



325 Soquel Avenue
Santa Cruz, CA 95062

BOARD OF DIRECTORS
Regular Meeting
May 22, 2023
5:30 p.m.

****PLEASE NOTE****: The meeting will be held at Community Television of Santa Cruz County offices. Members of the public may attend at <https://us06web.zoom.us/j/84049770637>

A G E N D A

1. Roll Call

Guy Lasnier (Chair), Maitreya Maziarz, Keith Gudger, Joe Hall, Janis O'Driscoll, Tom Manheim, Mathilde Rand, Elizabeth Shaw, David Warren

[quorum is five]

2. Oral Communications

Any person may address the Board during its oral communications period. All Oral Communications must be directed to an item not listed on today's consent or regular agenda, and must be within the jurisdiction of the Board.

3. Consideration of late additions to the agenda; additions and deletions to consent and regular agendas.

CONSENT AGENDA

4. Approve meeting agenda*
5. Approve Board meeting minutes of April 24, 2023*
6. Accept April 2023 financial reports*

REGULAR AGENDA

7. Executive Director's report*
8. Discuss and approve 2021-2022 Federal tax return Form 990 and California tax return form 199.*

9. Set a date for a board retreat in conjunction with developing a new strategic plan.
10. Discuss and accept the Education Committee's report*
11. Board Chair's report
12. Board member / staff requests for specific items to appear on next meeting agenda
13. Announcements
14. Adjournment

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

*** Material Included in Board Packet**



325 Soquel Avenue
Santa Cruz, CA 95062

EXECUTIVE COMMITTEE Regular Meeting

May 22, 2023

5:30 p.m.

Zoom online meeting

A G E N D A

1. Roll Call

Guy Lasnier (Chair), Maitreya Maziarz, Keith Gudger, Joe Hall, Janis O'Driscoll, Tom Manheim, Mathilde Rand, Elizabeth Shaw, David Warren

[quorum is three]

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

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

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



325 Soquel Avenue
Santa Cruz, CA 95062

BOARD OF DIRECTORS
Regular Meeting
April 24, 2023
5:30 p.m.

MINUTES

1. Roll Call at 5:31 PM
Present: Guy Lasnier (Chair), Maitreya Maziarz, Keith Gudger, Janis O'Driscoll, Tom Manheim, Mathilde Rand, David Warren.
[quorum is five]
By Zoom: Joe Hall
Absent: Elizabeth Shaw.

Staff: Executive Director Becca Reed

2. Oral Communications Any person may address the Board during its oral communications period.
None.
3. Consideration of late additions to the agenda; additions and deletions to consent and regular agendas.
None.

CONSENT AGENDA

4. Approve meeting agenda
5. Approve Board meeting minutes of Mar. 27, 2023
6. Accept March 2023 financial reports

Approval moved by Director Rand, seconded by Director Warren, approved unanimously.

REGULAR AGENDA

7. Executive Director's report

Executive Director Reed reported that coworking revenue is ahead of projections for the year. The Santa Cruz Board of Supervisors has extended CTV's contract for another year. CTV will record one event in May (Artist of the Year.).

CTV has moved the broadcast server to the Soquel office. The new office space is being remodeled and will open officially May 1. There are new locks in the new space.

8. Discussion of board meeting location, logistics, and times

Chair Lasnier mentioned that we now have to meet in person due to the Brown Act. Director Manheim mentioned that there are some reasons one can be absent for up to 2 absences per calendar year for just cause. Just cause is defined as child care, contagious illness, physical or mental disability, or travel for the agency.

9. Look ahead discussion: document review, strategic plan. Appoint an ad hoc planning committee.

E.D. Reed suggested having a retreat to come up with ideas for the strategic plan. Chair Lasnier will appoint an ad hoc committee including David Warren, Tom Manheim, Keith Gudger, Guy Lasnier, Linda Janakos.

10. Accept and discuss Education Committee report

Director Warren discussed the Education report. He mentioned there may be many opportunities for CTV that may arise from the use of AI. Director O'Driscoll discussed the impact on the art community.

