....		1,487.
CONTRACT SERVICES CMAP.....		16,500.
CONTRACT SERVICES CONSULTING.....		428.
COPY MACHINE LEASE.....		4,563.
DUES & SUBSCRIPTIONS.....		225.
FACILITY REPAIRS/MAINT/ SECURITY.....		127,882.
FACILITY SUPPLIES.....		356.
FACILITY/EQUIP INSURANCE.....		8,731.
LEASEHOLD IMPROVEMENTS.....		4,249.
OFFICE SUPPLIES.....		716.
POSTAGE.....		90.
PRINTING.....		161.
SATELLITE CONSULTANTS.....		6,000.
STAFF DEVELOPMENT & TRAINING.....		448.
TELEPHONE.....		9,101.
WORKERS COMPENSATION.....		835.
Total	\$	<u>187,214.</u>

**Election to Waive Net Operating Loss Carryback**

Pursuant to IRC Section 172(b)(3), the Organization hereby elects to relinquish the entire carryback period with respect to the net operating loss incurred for the tax year ended 6/30/17.

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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 '2016 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:** Corporations – File and Pay by the 15th day of the 4th month following the close of the taxable year.  
S corporations – File and Pay by the 15th day of the 3rd month following the close of the taxable year.  
Exempt organizations – File and Pay by the 15th day of the 5th month following the close of the taxable year.

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.

Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

**ONLINE SERVICES:** Corporations can make payments online with Web Pay for Businesses. 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.

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

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

TAXABLE YEAR

**2016**

**Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM

**3586 (e-file)**

1881306 COMM 77-0369318 000000000000 16 FORM 3  
TYB 07-01-16 TYE 06-30-17  
COMMUNITY TELEVISION OF SANTA CRUZ COUNTY  
MELANIE SWEET  
325 SOQUEL AVENUE  
SANTA CRUZ CA 95062

(831) 425-8848

AMOUNT OF PAYMENT 10.

California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) 7/01/2016, and ending (mm/dd/yyyy) 6/30/2017

Corporation/Organization name: COMMUNITY TELEVISION OF SANTA CRUZ COUNTY
California corporation number: 1881306
FEIN: 77-0369318
Street address: 325 SOQUEL AVENUE
City: SANTA CRUZ
State: CA
Zip code: 95062

A First Return
B Amended Return
C IRC Section 4947(a)(1) trust
D Final Information Return?
E Check accounting method: 1 Cash 2 Accrual 3 Other
F Federal return filed?
G Is this a group filing?
H Is this organization in a group exemption?
I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box.
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?
P Is federal Form 1023/1024 pending?
Date filed with IRS

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

Table with 17 rows and 3 columns: Description, Line Number, Amount. Includes Receipts and Revenues (Total gross receipts: 799,180), Expenses (Total expenses: 262,955), and Filing Fee (Balance due: 10).

Sign Here: Signature of officer, Title EXECUTIVE DIR., Date, Telephone (831) 425-8848
Paid Preparer's Use Only: Preparer's signature DENISE M. BROLIN, Firm's name DENISE M. BROLIN, CPA, 785 NICOLE CT, GILROY, CA 95020-6809, Telephone (408) 848-3861
May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	89,638.
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	92,629.
	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	182,267.
<b>Expenses and Disbursements</b>	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2	●	11	0.
	12	Other salaries and wages	●	12	79,623.
	13	Interest	●	13	981.
	14	Taxes	●	14	8,347.
	15	Rents	●	15	39,839.
	16	Depreciation and depletion (See instructions)	●	16	60,323.
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	●	17	73,842.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	262,955.

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		465,763.		551,139.
2	Net accounts receivable		428,705.		137,459.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule.		4,931.		4,931.
10 a	Depreciable assets	1,573,564.		1,494,445.	
b	Less accumulated depreciation	918,448.	655,116.	791,610.	702,835.
11	Land				
12	Other assets. Attach schedule. STM 4		30,936.		31,280.
13	<b>Total assets</b>		1,585,451.		1,427,644.
<b>Liabilities and net worth</b>					
14	Accounts payable		30,623.		2,271.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable. ST 5		27,794.		18,079.
17	Mortgages payable				
18	Other liabilities. Attach schedule. STM 6		11,470.		4,364.
19	Capital stock or principal fund		1,515,564.		1,402,930.
20	Paid-in or capital surplus. Attach reconciliation.				
21	Retained earnings or income fund				
22	<b>Total liabilities and net worth</b>		1,585,451.		1,427,644.

<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	●	536,225.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule.	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total.</b> Add line 1 through line 5.		536,225.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule.	●	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6.		536,225.





**IF PAID ELECTRONICALLY: DO NOT FILE THIS FORM**

**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 '2016 FTB 3539' on the check or money order. Detach form below. Enclose, but **do not** staple, payment with form 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:** **Calendar year C corporations – File and Pay by April 18, 2017**  
**Calendar year S corporations – File and Pay by March 15, 2017**  
**Calendar year exempt organizations – File and Pay by May 15, 2017**  
**Employees' trust and IRA – File and Pay by April 18, 2017**  
**Fiscal year filers – See instructions**

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.

Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

**ONLINE SERVICES:** Corporations can make payments online with Web Pay for Businesses. 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.

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----- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM ----- DETACH HERE -----

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

TAXABLE YEAR **2016** **Payment for Automatic Extension** CALIFORNIA FORM  
**for Corporations and Exempt Organizations** **3539 (CORP)**

1881306 COMM 77-0369318 000000000000 16 FORM 3  
TYB 07-01-2016 TYE 06-30-2017  
COMMUNITY TELEVISION OF SANTA CRUZ COUNTY  
MELANIE SWEET  
325 SOQUEL AVENUE  
SANTA CRUZ CA 95062

(831) 425-8848

AMOUNT OF PAYMENT

**2016 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name <b>COMMUNITY TELEVISION OF SANTA CRUZ COUNTY</b>	California corporation number <b>1881306</b>
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**Part I Election To Expense Certain Property Under IRC Section 179**

1 Maximum deduction under IRC Section 179 for California.....	<b>1</b>	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	<b>2</b>	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	<b>3</b>	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	<b>4</b>	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	<b>5</b>	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	<b>7</b>	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	<b>9</b>	
10 Carryover of disallowed deduction from prior taxable years.....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	<b>11</b>	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	<b>12</b>	
13 Carryover of disallowed deduction to 2017. Add line 9 and line 10, less line 12.....	<b>13</b>	

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

14 (a) Description of 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
PRODUCTION/BROA	VARIOUS	706,720.	493,235.	S/L	5		
BOARD OF SUPE E	VARIOUS	58,957.	58,957.	S/L	5		
OFFICE FURNITUR	VARIOUS	95,916.	83,663.	S/L	5		
FURNITURE & EQU	VARIOUS	22,096.	22,096.	S/L	5		
PRODUCTION VEHI	VARIOUS	106,108.	106,108.	S/L	5		
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).....						<b>15</b>	60,323.

