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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2017

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information

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A For the 2017 calendar year, or tax year beginning 3/01, 2017, and ending 2/28, 2018

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

C

SEASCAPE BEACH ASSOCIATION
783 RIO DEL MAR BLVD #59
APTOS, CA 95003

D Employer identification number
94-1693226

E Telephone number
831-688-1090

F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

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

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

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 ▶ \$ 183,855.

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

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1	Contributions, gifts, grants, and similar amounts received	1	<u>117,000.</u>
2	Program service revenue including government fees and contracts	2	<u>64,914.</u>
3	Membership dues and assessments	3	
4	Investment income	4	<u>1,941.</u>
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>183,855.</u>
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	<u>28,118.</u>
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16	<u>116,993.</u>
17	Total expenses. Add lines 10 through 16	17	<u>145,111.</u>
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>38,744.</u>
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)	19	<u>444,846.</u>
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>483,590.</u>

BAA For Paperwork Reduction Act Notice, see the separate instructions.

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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.

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41 regarding IRS reporting, organizational changes, income, and tax requirements.

42a The organization's books are in care of ANDERSON & COMPANY Telephone no 831-688-1090 Located at 783 RIO DEL MAR BLVD, SUITE 59 APTOS CA ZIP + 4 95003

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

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		
49a		
49b		

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

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

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

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 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: *[Handwritten Signature]*
 Date: *3-23-18*
 Type or print name and title: *Property Manager*

Paid Preparer Use Only:
 Print/Type preparer's name: WILLIAM S. ERLANGER
 Preparer's signature: *[Handwritten Signature]*
 Date: 3-23-18
 Check if self-employed
 PTIN: P01068379
 Firm's name: LEVY, ERLANGER & COMPANY
 Firm's address: 290 KING STREET SUITE #12 SAN FRANCISCO, CA 94107
 Firm's EIN: 94-3305207
 Phone no: (415) 981-9350

May the IRS discuss this return with the preparer shown above? See instructions.

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

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

Name of the organization
SEASCAPE BEACH ASSOCIATION

Employer identification number
94-1693226

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

GATES	\$ 1,775.
INSURANCE	4,300.
LANDSCAPE SERVICES	2,790.
MAJOR REPAIRS AND REPLACEMENTS	56,126.
OFFICE EXPENSES	15,527.
OTHER MAINTENANCE	1,495.
SECURITY	27,598.
STATE INCOME TAX	45.
UTILITIES	7,337.
TOTAL	\$ 116,993.

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 0.	\$ 285.
PREPAID EXPENSES AND DEFERRED CHARGES	3,128.	6,675.
TOTAL	\$ 3,128.	\$ 6,960.

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 18,147.	\$ 0.
DEFERRED REVENUE	70,845.	1,600.
SECURITY DEPOSITS	1,500.	1,500.
STATE INCOME TAX PAYABLE	11.	25.
TOTAL	\$ 90,503.	\$ 3,125.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION PROVIDES PUBLIC BEACH ACCESS TO THE GENERAL PUBLIC AS WELL AS MAINTAINING, REPAIRING AND REPLACING THE COMMON AREA PROPERTY.