11. Board Chair's report

No report.

12. Board member / staff requests for specific items to appear on next meeting agenda

Director Rand suggested we start planning the retreat.

13. Announcements

None

14. Adjournment

Director Rand moved adjournment. Adjourned at 6:15 PM.

Community Television of Santa Cruz County
Capital Profit Loss Budget Performance
April
2023

	Amended Budget 2022-23	March 2023	April 2023	April Year to Date	% of Annual Budget	Amount Remaining
4000 · CAPITAL REVENUE						
4100 · County PEG Fees	500,000.00	125,000.00	0.00	375,000.00	75%	125,000.00
4105 · County PEG Fees - Youth Grant	100,000.00	25,000.00	0.00	75,000.00	75%	25,000.00
TOTAL INCOME	600,000.00	150,000.00	0.00	450,000.00	75%	150,000.00
5000 · CAPITAL EXPENDITURES						
5100 · Facility						
7400 · Facility Lease	290,396.00	29,485.91	26,050.79	225,577.97	78%	64,818.03
6701 · Facility / Equip. Insurance	13,105.00	1,082.18	1,082.18	10,735.80	82%	2,369.20
7058 · Leasehold Improvements / Capital	12,196.00	0.00	0.00	4,575.65	38%	7,620.35
7300 · Facilities & Equipment Rental	1,000.00	61.39	0.00	532.43	53%	467.57
Total 5100 · Facility	316,697.00	30,629.48	27,132.97	241,421.85	76%	75,275.15
5200 · Equipment						
7215 · Copy Machine Lease	2,480.00	298.34	298.34	3,457.18	139%	(977.18)
7051 · Equipment Repair	4,564.00	0.00	0.00	250.11	5%	4,313.89
7056 · Equipment - Depreciated	90,928.00	7,386.90	(558.29)	87,545.71	96%	3,382.29
7057 · Equipment - Non Depreciated	24,306.00	611.39	927.51	22,093.39	91%	2,212.61
7060 · Equipment Grant Program	100,000.00	0.00	0.00	47,137.74	47%	52,862.26
7061 · Equipment Leases	0.00	0.00	0.00	0.00	0%	0.00
7062 · Software as a Service	17,250.00	1,673.96	1,344.55	14,569.84	84%	2,680.16
7700 · Telephone / Telecommunications / Internet	0.00	863.19	863.19	8,631.90		(8,631.90)
Total 5200 · Equipment	239,528.00	10,833.78	2,875.30	183,685.87	77%	55,842.13
Capital Maintenance & Repair						
7063 - Building Maintenance	7383.00	632.74	1086.26	6,414.17	87%	968.83
7064 - Equipment Maintenance	12694.00	1277.66	1061.28	10,581.90	83%	2,112.10
7065 - Equipment Repair	23038.00	2039.94	1899.47	19,018.77	83%	4,019.23
Total Capital Maintenance & Repair	43115.00	3950.34	4047.01	36,014.84	84%	7,100.16
5300 · Media Licensing						
7059 · Music Library	660.00	0.00	0.00	330.00	50%	330.00
Total 5300 · Media Licensing	660.00	0.00	0.00	330.00	50%	330.00
Total 5000 · CAPITAL EXPENDITURES	600,000.00	45,413.60	34,055.28	461,452.56	77%	138,547.44
NET INCOME/LOSS	0.00	104,586.40	(34,055.28)	(11,452.56)		