**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).....	<b>16</b>	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	<b>17</b>	
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 2, 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.).....	<b>18</b>	

**Part IV Amortization**

19 (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 instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....	<b>20</b>					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....	<b>21</b>					
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 2, line 12.....	<b>22</b>					

**2016 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name <b>COMMUNITY TELEVISION OF SANTA CRUZ COUNTY</b>	California corporation number <b>1881306</b>
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**Part I Election To Expense Certain Property Under IRC Section 179**

1 Maximum deduction under IRC Section 179 for California.....	<b>1</b>	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	<b>2</b>	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	<b>3</b>	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	<b>4</b>	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	<b>5</b>	
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	<b>7</b>	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	<b>9</b>	
10 Carryover of disallowed deduction from prior taxable years.....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	<b>11</b>	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	<b>12</b>	
13 Carryover of disallowed deduction to 2017. Add line 9 and line 10, less line 12.....	<b>13</b>	

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

14 (a) Description of 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
LEASEHOLD IMPRO	VARIOUS	183,561.	119,481.	S/L	39	4,707.	
LEASEHOLD IMPRO	VARIOUS	258,849.	6,637.	S/L	39	6,637.	
PRODUCTION/BOAR	VARIOUS	141,357.	28,271.	S/L	5	28,271.	
PRODUCTION EQUI	VARIOUS	19,937.		S/L	5	3,987.	
PRODUCTION EQUI	VARIOUS	79,247.		S/L	5	15,849.	
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).....						<b>15</b>	

**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).....	<b>16</b>	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	<b>17</b>	
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 2, 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.).....	<b>18</b>	

**Part IV Amortization**

19 (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 instr)	(f) Period or percentage	(g) Amortization for this year	
20 Total. Add the amounts in column (g).....						<b>20</b>	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						<b>21</b>	
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 2, line 12.....						<b>22</b>	

**2016 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name <b>COMMUNITY TELEVISION OF SANTA CRUZ COUNTY</b>	California corporation number <b>1881306</b>
--	---

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

1 Maximum deduction under IRC Section 179 for California.....	<b>1</b>	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	<b>2</b>	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	<b>3</b>	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	<b>4</b>	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	<b>5</b>	
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	<b>7</b>	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....	<b>9</b>	
10 Carryover of disallowed deduction from prior taxable years.....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	<b>11</b>	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	<b>12</b>	
13 Carryover of disallowed deduction to 2017. Add line 9 and line 10, less line 12.....	<b>13</b>	

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

14 (a) Description of 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
OFFICE FURNITUR	VARIOUS	3,699.		S/L	5	740.	
LEASEHOLD IMPRO	VARIOUS	5,159.		S/L	39	132.	
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).....						<b>15</b>	

**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).....	<b>16</b>	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	<b>17</b>	
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 2, 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.).....	<b>18</b>	

**Part IV Amortization**

19 (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 instr)	(f) Period or percentage	(g) Amortization for this year
20 Total. Add the amounts in column (g).....						<b>20</b>
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						<b>21</b>
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 2, line 12.....						<b>22</b>

**Statement 1**  
**Form 199, Part II, Line 7**  
**Other Income**

MEMBERSHIPS.....	\$	18,766.
MISCELLANEOUS.....		5,484.
MISCELLANEOUS SALES.....		2,253.
Other Investment Income.....		694.
Program Service Revenue.....		65,432.
Total	\$	<u>92,629.</u>

**Statement 2**  
**Form 199, Part II, Line 11**  
**Compensation of Officers, Directors, Trustees and Key Employees**

**Current Officers:**

Name and Address	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
KEITH GUDGER 325 SOQUEL AVE SANTA CRUZ, CA 95062	Chairman 1.00	\$ 0.	\$ 0.	\$ 0.
MAITREYA MAZIARZ 325 SOQUEL AVE SANTA CRUZ, CA 95062	VICE CHAIR 1.00	0.	0.	0.
LARRY LAURENT 325 SOQUEL AVE SANTA CRUZ, CA 95062	Secretary 1.00	0.	0.	0.
JOE HALL 325 SOQUEL AVE SANTA CRUZ, CA 95062	Treasurer 1.00	0.	0.	0.
ADAM WADE 325 SOQUEL AVE SANTA CRUZ, CA 95062	MEMBER 1.00	0.	0.	0.
JAMES FISHER 325 SOQUEL AVE SANTA CRUZ, CA 95062	MEMBER 1.00	0.	0.	0.
TOM MANHEIM 325 SOQUEL AVE SANTA CRUZ, CA 95062	MEMBER 1.00	0.	0.	0.
JANIS O'DRISCOLL 325 SOQUEL AVE SANTA CRUZ, CA 95062	MEMBER 1.00	0.	0.	0.
LOU TUOSTO 325 SOQUEL AVE SANTA CRUZ, CA 95062	MEMBER 1.00	0.	0.	0.

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**Statement 2 (continued)**  
**Form 199, Part II, Line 11**  
**Compensation of Officers, Directors, Trustees and Key Employees**

**Current Officers:**

Name and Address	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
REBECCA KING REED 325 SOQUEL AVE SANTA CRUZ, CA 95062	Executive Dir. 40.00	\$ 0.	\$ 0.	\$ 0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Statement 3**  
**Form 199, Part II, Line 17**  
**Other Expenses**

Accounting Fees.....	\$ 12,467.
Advertising and Promotion.....	207.
AUTOMATION EQUIPMENT.....	1,500.
BAD DEBT.....	1,527.
BANK CHARGES.....	599.
COPY MACHINE LEASE.....	507.
DUES & SUBSCRIPITONS.....	1,398.
EQUIPMENT REPAIRS.....	28.
Insurance.....	4,302.
LEASEHOLD IMPROVEMENTS.....	4,818.
Legal Fees.....	1,964.
LICENSES FEES AND MISC.....	912.
Office Expenses.....	619.
Other Employee Benefit.....	9,071.
Other fees.....	13,779.
Postage and Shipping.....	632.
Printing and Publications.....	311.
PRODUCTION EQUIPMENT.....	20,149.
PRODUCTION EXPENSES.....	1,953.
STAFF DEVELOPMENT.....	-2,901.
Total	<u>\$ 73,842.</u>

**Statement 4**  
**Form 199, Schedule L, Line 12**  
**Other Assets**

Prepaid Expenses and Deferred Charges.....	31,280.
Total	<u>\$ 31,280.</u>

**Statement 5**  
**Form 199, Schedule L, Line 16**  
**Bonds and Notes Payable**

Total Notes and Bonds Payable \$ 18,079.

Statement 6  
Form 199, Schedule L, Line 18  
Other Liabilities

ACCRUED COMPENSATED ABSENCES .....	2,683.
PAYROLL LIABILITIES .....	1,681.
Total	<u>\$ 4,364.</u>

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Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) 7/01/2016, and ending (mm/dd/yyyy) 6/30/2017

Corporation/Organization name **COMMUNITY TELEVISION OF SANTA CRUZ COUNTY** California corporation number **1881306**

Additional information. See instructions. FEIN **77-0369318**

Street address (suite/room no.) **325 SOQUEL AVENUE** PMB no.

