

Form **990EZ**
Department of the Treasury
Internal Revenue Service

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)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final 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 ▶ \$ 129,590

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	122,260
	3	Membership dues and assessments	3	
	4	Investment income	4	7,330
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	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		
b	Less: cost of goods sold	7b		
c	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	129,590	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	34,884
	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	775
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	55,438
	17	Total expenses. Add lines 10 through 16 ▶	17	91,097
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	38,493
	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	416,164
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-8,002
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	446,655

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 3 columns: Question, Yes, No. Rows include 33-41e regarding organizational activities, political expenditures, loans, and tax shelter transactions.

42a The organization's books are in care of ROBIN FORT LINCKE Telephone no. (562) 596-1404 Located at 201 8TH STREET SEAL BEACH, CA ZIP + 4 90740

Table with 3 columns: Question, Yes, No. Rows include 42b and 42c regarding foreign financial accounts and offices.

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 43

Table with 3 columns: Question, Yes, No. Rows include 44a-44d regarding donor advised funds and tanning services, and 45a-45b regarding controlled entities.

	Yes	No
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.	46	No

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

	Yes	No
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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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 ROBIN FORT-LINCKE EXEC DIRECTOR <small>Type or print name and title</small>	2020-05-14 <small>Date</small>
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Paid Preparer Use Only	Print/Type preparer's name Steven M Fifield CPA	Preparer's signature	Date 2020-05-14	Check <input type="checkbox"/> if self-employed	PTIN P00183850
	Firm's name ▶ Steven M Fifield CPA			Firm's EIN ▶	
	Firm's address ▶ 11021 Winners Circle Suite 106 Los Alamitos, CA 90720			Phone no. (714) 995-3020	

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

Additional Data

Software ID:

Software Version:

EIN: 33-0081105

Name: SEAL BEACH CABLE COMMUNICATIONS FD

Form 990EZ, Part III - Statement of Program Service Accomplishments

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; optional for others.)	
28 FUNDS ARE USED TO PROVIDE THE MEANS TRAINING AND EQUIPMENT TO THE MEMBERS OF THE COMMUNITY WHO PRODUCE TELEVISION PROGRAMS THROUGHT THE SEAL BEACH CABLE TELEVISION FACILITY (Grants \$) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	91,097

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

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

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

SEAL BEACH CABLE COMMUNICATIONS FD

Employer identification number

33-0081105

990 Schedule O, Supplemental Information

Return Reference	Explanation
List of grants and similar amounts paid Part I line 10	Activity PEG COORDINATOR SUPPORT Amount 34,884

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	Description Amount INSURANCE 6,409 OUTSIDE SERVICES 8,272 MOBILE PROD VAN 463 TELEPHONE 518 CABLE 583 INTERNET 2,430 OTHER ADMINISTRATIVE 7,943 MISCELLANEOUS 1,053 DEPRECIATION 20,135 TRAVEL AND MEETINGS 445 OTHER PROFESSIONAL SERVICES 1,154 PRODUCTION EQUIPMENT NON CAPITAL 6,033

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other changes in net assets or fund balances Part I line 20	Description Amount NET TRNSFR OF CITY LAIF FUND (8,002)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other assets Part II line 24	Category Beginning of Year End of Year MACHINERY AND EQUIPMENT 83,337 80,541 NOTES AND LOANS RECEIVABLE 155,783 149,304 CITY OF SEAL BEACH LAIF FUND 163,847 210,361 DEFERRED CHARGES 73 9 0