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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

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-EZ and its instructions is at www.irs.gov/form990.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning **07-01**, 2013, and ending **06-30**, 2014

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

SEAL BEACH CABLE COMMUNICATIONS FD

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

201 8TH STREET

City or town, state or province, country, and ZIP or foreign postal code

SEAL BEACH, CA 90740

D Employer identification number

33-0081105

E Telephone number

F Group Exemption
Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **93,704**

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

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1	Contributions, gifts, grants, and similar amounts received																															
	2	Program service revenue including government fees and contracts		92,551																													
	3	Membership dues and assessments			1,153																												
	4	Investment income																															
	5a	Gross amount from sale of assets other than inventory																															
	b	Less cost or other basis and sales expenses																															
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																															
	6	Gaming and fundraising events																															
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																															
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																															
	c	Less direct expenses from gaming and fundraising events																															
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																															
	7a	Gross sales of inventory, less returns and allowances																															
	b	Less cost of goods sold																															
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
	8	Other revenue (describe in Schedule O)																															
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																															
Expenses	10	Grants and similar amounts paid (list in Schedule O)																															
	11	Benefits paid to or for members																															
	12	Salaries, other compensation, and employee benefits																															
	13	Professional fees and other payments to independent contractors																															
	14	Occupancy, rent, utilities, and maintenance																															
	15	Printing, publications, postage, and shipping																															
	16	Other expenses (describe in Schedule O)																															
17	Total expenses. Add lines 10 through 16																																
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																															
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																															
	20	Other changes in net assets or fund balances (explain in Schedule O)																															
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																															

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

SCANNED JUN 23 2015

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III []

What is the organization's primary exempt purpose? PUBLIC ACCESS PROGRAM FUNDING

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Table with 3 columns: Description, Line Number, Amount. Rows include FUNDS ARE USED TO PROVIDE THE MEANS, TRAINING AND EQUIPMENT TO THE MEMBERS OF THE COMMUNITY WHO PRODUCE TELEVISION PROGRAMS THROUGHOUT THE SEAL BEACH CABLE TELEVISION FACILITY. (Grants \$) If this amount includes foreign grants, check here [] 28a 71,616

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV []

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? 34 Were any significant changes made to the organizing or governing documents? 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37 a Enter amount of political expenditures, direct or indirect... 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee... 39 Section 501(c)(7) organizations... 40 a Section 501(c)(3) organizations... 41 List the states with which a copy of this return is filed... 42 a The organization's books are in care of SEAL BEACH TREASURER... 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here...

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

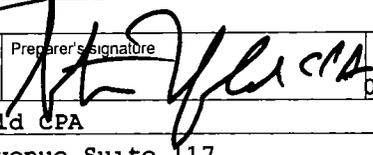
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer 		Date 5-15-15		
	Type or print name and title				
Paid Preparer Use Only	Print/type preparer's name	Preparer's signature 	Date 05-14-2015	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00183850
	Firm's name	Steven M Fifield CPA			Firm's EIN
	Firm's address	4281 Katella Avenue Suite 117 Los Alamitos CA 90720			Phone no 714-995-3020

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

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

SEAL BEACH CABLE COMMUNICATIONS FD

Employer identification number

33-0081105

01. List of grants and similar amounts paid (Part I, line 10)

Activity	CASH AMOUNT GIVEN
Amount	34,880

02. Description of other expenses (Part I, line 16)

Description	Amount
INSURANCE	5,430
OUTSIDE SERVICES	1,561
MOBILE PROD VAN	4,285
TELEPHONE	781
CABLE	1,086
INTERNET	911
OTHER ADMINISTRATIVE	6,497
MISCELLANEOUS	1,169
DEPRECIATION	10,500

03. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
MACHINERY AND EQUIPMENT	45,307	68,335
NOTES AND LOANS RECEIVABLE	209,778	231,715
PREPAID EXPENSES AND DEF CHGS	18,731	0