City (If the corporation has a foreign address, see instructions.) **SANTA CRUZ** State **CA** ZIP code **95062**

Foreign country name Foreign province/state/county Foreign postal code

- A** First Return Filed?  Yes  No
- B** Is this an education IRA within the meaning of R&TC Section 23712?  Yes  No
- C** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- D** Final Return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
Enter date (mm/dd/yyyy)
- E** Amended Return  Yes  No
- F** Accounting Method Used: (1)  Cash (2)  Accrual (3)  Other
- G** Nature of trade or business
- H** Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?  Yes  No
- I** Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits?  Yes  No
- J** Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)?  Yes  No
- K** Unrelated Business Activity (UBA) Code **900002**
- L** Is this a Hospital?  Yes  No  
If "Yes," attach federal Schedule H (Form 990)

<b>Taxable Corporation</b>	<b>1</b> Unrelated business taxable income from Side 2, Part II, line 30	<b>1</b>	-123,520.
	<b>2</b> Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions	<b>2</b>	
	<b>3</b> Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1	<b>3</b>	-123,520.
<b>Taxable Trust</b>	<b>4</b> Unrelated business taxable income from Side 2, Part II, line 30	<b>4</b>	
<b>Tax Computation</b>	<b>5</b> Unrelated business taxable income from line 3 or line 4	<b>5</b>	
	<b>6</b> Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	<b>6</b>	
	<b>7</b> Net Operating Loss deduction. See General Information N.	<b>7</b>	
	<b>8</b> Add line 6 and line 7	<b>8</b>	
	<b>9</b> Net unrelated business taxable income. Subtract line 8 from line 5	<b>9</b>	
	<b>10</b> Tax _____ % x line 9. See General Information J.	<b>10</b>	
	<b>11</b> Tax credits from Schedule B. See instructions	<b>11</b>	
<b>Total Tax</b>	<b>12</b> Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	<b>12</b>	0.
	<b>13</b> Alternative minimum tax. See General Information O.	<b>13</b>	
	<b>14</b> Total tax. Add line 12 and line 13	<b>14</b>	
<b>Payments</b>	<b>15</b> Overpayment from a prior year allowed as a credit	<b>15</b>	
	<b>16</b> 2016 estimated tax payments. See instructions	<b>16</b>	
	<b>17</b> Withholding (Form 592-B and/or 593.) See instructions	<b>17</b>	
	<b>18</b> Amount paid with extension (form FTB 3539)	<b>18</b>	
	<b>19</b> Total payments and credits. Add line 15 through line 18	<b>19</b>	
<b>Use Tax/Tax Due/Overpayment</b>	<b>20</b> Use tax. See instructions	<b>20</b>	
	<b>21</b> Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	<b>21</b>	
	<b>22</b> Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	<b>22</b>	
	<b>23</b> Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	<b>23</b>	
	<b>24</b> Overpayment. Subtract line 14 from line 21. See instructions	<b>24</b>	
	<b>25</b> Enter amount of line 24 to be applied to 2017 estimated tax	<b>25</b>	



Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24. ....	26
	a Fill in the account information to have the refund directly deposited. Routing number	26 a
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26 c
	27 Penalties and interest. See General Information M. ....	27
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.	
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24. ....	29	

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	1 c
2 Cost of goods sold and/or operations (Schedule A, line 7) .....			2
3 Gross profit. Subtract line 2 from line 1c .....			3
4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541) .....			4 a
b Net gain (loss) from Part II, Schedule D-1 .....			4 b
c Capital loss deduction for trusts .....			4 c
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule .....			5
6 Rental income (Schedule C) .....			6 89,638.
7 Unrelated debt-financed income (Schedule D) .....			7
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E) .....			8
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F) .....			9
10 Exploited exempt activity income (Schedule G) .....			10
11 Advertising income (Schedule H, Part III, Column A) .....			11
12 Other income. Attach schedule SEE STATEMENT 1 .....			12 20,166.
13 Total unrelated trade or business income. Add line 3 through line 12 .....			13 109,804.

**Part II Deductions Not Taken Elsewhere** (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I .....			14
15 Salaries and wages .....			15 40,206.
16 Repairs .....			16
17 Bad debts .....			17
18 Interest. Attach schedule .....			18
19 Taxes. Attach schedule SEE STATEMENT 2 .....			19 4,110.
20 Contributions. See instructions and attach schedule .....			20
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F) .....	21 a		
b Less: depreciation claimed on Schedule A. See instructions .....	21 b		
22 Depletion. Attach schedule .....			22
23 a Contributions to deferred compensation plans .....			23 a
b Employee benefit programs. See instructions .....			23 b 1,794.
24 Other deductions. Attach schedule SEE STATEMENT 3 .....			24 187,214.
25 Total deductions. Add line 14 through line 24 .....			25 233,324.
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13 .....			26 -123,520.
27 Excess advertising costs (Schedule H, Part III, Column B) .....			27
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26 .....			28 -123,520.
29 Specific deduction. See instructions .....			29
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28 .....			30 -123,520.

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**Sign Here**

Signature of officer: EXECUTIVE DIR. Title: EXECUTIVE DIR. Date: Telephone: (831) 425-8848

**Paid Preparer's Use Only**

Preparer's signature: DENISE M. BROLIN Date: Check if self-employed:  PTIN: P00590440

Firm's name (or yours, if self-employed) and address: DENISE M. BROLIN, CPA, 785 NICOLE CT, GILROY, CA 95020-6809 FEIN: Telephone: (408) 848-3861

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

Method of inventory valuation (specify) \_\_\_\_\_

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4a	Additional IRC Section 263A costs. Attach schedule	4a	
b	Other costs. Attach schedule	4b	
5	Total. Add line 1 through line 4b	5	
6	Inventory at end of year	6	
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?  Yes  No

**Schedule B Tax Credits.**

1	Enter credit name _____ code no. _____	1	
2	Enter credit name _____ code no. _____	2	
3	Enter credit name _____ code no. _____	3	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Side 1, line 11	4	

**Schedule K Add-On Taxes or Recapture of Tax.** See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	
	b Method for non-dealer installment obligations	2b	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	
4	Credit recapture. Credit name _____	4	
5	Total. Combine the amounts on line 1 through line 4. See instructions	5	

**Schedule R Apportionment Formula Worksheet.** Use only for unrelated trade or business amounts.

**Part A. Standard Method – Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales			
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2			

**Part B. Three Factor Formula.** Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

**Schedule C Rental Income from Real Property and Personal Property Leased with Real Property**

1	Description of property	2	Rent received or accrued	3	Percentage of rent attributable to personal property
			89,638.		100.00 %
					%
					%
4	Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5	Complete if any item in column 3 is more than 10%, but not more than 50%		
(a)	Deductions directly connected (attach schedule)	(a)	Gross income reportable, column 2 x column 3	(b)	Deductions directly connected with personal property (att sch)
				(c)	Net income includible, column 5(a) less column 5(b)
			89,638.		
Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6				89,638.	

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition indebtedness, 5 Average adjusted basis, 6 Debt basis percentage, 7 Gross income reportable, 8 Allocable deductions, 9 Net income (or loss) includible.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, 5 Set-asides, 6 Balance of investment income.

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Table with 11 columns: 1 Name of controlled organizations, 2 Employer Identification Number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5), 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column (9) that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column (10).

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected with production of unrelated business income, 4 Net income from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6 Expenses attributable to column 5, 7 Excess exempt expense, 8 Net income includible.

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Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Instructions for calculation.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns, same structure as Part I, for separate basis reporting.

Part III Column A - Net Advertising Income

Table with 2 columns: (a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, columns 4 or 7.

Part III Column B - Excess Advertising Costs

Table with 2 columns: (a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4.

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of Officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired, 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

**2016**

**Net Operating Loss (NOL) Computation and  
NOL and Disaster Loss Limitations – Corporations**

**3805Q**

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name <b>COMMUNITY TELEVISION OF SANTA CRUZ COUNTY</b>	California corporation number <b>1881306</b>
During the taxable year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="radio"/> C corporation <input type="radio"/> S corporation <input checked="" type="radio"/> Exempt organization <input type="radio"/> Limited liability company (electing to be taxed as a corporation)	FEIN <b>77-0369318</b>

**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number. ....	1	<u>123,520.</u>
2 2016 disaster loss included in line 1. Enter as a positive number. ....	2	<u>                    </u>
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions. ....	3	<u>123,520.</u>
4a Enter the amount of the loss incurred by a new business included in line 3. ....	4a	<u>                    </u>
4b Enter the amount of the loss incurred by an eligible small business included in line 3. ....	4b	<u>123,520.</u>
4c Add line 4a and line 4b. ....	4c	<u>123,520.</u>
5 General NOL. Subtract line 4c from line 3. ....	5	<u>                    </u>
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions. ....	<input checked="" type="radio"/> 6	<u>123,520.</u>

on Side 2 before completing Part I, lines 7-9 below.