Community Television of Santa Cruz County

Balance Sheet As of April 30, 2023

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
1021 Petty Cash Fund	55.11
1075 Checking - Santa Cruz County Bank	367,763.66
1080 Savings - Santa Cruz County Bank	143,239.67
1081 CDAR 1025929272	0.00
1082 CDAR 1025929809	0.00
1083 ICS Santa Cruz County Bank	250,026.60
1084 CDAR 1026064054	0.00
1085 CDAR 1026064062	0.00
1086 Schwab	1,000,418.30
Total Bank Accounts	\$1,761,503.34
Accounts Receivable	
1114 Temp A/R	0.00
1115 Accounts Receivable	17,020.41
1116 Grants Receivable	0.00
Total Accounts Receivable	\$17,020.41
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	50.00
1203 Crime Coverage	0.00
1206 Workers Comp Deposit	757.00
1209 Liability / D&O (SLIP)	0.00
1210 Property Liability (SPIP)	1,945.35
Total 1200 Prepaid Insurance	2,752.35
1260 Prepaid Expenses	25,717.29
1300 PFG Common Stock	4,931.00
1400 Undeposited Funds	0.00
Repayment	
Health Insurance	0.00
Total Repayment	0.00
Total Other Current Assets	\$33,400.64
Total Current Assets	\$1,811,924.39

Community Television of Santa Cruz County

Balance Sheet As of April 30, 2023

	TOTAL
Fixed Assets	
1600 Production Equipment	1,323,471.84
1700 Accum Depr-Production Equipment	-1,107,756.25
Total 1600 Production Equipment	215,715.59
1602 Board of Supervisors Equipment	0.00
1620 Office Furniture/Equipment	122,181.80
1720 Accum Depr-Furniture/Equipment	-120,741.54
Total 1620 Office Furniture/Equipment	1,440.26
1625 Leasehold Improvement	207,697.15
1725 Accum Depr-Leasehold Improv.	-162,208.48
Total 1625 Leasehold Improvement	45,488.67
1670 Broadcasting Equipment	28,933.89
Total Fixed Assets	\$291,578.41
TOTAL ASSETS	\$2,103,502.80
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2100 Accounts Payable	7,868.30
Total Accounts Payable	\$7,868.30
Credit Cards	
2120 American Express	550.62
Total Credit Cards	\$550.62
Other Current Liabilities	
2110 Sales Tax Payable	-153.15
2111 Sales Tax (Manual entry)	0.00
2140 Accrued Vacation	10,279.72
2150 PPP Loan	0.00
24000 Payroll Liabilities	1,034.98
CA PIT / SDI	697.85
CA SUI / ETT	-789.39
Federal Taxes (941/944)	3,190.54
Total 24000 Payroll Liabilities	4,133.98
Board of Equalization Payable	0.00
Direct Deposit Payable	0.00
Total Other Current Liabilities	\$14,260.55
Total Current Liabilities	\$22,679.47

Community Television of Santa Cruz County

Balance Sheet As of April 30, 2023

	TOTAL
Long-Term Liabilities	
2400 Business Equipment Loan 33736	0.00
2410 EIDL Loan	0.00
Total Long-Term Liabilities	\$0.00
Total Liabilities	\$22,679.47
Equity	
3000 Opening Bal Equity	0.00
3015 Net Assets-Temp Restricted	0.00
3900 Retained Earnings	532,346.07
3905 Retained Earnings - Capital Reserves	1,559,195.76
Net Income	-10,718.50
Total Equity	\$2,080,823.33
TOTAL LIABILITIES AND EQUITY	\$2,103,502.80

EQUITY:	
Capital Reserves.	\$1,232,091.99
Capital Reserves - Youth Grant	\$315,651.21
Operating Reserves.	\$213,760.14
Other Assets.	\$319,319.99
TOTAL.	\$2,080,823.33

Community Television of Santa Cruz County
 Operating Profit Loss Budget Performance
 April
 2023