7 2016 NOL carryback used to offset 2014 net income. Enter the amount from Part III, line 3, column (e). ....	<input checked="" type="radio"/> 7	<u>                    </u>
8 2016 NOL carryback used to offset 2015 net income. Enter the amount from Part III, line 3, column (g). ....	<input checked="" type="radio"/> 8	<u>                    </u>
9 2016 NOL carryover to 2017. Add line 7 and line 8, then subtract the result from line 6. See instructions. ....	<input checked="" type="radio"/> 9	<u>123,520.</u>

**Election to waive carryback**

See instructions. irrevocable.

Continue with Part II, NOL carryover and disaster loss carryover limitations. Do not complete Part III, NOL carryback.

**Part II NOL carryover and disaster loss carryover limitations.** See Instructions.

1 Net income — Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). ....	<input checked="" type="radio"/>	<u>                    </u>
---	----------------------------------	-----------------------------

**Prior Year NOLs**

(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial loss	(e) Carryover from 2015	(f) Amount used in 2016	(g) Available balance	(h) Carryover to 2017 col. (e) minus col. (f)
2	<input checked="" type="radio"/>			<input checked="" type="radio"/>			<input checked="" type="radio"/>
	<input checked="" type="radio"/>			<input checked="" type="radio"/>			<input checked="" type="radio"/>
	<input checked="" type="radio"/>			<input checked="" type="radio"/>			<input checked="" type="radio"/>
	<input checked="" type="radio"/>			<input checked="" type="radio"/>			<input checked="" type="radio"/>

**Current Year NOLs**

Year	Type of NOL	Initial loss	Carryover from 2015	Amount used in 2016	Available balance	col. (d) minus col. (f) See instructions.
3 2016	DIS					
4 2016	ESB	123,520.				123,520.
2016						
2016						
2016						

\*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

**Part III NOL carryback**

1 2014 Net income – Enter the amount from 2014 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-). . . . .								
2 2015 Net income – Enter the amount from 2015 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-). . . . .								
(a) Year of loss	(b) Code — See instructions	(c) Type of NOL — See below*	(d) Initial Loss	2014		2015		(i) Carryover to 2017 col. (d) minus [col. (e) plus col. (g)]
				(e) Carryback used — See instructions	(f) After carryback col. (d) minus col. (e)	(g) Carryback used — See instructions	(h) After carryback col. (f) minus col. (g)	
3 2016								
2016								
2016								
2016								
2016								

\*Type of NOL:

**Part IV 2016 NOL deduction**

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- 1 Total the amounts in Part II, line 2, column (f). . . . .  1 \_\_\_\_\_ 0.
- 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-. . . . . 2 \_\_\_\_\_ 0.
- 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7. . . . .  3 \_\_\_\_\_ 0.

**Statement 1**  
**Form 109, Part I, Line 12**  
**Other Income**

MEMBERSHIPS.....	\$ 18,766.
MISCELLANEOUS.....	800.
Program Service Revenue.....	600.
Total	<u>\$ 20,166.</u>

**Statement 2**  
**Form 109, Part II, Line 19**  
**Taxes**

PAYROLL TAXES.....	\$ 4,110.
Total	<u>\$ 4,110.</u>

**Statement 3**  
**Form 109, Part II, Line 24**  
**Other Expenses**

ACCOUNTING.....	\$ 1,650.
ADVERTISING.....	3,792.
BANK CHARGES.....	1,487.
CONTRACT SERVICES CMAP.....	16,500.
CONTRACT SERVICES CONSULTING.....	428.
COPY MACHINE LEASE.....	4,563.
DUES & SUBSCRIPTIONS.....	225.
FACILITY REPAIRS/MAINT/ SECURITY.....	127,882.
FACILITY SUPPLIES.....	356.
FACILITY/EQUIP INSURANCE.....	8,731.
LEASEHOLD IMPROVEMENTS.....	4,249.
OFFICE SUPPLIES.....	716.
POSTAGE.....	90.
PRINTING.....	161.
SATELLITE CONSULTANTS.....	6,000.
STAFF DEVELOPMENT & TRAINING.....	448.
TELEPHONE.....	9,101.
WORKERS COMPENSATION.....	835.
Total	<u>\$ 187,214.</u>

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

**WEBSITE ADDRESS:**  
<http://ag.ca.gov/charities/>

## 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

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.



<p><b>State Charity Registration Number</b> <u>093080</u></p> <p>COMMUNITY TELEVISION OF SANTA CRUZ          COUNTY</p> <p><small>Name of Organization</small></p> <p>325 SOQUEL AVENUE  <small>Address (Number and Street)</small></p> <p>SANTA CRUZ, CA 95062  <small>City or Town State ZIP Code</small></p>	<p><b>Check if:</b></p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p><b>Corporate or Organization No.</b> <u>1881306</u></p> <p><b>Federal Employer I.D. No.</b> <u>77-0369318</u></p>
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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 7/01/16 ending 6/30/17) list:

Gross annual revenue \$ 799,180. Total assets \$ 1,427,644.

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

**Note:** '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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

**and belief, it is true, correct and complete.**

	REBECCA KING REED	EXECUTIVE DIR.	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>



# Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed

[www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

## Automatic 6-Month Extension of Time.

Only submit original (no copies needed).

use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number, see instructions**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>COMMUNITY TELEVISION OF SANTA CRUZ COUNTY</b>	Employer identification number (EIN) or <b>77-0369318</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>325 SOQUEL AVENUE</b>	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SANTA CRUZ, CA 95062</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) .....

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► \_\_\_\_\_

Telephone No. ► \_\_\_\_\_ Fax No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box .....

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ..... . If it is for part of the group, check this box ...  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until \_\_\_\_\_, 20\_\_\_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 \_\_\_\_ or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit .....	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....	<b>3c</b>	\$

**Caution:**  
payment instructions.

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

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning 7/01, 2016, and ending 6/30, 2017

**B** Check if applicable:

<input type="checkbox"/> Address change	<b>C</b> COMMUNITY TELEVISION OF SANTA CRUZ COUNTY 325 SOQUEL AVENUE SANTA CRUZ, CA 95062	<b>D</b> Employer identification number 77-0369318
<input type="checkbox"/> Name change		<b>E</b> Telephone number (831) 425-8848
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

**F** Name and address of principal officer: REBECCA KING REED  
Same As C Above

**G** Gross receipts \$ 799,180.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If 'No,' attach a list. (see instructions)

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

**J** Website: WWW.COMMUNITYTV.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1994 **M** State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO FOSTER COMMUNITY DIALOGUE AND INDIVIDUAL SELF-EXPRESSION THROUGH VARIOUS MEDIA</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>10</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>10</u>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<u>6</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>50</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>109,804.</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>-123,520.</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>888,692.</u>	<u>616,913.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>107,236.</u>	<u>65,432.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>154.</u>	<u>694.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>25,388.</u>	<u>116,141.</u>
		<u>1,021,470.</u>	<u>799,180.</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>248,320.</u>	<u>97,041.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>1,076.</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>224,114.</u>	<u>165,914.</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>472,434.</u>	<u>262,955.</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>549,036.</u>	<u>536,225.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>1,585,451.</u>	<u>1,427,644.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>69,887.</u>	<u>24,714.</u>
	<u>1,515,564.</u>	<u>1,402,930.</u>	

**Part II Signature Block**

complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: REBECCA KING REED Date: \_\_\_\_\_  
Type or print name and title: Executive Dir.

**Paid Preparer Use Only**

Print/Type preparer's name: DENISE M. BROLIN Preparer's signature: DENISE M. BROLIN Date: \_\_\_\_\_  
Check  if self-employed PTIN: P00590440

Firm's name: DENISE M. BROLIN, CPA Firm's EIN: \_\_\_\_\_  
Firm's address: 785 NICOLE CT GILROY, CA 95020-6809 Phone no.: (408) 848-3861

May the IRS discuss this return with the preparer shown above? (see instructions)  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

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

**4**

and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 182,084. including grants of \$ ) (Revenue \$ )

SINCE 2/16/94 DEVELOPED AND OPERATED PUBLIC, EDUCATIONAL, AND GOVERNMENTAL ACCESS CABLE CHANNELS AND A VIDEO PRODUCTION FACILITY AVAILABLE 44 HOURS PER WEEK FOR PUBLIC USE

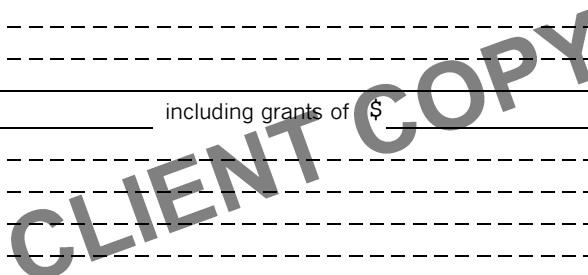
**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**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 **▶ 182,084.**



**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> (see instructions)?		X
3 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 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 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, 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> (see instructions).		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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....		X
<b>23</b> 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
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>b</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
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II.</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>30</b> contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <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
<b>37</b> treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

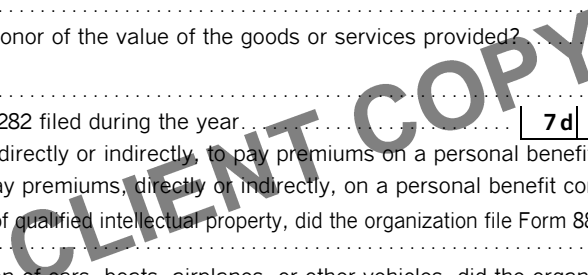
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Form 990 (2016)

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sections for backup withholding, employee reporting, unrelated business income, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), (1), and (29) organizations.



**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.

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1 b</b> 10		
<b>2</b>	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? . . . . .		X
<b>3</b>	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? See Sch O . . . . .	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . See Schedule O . . . . .	X	
<b>7 a</b>	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? . See Schedule O . . . . .	X	
<b>7 b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . See Sch O . . . . .	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	a The governing body? . . . . .	X	
<b>8 b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	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. . . . .		X

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

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10 b</b>	b operations are consistent with the organization's exempt purposes? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>12 a</b>	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O . . . . .		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>12 b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		X
<b>12 c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. . . . .		X
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		X
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		X
<b>15</b>	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?		
<b>15 a</b>	a The organization's CEO, Executive Director, or top management official. See Schedule O. . . . .	X	
<b>15 b</b>	b Other officers or key employees of the organization. . . . .	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16 b</b>	b 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** for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O) See Sch. O
- 19** the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
 MELANIE SWEET 325 SOQUEL AVENUE SANTA CRUZ CA 95062 (831) 425-8848

**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**

1 a

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.

employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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) KEITH GUDGER ----- Chairman	1 ----- 0	X		X				0.	0.	0.
(2) MAITREYA MAZIARZ ----- VICE CHAIR	1 ----- 0	X		X				0.	0.	0.
(3) LARRY LAURENT ----- Secretary	1 ----- 0	X		X				0.	0.	0.
(4) JOE HALL ----- Treasurer	1 ----- 0	X		X				0.	0.	0.
(5) ADAM WADE ----- MEMBER	1 ----- 0	X						0.	0.	0.
(6) JAMES FISHER ----- MEMBER	1 ----- 0	X						0.	0.	0.
(7) TOM MANHEIM ----- MEMBER	1 ----- 0	X						0.	0.	0.
(8) JANIS O'DRISCOLL ----- MEMBER	1 ----- 0	X						0.	0.	0.
(9) LOU TUOSTO ----- MEMBER	1 ----- 0	X						0.	0.	0.
(10) REBECCA KING REED ----- Executive Dir.	40 ----- 0			X				0.	0.	0.
(11) -----										
(12) -----										
(13) -----										
(14) -----										



**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 dotted 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			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Sub-total</b> .....						0.	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> .....						0.	0.	0.	

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**2** from the organization ▶ 0

	Yes	No
<b>3</b> 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
<b>4</b> 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
<b>5</b> 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

(A) Name and business address	(B) Description of services	(C) Compensation

**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 ▶ 0

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>				
	<b>b</b> Membership dues .....	<b>1 b</b> 625.				
	<b>c</b> Fundraising events .....	<b>1 c</b>				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1 e</b> 616,198.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 90.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f .....	▶ 616,913.				
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2 a</b> PRODUCTION FEES .....	515100	36,599.	35,999.	600.	
	<b>b</b> OPERATING CONTRACTS .....	515100	28,833.	28,833.		
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
<b>g Total.</b> Add lines 2a-2f .....	▶ 65,432.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....	▶ 694.			694.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal			
		89,638.				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....	89,638.			
	<b>d</b> Net rental income or (loss) .....	▶ 89,638.		89,638.		
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....	▶				
	<b>8 a</b> Gross income from fundraising events (not including.. \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....		▶				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> MEMBERSHIPS .....		18,766.		18,766.		
<b>b</b> MISCELLANEOUS .....	515100	5,484.	4,684.	800.		
<b>c</b> MISCELLANEOUS SALES .....	515100	2,253.	2,253.			
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....	▶ 26,503.					
<b>12 Total revenue.</b> See instructions .....	▶ 799,180.	71,769.	109,804.	694.		

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**Part IX Statement of Functional Expenses**

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	79,623.	40,607.	39,016.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	9,071.	4,626.	4,445.	
10 Payroll taxes	8,347.	4,257.	4,090.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,964.		727.	1,237.
c Accounting	12,467.		12,467.	
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 Schedule O.)	13,779.	3,996.	9,783.	
12 Advertising and promotion	207.	149.	58.	
13 Office expenses	619.	87.	532.	
14 Information technology				
15 Royalties				
16 Occupancy	39,839.	35,058.	4,781.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	981.		981.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,323.	60,323.		
23 Insurance	4,302.	4,302.		
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 <u>PRODUCTION EQUIPMENT</u>	20,149.	20,149.		
b <u>LEASEHOLD IMPROVEMENTS</u>	4,818.	4,818.		
c <u>PRODUCTION EXPENSES</u>	1,953.	1,953.		
d <u>BAD DEBT</u>	1,527.	1,527.		
e All other expenses	2,986.	232.	2,915.	-161.
25 Total functional expenses. Add lines 1 through 24e	262,955.	182,084.	79,795.	1,076.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**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>	1	Cash – non-interest-bearing	465,763.	1	551,139.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	428,705.	4	137,459.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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 instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	30,936.	9	31,280.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,494,445.		
	10b	Less: accumulated depreciation	10b 791,610.		
	10c		655,116.	10c	702,835.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	4,931.	15	4,931.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,585,451.	16	1,427,644.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	30,623.	17	2,271.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	27,794.	24	18,079.
	25	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	11,470.	25	4,364.
	26	<b>Total liabilities.</b> Add lines 17 through 25	69,887.	26	24,714.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	1,099,500.	27	1,402,930.
	28	Temporarily restricted net assets	416,064.	28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances.</b>	1,515,564.	33	1,402,930.
	34	<b>Total liabilities and net assets/fund balances.</b>	1,585,451.	34	1,427,644.