	Amended Budget 2022-23	March 2023	April 2023	April Year to Date	% of Annual Budget	Amount Remaining
4300 · OPERATING REVENUE						
4101 · County BOS Meetings	23,732.00	1,317.50	1,381.25	10,192.25	43%	13,539.75
4103 · City of Capitola Gov. Meetings	10,314.00	1,045.25	2,398.00	11,545.75	112%	(1,231.75)
4104 · SCMTD Meetings	3,440.00	339.00	590.00	3,654.65	106%	(214.65)
4106 · City of Santa Cruz Gov. Mtg.	35,238.00	3,557.25	4,107.25	37,524.50	106%	(2,286.50)
4108 · SCCRTC Meetings	5,058.00	367.25	282.50	4,904.50	97%	153.50
4120 · Facility & Equipment Use	105,750.00	10,047.14	10,366.26	96,028.90	91%	9,721.10
4121 · SLVWD Meetings	7,859.00	847.50	254.25	6,108.00	78%	1,751.00
4122 · PVUSD	12,072.00	1,211.50	1,999.25	9,452.25	78%	2,619.75
4130 · Classes	0.00	0.00	0.00	0.00	0%	0.00
4165 · Donations	3,645.00	0.00	0.00	2,582.40	71%	1,062.60
4180 · Interest Earned	0.00	121.45	477.01	5,638.07	0%	(5,638.07)
4185 · Misc. Income	30,840.00	0.00	64.00	1,560.00	5%	29,280.00
4190 · Gain/Loss on Sale of Assets	0.00	0.00	0.00	0.00	0%	0.00
4200 · Production Services	4,000.00	0.00	0.00	4,250.00	106%	(250.00)
4250 - Closed Captioning	34,920.00	1,875.00	2,625.00	20,062.50	57%	14,857.50
4260 - Equipment Lease	8,600.00	567.42	567.42	6,257.52	73%	2,342.48
4700 - CA Relief Grant	0.00	0.00	0.00	0.00	0%	0.00
CTV Reserves	0.00	0.00	0.00	0.00	0%	0.00
Total 4300 · OPERATING REVENUE	285,468.00	21,296.26	25,112.19	219,761.29	77%	65,706.71
TOTAL INCOME	285,468.00	21,296.26	25,112.19	219,761.29	77%	65,706.71
6000 · OPERATING EXPENSES						
6100 · Advertising	8,000.00	40.00	329.00	573.24	7%	7,426.76
6300 · Bank Charges	2,000.00	230.41	226.65	2,298.92	115%	(298.92)
6350 · Interest Expense - EIDL	0.00	0.00	0.00	1,944.00	0%	(1,944.00)
6600 · Dues & Subscriptions	1,000.00	0.00	0.00	609.63	61%	390.37
7100 · Office Supplies	800.00	27.29	54.33	207.47	26%	592.53
7105 - Production Expenses	200.00	0.00	198.00	198.00	99%	2.00
7200 · Postage/Freight	500.00	0.00	108.78	905.59	181%	(405.59)
7205 · Printing	100.00	0.00	0.00	18.51	19%	81.49
7401 · Facility Supplies	2,000.00	276.35	448.71	1,476.94	74%	523.06
7640 · Licenses/Fees/Misc. Taxes	100.00	0.00	100.32	117.32	117%	(17.32)
7700 · Telephone/Telecommunications/Internet	2,920.00	299.15	420.02	3,067.38	105%	(147.38)
Total 6000 - Operating Expenses	17,620.00	873.20	1,885.81	11,417.00	65%	6,203.00
6800 · Contracted Services						
6900 · Contract Services-Audit Services	1,500.00	0.00	0.00	0.00	0%	1,500.00
7001 · Contract Services-Production Support	0.00	0.00	0.00	0.00	0%	0.00
7007 · Contract Services-CMAP	0.00	0.00	0.00	0.00	0%	0.00
7010 · Contract Services-Consulting	3,500.00	629.40	600.00	1,229.40	35%	2,270.60
7110 · Contract Services-Legal	3,000.00	356.00	0.00	1,826.00	61%	1,174.00
7910 - Contract Services-Equipment Technicians	2,520.00	0.00	0.00	0.00	0%	2,520.00
7920 · Contract Services-Captioning	12,000.00	867.67	0.00	11,454.66	95%	545.34
Total 6800 · Contracted Services	22,520.00	1,853.07	600.00	14,510.06	64%	8,009.94
7000 · Staff Development & Fundraising						
7405 · Training/conferences	500.00	0.00	0.00	0.00	0%	500.00
7800 · Travel/Meals	100.00	37.34	30.95	101.92	102%	(1.92)
8600 · Special Events Expense	1,000.00	0.00	0.00	0.00	0%	1,000.00
Total 7000 · Staff Development & Fundraising	1,600.00	37.34	30.95	101.92	6%	1,498.08