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Form 990 (2016)

**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>	799,180.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	262,955.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	536,225.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,515,564.
<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) <i>See Schedule O</i>	<b>9</b>	-648,859.
<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>	1,402,930.

**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?		X
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			
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?		X
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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<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.			
<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' to line 3a, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Form **990** (2016)

**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

**2016**

**Open to Public Inspection**

Name of the organization <b>COMMUNITY TELEVISION OF SANTA CRUZ COUNTY</b>	Employer identification number <b>77-0369318</b>
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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 12, 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 (Form 990 or 990-EZ).)
- 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  \_\_\_\_\_ 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college university: \_\_\_\_\_
- 10  from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** **You must complete Part IV, Sections A and B.**
  - b  **Type II.** **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. **You must complete Part IV, Sections A and D, and Part V.**
  - e  \_\_\_\_\_ integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10. . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<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 2016 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14. . . . .	<b>15</b>	%
<b>16a 33-1/3% support test—2016.</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—2015.</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—2016.</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 VI how . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2015.</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 VI how the . . . . . ▶ <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)**

fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .	800,796.	635,155.	279,284.	888,692.	616,913.	3,220,840.
<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. . . . .	64,971.	47,875.	47,926.	107,236.	65,432.	333,440.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	865,767.	683,030.	327,210.	995,928.	682,345.	3,554,280.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .	0.	0.	0.	0.	0.	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.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b. . . . .	0.	0.	0.	0.	0.	0.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						3,554,280.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6. . . . .	865,767.	683,030.	327,210.	995,928.	682,345.	3,554,280.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	1,344.	103.	64.	154.	694.	2,359.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						0.
<b>c</b> Add lines 10a and 10b. . . . .	1,344.	103.	64.	154.	694.	2,359.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI. . . . .	31,802.	24,636.	25,237.		116,141.	197,816.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	898,913.	707,769.	352,511.	996,082.	799,180.	3,754,455.
<b>14 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>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	94.67 %
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15. . . . .	<b>16</b>	97.25 %

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)). . . . .	<b>17</b>	0.06 %
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	0.08 %
<b>19a 33-1/3% support tests—2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
<b>b</b> supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> (see instructions).		

BAA

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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Schedule A (Form 990 or 990-EZ) 2016

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV,

(See instructions.)

**Part III, Line 12 - Other Income**

<u>Nature and Source</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>
OTHER INCOME	\$ 116,141.		\$ 25,237.	\$ 24,636.	\$ 31,802.
Total	<u>\$ 116,141.</u>	<u>\$ 0.</u>	<u>\$ 25,237.</u>	<u>\$ 24,636.</u>	<u>\$ 31,802.</u>

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered 'Yes' on 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

**2016**

**Open to Public Inspection**

Name of the organization

COMMUNITY TELEVISION OF SANTA CRUZ COUNTY

Employer identification number

77-0369318

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of 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?  Yes  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?  Yes  No

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- |  |   |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space  |   |

2 last day of the tax year.

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

3 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 ▶ \_\_\_\_\_

7 ▶ \$ \_\_\_\_\_

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 conservation easements.

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a in Part XIII, the text of the footnote to its financial statements that describes these items.

b following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on 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 items (check all that apply):  
 a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations  
 d  Loan or exchange programs  
 e  Other \_\_\_\_\_  
 4 Part XIII.  
 5 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' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a 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	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No  
 b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Yes  No

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a 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 on lines 2a, 2b, and 2c should equal 100%.  
 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  
 (i) unrelated organizations  Yes  No  
 (ii) related organizations  Yes  No  
 b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No  
 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' on 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
1 a Land				
b Buildings				
c Leasehold improvements		447,569.	137,594.	309,975.
d Equipment		1,043,177.	653,276.	389,901.
e Other		3,699.	740.	2,959.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>702,835.</b>

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on 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) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' on 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)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' on 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)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED COMPENSATED ABSENCES	2,683.
(3) PAYROLL LIABILITIES	1,681.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	4,364.

**2.**

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.** N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

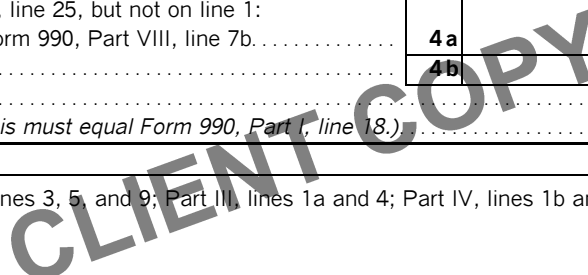
**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<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>2 a</b>		
	<b>b</b> Prior year adjustments	<b>2 b</b>		
	<b>c</b> Other losses	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2 d</b>		
	<b>e</b> Add lines <b>2 a</b> through <b>2 d</b>		<b>2 e</b>	
<b>3</b>	Subtract line <b>2 e</b> from line <b>1</b>		<b>3</b>	
<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>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4 b</b>		
	<b>c</b> Add lines <b>4 a</b> and <b>4 b</b>		<b>4 c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**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,



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2016**

**Open to Public  
Inspection**

COMMUNITY TELEVISION OF SANTA CRUZ  
COUNTY

Employer identification number

77-0369318

**FORM 990, PART XII, LINE 2C:**

THE ORGANIZATION HAS A COMMITTEE THAT OVERSEES THE AUDIT. THE ORGANIZATION HAS NOT  
CHANGED ITS OVERSIGHT PROCESS OR ITS SELECTION PROCESS DURING THE TAX YEAR.

**Form 990, Part VI, Line 3 - Description of Delegated Duties to Management Company**

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, Line 6 - Explanation of Classes of Members or Shareholder**

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

**Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body**

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

**Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders**

MEMBERS OF THE ORGANIZATION ARE ELIGIBLE TO APPROVE BYLAWS.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

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

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

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

**Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection**

THE 990 IS AVAILABLE UPON REQUEST.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST

**Form 990, Part XI, Line 9  
Other Changes In Net Assets Or Fund Balances**

ALLOCATION OF EXPENSES TO UNRELATED BUSINESS ACTIVITY.....	\$	-233,323.
ALLOCATION OF UNRELATED BUSINESS INCOME.....		-109,804.
REMOVAL OF ASSETS.....		-197,691.

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

**Form 990, Part XI, Line 9 (continued)**  
**Other Changes In Net Assets Or Fund Balances**

TRANSFER OF LEASEHOLD IMPROVEMENTS TO FIXED ASSETS.....	\$ -108,041.
Total	\$ <u>-648,859.</u>

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Date Accepted \_\_\_\_\_

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR

# California e-file Return Authorization for Exempt Organizations

FORM

**2016**

**8453-EO**

Exempt Organization name

Identifying number

COMMUNITY TELEVISION OF SANTA CRUZ

77-0369318

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

1	Total gross receipts (Form 199, line 4)	1	799,180.
2	Total gross income (Form 199, line 8)	2	799,180.
3	Total expenses and disbursements (Form 199, Line 9)	3	262,955.

### Part II Settle Your Account Electronically for Taxable Year 2016

4  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 \_\_\_\_\_  
6 Account number \_\_\_\_\_    7 Type of account:  Checking     Savings

### Part IV Declaration of Officer

withdrawal for the amount listed on line 4a.

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 the ERO or intermediate service provider, the reason(s) for the delay.**

**Sign Here**    Signature of officer \_\_\_\_\_    Date \_\_\_\_\_    Executive Dir. \_\_\_\_\_  
Title \_\_\_\_\_

### Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

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

of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	▶ DENISE M. BROLIN	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	▶ DENISE M. BROLIN, CPA 785 NICOLE CT GILROY		CA	FEIN	ZIP Code 95020-6809

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	▶ _____		FEIN	ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2016

**Rental Income Worksheet  
Form 990**

Gross Rental Income.....	\$	89,638.
Expenses		
Total Expenses.....	\$	<u>0.</u>
Net Rental Income or Loss		\$ <u><u>89,638.</u></u>

**Form 990, Part III, Line 4e  
Program Services Totals**

	Program Services Total	Form 990	Source
Total Expenses	182,084.	182,084.	Part IX, Line 25, Col. B
Grants	0.	0.	Part IX, Lines 1-3, Col. B
Revenue	0.	65,432.	Part VIII, Line 2, Col. A

**Form 990, Part IX, Line 11g  
Other Fees For Services**

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	(A) Total	(B) Program Services	(C) Management & General	(D) Fund- raising
CMAA	11,120.	3,225.	7,895.	
CONSULTING	1,980.	574.	1,406.	
STUDIO PRODUCTION	679.	197.	482.	
Total	\$ <u>13,779.</u>	\$ <u>3,996.</u>	\$ <u>9,783.</u>	\$ <u>0.</u>

**Form 990, Part IX, Line 24e  
Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
AUTOMATION EQUIPMENT	1,500.	1,500.		
BANK CHARGES	599.		599.	
COPY MACHINE LEASE	507.	183.	253.	71.
DUES & SUBSCRIPITONS	1,398.	699.	699.	
EQUIPMENT REPAIRS	28.	28.		
LICENSES FEES AND MISC	912.	27.	885.	
Postage and Shipping	632.		632.	
Printing and Publications	311.		311.	
STAFF DEVELOPMENT	-2,901.	-2,205.	-464.	-232.
Total	\$ <u>2,986.</u>	\$ <u>232.</u>	\$ <u>2,915.</u>	\$ <u>-161.</u>

Computation of 2016 Net Operating Loss

1. Total income.....	109,804.
2. Total deductions.....	233,324.
3. Unrelated business taxable income (Line 1 Less Line 2).....	<u>-123,520.</u>
2016 Net Operating Loss.....	<u><u>123,520.</u></u>

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**2016 Federal Book Depreciation Schedule**  
**COMMUNITY TELEVISION OF SANTA CRUZ**  
**COUNTY**

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Auto / Transport Equipment																
5	PRODUCTION VEHICLE	Various	6/30/17	106,108							106,108	106,108	S/L	5		0
Total Auto / Transport Equipment				106,108		0	0	0	0	0	106,108	106,108				0
Furniture and Fixtures																
11	OFFICE FURNITURE	Various		3,699							3,699		S/L	5		740
Total Furniture and Fixtures				3,699		0	0	0	0	0	3,699	0				740
Improvements																
6	LEASEHOLD IMPROVEMENTS	Various		183,561							183,561	119,481	S/L	39		4,707
7	LEASEHOLD IMPROVEMENTS	Various		258,849							258,849	6,637	S/L	39		6,637
12	LEASEHOLD IMPROVEMENTS	Various		5,159							5,159		S/L	39		132
Total Improvements				447,569		0	0	0	0	0	447,569	126,118				11,476
Machinery and Equipment																
1	PRODUCTION/BROADCASTING	Various		706,720							706,720	493,235	S/L	5		0
2	BOARD OF SUPE EQUIPMENT	Various	6/30/17	58,957							58,957	58,957	S/L	5		0
3	OFFICE FURNITURE/EQUIPMEN	Various		95,916							95,916	83,663	S/L	5		0
4	FURNITURE & EQUIP REPLACE	Various	6/30/17	22,096							22,096	22,096	S/L	5		0
8	PRODUCTION/BOARDCASTING	Various		141,357							141,357	28,271	S/L	5		28,271
9	PRODUCTION EQUIPMENT	Various		19,937							19,937		S/L	5		3,987
10	PRODUCTION EQUIPMENT	Various		79,247							79,247		S/L	5		15,849
Total Machinery and Equipment				1,124,230		0	0	0	0	0	1,124,230	686,222				48,107

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**2016 Federal Book Depreciation Schedule**  
**COMMUNITY TELEVISION OF SANTA CRUZ**  
**COUNTY**

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
	Total Depreciation			<u>1,681,606</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,681,606</u>	<u>918,448</u>				<u>60,323</u>
	Grand Total Depreciation			<u>1,681,606</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,681,606</u>	<u>918,448</u>				<u>60,323</u>
	Depreciation Assets Sold			187,161		0	0	0	0	0	187,161	187,161				0
	Depr Remaining Assets			<u>1,494,445</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,494,445</u>	<u>731,287</u>				<u>60,323</u>

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**2016 California Book Depreciation Schedule**  
**COMMUNITY TELEVISION OF SANTA CRUZ**  
**COUNTY**

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis /Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 199																
Auto / Transport Equipment																
5	PRODUCTION VEHICLE	Various	6/30/17	106,108							106,108	106,108	S/L	5		0
Total Auto / Transport Equipment				106,108		0	0	0	0	0	106,108	106,108				0
Furniture and Fixtures																
11	OFFICE FURNITURE	Various		3,699							3,699		S/L	5		740
Total Furniture and Fixtures				3,699		0	0	0	0	0	3,699	0				740
Improvements																
6	LEASEHOLD IMPROVEMENTS	Various		183,561							183,561	119,481	S/L	39		4,707
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Total Improvements				447,569		0	0	0	0	0	447,569	126,118				11,476
Machinery and Equipment																
1	PRODUCTION/BROADCASTING	Various		706,720							706,720	493,235	S/L	5		0
2	BOARD OF SUPE EQUIPMENT	Various	6/30/17	58,957							58,957	58,957	S/L	5		0
3	OFFICE FURNITURE/EQUIPMEN	Various		95,916							95,916	83,663	S/L	5		0
4	FURNITURE & EQUIP REPLACE	Various	6/30/17	22,096							22,096	22,096	S/L	5		0
8	PRODUCTION/BOARDCASTING	Various		141,357							141,357	28,271	S/L	5		28,271
9	PRODUCTION EQUIPMENT	Various		19,937							19,937		S/L	5		3,987
10	PRODUCTION EQUIPMENT	Various		79,247							79,247		S/L	5		15,849
Total Machinery and Equipment				1,124,230		0	0	0	0	0	1,124,230	686,222				48,107

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**2016 California Book Depreciation Schedule**  
**COMMUNITY TELEVISION OF SANTA CRUZ**  
**COUNTY**

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
	Total Depreciation			<u>1,681,606</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,681,606</u>	<u>918,448</u>				<u>60,323</u>
	Grand Total Depreciation			<u>1,681,606</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,681,606</u>	<u>918,448</u>				<u>60,323</u>
	Depreciation Assets Sold			187,161		0	0	0	0	0	187,161	187,161				0
	Depr Remaining Assets			<u>1,494,445</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,494,445</u>	<u>731,287</u>				<u>60,323</u>

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	2016	2015	Diff
<b>REVENUE</b>			
Contributions and grants.....	616,913	888,692	-271,779
Program service revenue.....	65,432	107,236	-41,804
Investment income.....	694	154	540
Other revenue.....	116,141	25,388	90,753
Total revenue.....	799,180	1,021,470	-222,290
<b>EXPENSES</b>			
Salaries, other compen., emp. benefits...	97,041	248,320	-151,279
Other expenses.....	165,914	224,114	-58,200
Total expenses.....	262,955	472,434	-209,479
<b>NET ASSETS OR FUND BALANCES</b>			
Revenue less expenses.....	536,225	549,036	-12,811
Total assets at end of year.....	1,427,644	1,585,451	-157,807
Total liabilities at end of year.....	24,714	69,887	-45,173
Net assets/fund balances at end of year.	1,402,930	1,515,564	-112,634

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	2016	2015	Diff
<b>REVENUE</b>			
Net rental income (loss).....	89,638	0	89,638
Other income.....	20,166	0	20,166
Total revenue.....	109,804	0	109,804
<b>DEDUCTIONS</b>			
Salaries and wages.....	40,206	0	40,206
Taxes and licenses.....	4,110	0	4,110
Employee benefit programs.....	1,794	0	1,794
Other deductions.....	187,214	0	187,214
Total deductions.....	233,324	0	233,324
<b>UNRELATED BUSINESS TAXABLE INCOME</b>			
Unrelated bus taxable inc (line 30).....	-123,520	0	-123,520
Unrelated bus taxable inc (line 32).....	-123,520	0	-123,520
Unrelated business taxable income.....	-123,520	0	-123,520
<b>TAX COMPUTATION</b>			
Income tax.....	0	0	0
Total tax.....	0	0	0
<b>PAYMENTS AND CREDITS</b>			
Total payments and credits.....	0	0	0
<b>REFUND OR AMOUNT DUE</b>			
Tax due.....	0	0	0
Overpayment.....	0	0	0

	2016	2015	Diff
<b>REVENUE</b>			
Gross rents.....	89,638	0	89,638
Other income.....	92,629	132,778	-40,149
Gross contributions, gifts, & grants.....	616,913	888,692	-271,779
Total income.....	799,180	1,021,470	-222,290
<b>EXPENSES AND DISBURSEMENTS</b>			
Other salaries and wages.....	79,623	201,830	-122,207
Interest.....	981	1,383	-402
Taxes.....	8,347	21,034	-12,687
Rents.....	39,839	45,543	-5,704
Depreciation and depletion.....	60,323	39,615	20,708
Other deductions.....	73,842	163,029	-89,187
Total deductions.....	262,955	472,434	-209,479
Excess of receipts over disbursements....	536,225	549,036	-12,811
<b>FILING FEE</b>			
Filing fee.....	10	10	0
Balance due.....	10	10	0

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	2016	2015	Diff
<b>REVENUE</b>			
Capital gain net income.....	0	3,794,073	-3,794,073
Rental income (Schedule C).....	89,638	0	89,638
Income from controlled org (Sch F).....	0	132,778	-132,778
Exploited exempt activity inc (Sch G).....	0	190	-190
Advertising income (Schedule H).....	0	190	-190
Other income.....	20,166	0	20,166
 Total unrelated business income.....	 109,804	 0	 109,804
<b>DEDUCTIONS</b>			
Salaries and wages.....	40,206	0	40,206
Taxes.....	4,110	0	4,110
Depletion.....	0	154	-154
Contr. to deferred compensation plans....	0	132,624	-132,624
Employee benefit programs.....	1,794	0	1,794
Other deductions.....	187,214	0	187,214
 Total deductions.....	 233,324	 107,236	 126,088
<b>UNRELATED BUSINESS TAXABLE INCOME</b>			
Unrel. bus. taxable income (Line 26).....	-123,520	0	-123,520
Unrel. bus. taxable income (Line 28).....	-123,520	1	-123,521
Specific deduction.....	0	945,944	-945,944
Unrelated business taxable income.....	-123,520	898,913	-1,022,433
<b>TAX COMPUTATION</b>			
Enterprise zone, etc. losses.....	0	352,511	-352,511
Net operating loss deduction.....	0	996,082	-996,082
Net unrelated business taxable income.....	-123,520	0	-123,520
Tax.....	0	0	0
Less credits.....	0	0	0
Balance.....	0	0	0
Alternative minimum tax.....	0	655,116	-655,116
 Total tax.....	 0	 0	 0
<b>PAYMENTS</b>			
Overpayment credited from prior year.....	0	22,319	-22,319
Estimated tax payments.....	0	31,802	-31,802
Amount paid with extension.....	0	24,636	-24,636
 Total payments.....	 0	 25,237	 -25,237
<b>REFUND OR AMOUNT DUE</b>			
Overpayment.....	0	0	0
Penalties and interest.....	0	0	0
 Total due.....	 0	 0	 0

**Forms needed for this return**

Federal: 990, Sch A, Sch D, Sch O, 8868, 990-T, Elections  
 California: 199, 3539, 3885, 3586, 8453-E0, e-file Instructions, 109, 38050  
 RRF-1

**Tax Rates**

<u>Unrelated Business</u>	<u>Marginal</u>	<u>Effective</u>
Federal	0. %	0. %
California	8.8 %	0. %

**Carryovers to 2017**Federal Carryovers

Net Operating Loss	123,520.
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California Carryovers

Eligible Small Business Loss	123,520.
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The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

### Prior to transmission of the return

**Form 990**

The organization should review their Federal Return along with any accompanying schedules and statements.

**Paperless e-file**

The organization should read, sign and date the Form 8879-EO, IRS e-file Signature Authorization.

**Even Return**

No payment is required.

### After transmission of the return

**Receive acknowledgement of your e-file transmission status.**

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

**Keep a signed copy of Form 8879-EO, IRS e-file Signature Authorization in your files for 3 years.**

**Do not mail:**

Form 8879-EO IRS e-file Signature Authorization

**Additional Instructions:**

Form 990-T (Exempt Organization Business Income Tax Return) return cannot be filed electronically. You must file this return as a conventional paper return.



The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

**Prior to transmission of the return****Form 8868**

No signature is required with Form 8868.

**Even Return**

No payment is required.

**After transmission of the return****Receive acknowledgement of your e-file transmission status.**

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

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The entity's 2016 California tax return is **NOT FINISHED** until you complete the following instructions.

### Prior to transmission of the return

**Form 199**

The entity should review their 2016 California Exempt Income Tax Return along with any accompanying schedules and statements.

**Form 8453-EO**

The entity should review, sign and date Form 8453-EO prior to you e-filing the return.

**Balance Due**

There is a balance due in the amount of \$10.

### After transmission of the return

**Receive acknowledgement of your e-file transmission status.**

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your California acknowledgements.

**Keep a signed copy of Form 8453-EO in your files for 4 years.**

**Do Not Mail:**

Form 8453-EO

**Mail Form 3586 and payment to:**

Franchise Tax Board, PO Box 942857, Sacramento CA 94257-0531

**Caution**

Do not mail Form 3586 until the Franchise Tax Board has accepted Form 199.

EXCEPTION: Mail Form 3586 with payment by the due date, even if the return is still pending, to avoid late payment penalties and interest charges.