Community Television of Santa Cruz County
 Operating Profit Loss Budget Performance
 April
 2023

	Amended Budget 2022-23	March 2023	April 2023	April Year to Date	% of Annual Budget	Amount Remaining
7500 · Operating Salaries & Benefits						
7525 · Salaries - Executive Director	80,720.00	6,729.33	6,729.33	67,293.30	83%	13,426.70
7530 · Salaries - Coworking Community Coordinator	29,535.00	2,530.95	3,281.08	24,592.70	83%	4,942.30
7535 · Salaries - Accountant	11,032.00	1,430.46	868.56	8,781.86	80%	2,250.14
7542 · Salaries - Media Services Coordinator	50,778.00	5,110.63	4,245.14	42,327.53	83%	8,450.47
7585 · Salaries - Government Technicians	20,000.00	2,271.77	1,592.89	15,976.74	80%	4,023.26
7589 · Salaries - Extra Help Trainers, Technicians	2,000.00	0.00	0.00	994.33	50%	1,005.67
7621 · Payroll Taxes	24,429.00	1,953.36	1,811.81	17,701.82	72%	6,727.18
7635 · Workers Comp	2,034.00	125.40	125.40	1,254.00	62%	780.00
7630 · Health/Dental/Vision	18,200.00	1,663.23	1,367.43	13,315.97	73%	4,884.03
7632 · Severance/Vacation Payouts	5,000.00	0.00	760.00	760.00	15%	4,240.00
Total 7500 · Operating Salaries & Benefits	243,728.00	21,815.13	20,781.64	192,998.25	79%	50,729.75
TOTAL EXPENSES	285,468.00	24,578.74	23,298.40	219,027.23	77%	66,440.77
NET INCOME/LOSS	0.00	(3,282.48)	1,813.79	734.06	0.3%	

5/22/23

Community Television of Santa Cruz County

Executive Director's Report to the Board

Covering April, 2023

1. Administration

Revenue

- In April the coworking center exceeded its monthly goal, earning \$10,465.
- Overall, the coworking center continues to be ahead of its projected revenue goal for this point in time and will likely meet its projected goal a month early.
- We expect to end the year on budget.

Paid Services

Completed

- *Government Meeting Services*
 - CTV covered 13 government meetings in January.

Upcoming

- 2023 Artist of the Year event in May

Staff

- We have a new Coworking Community Manager who is doing a great job. She has been doing a lot of fun things for the members such as Waffle Wednesdays.
- We will be hiring two video technicians in May.

2. Facilities & Equipment

CTV Rebuild

- The last step to complete the rebuild has been done.
- Live shows began going out of the studio in May.

CTV Building.

- The building has been a-buzz with repair people on site to fix storm damage from December and January.
- The conference room, bathrooms and equipment room are nearing completion, and will be like new by the end of May.

3. Outreach

Equipment Grant

We are still exploring the possibility of an equipment grant for the Resource Center for Non-violence.

4. Marketing

Social Media

This is the second month of our campaign so we are learning about our audience.

- Our audience age range is wide 25-64 years old
- We engage with more women than men.
- Most of our audience is in Santa Cruz County.
This means we are talking to the right people.

Of course, our goal is to build our audience.

- We reached 254 new people this month.
- We appeared in 435 search results on Linked in, and have 60 new followers there. We have 111 on twitter, 164 on Facebook and 388 on Instagram. These numbers may seem small but we are just getting started.

Education Committee Notes

May 15, 2023

Attendees: David Warren, Keith Gudger, Linda Janakos

With regard to AI in education, Linda asked: “Who’s in control, who creates the input? Whose truth are we talking about?” AI’s truth is limited by its input.

David said he would require AI’s use in the classroom, with documented sources. One advantage is that you can ask deep questions and quickly get answers that help.

Two things that haven’t changed about AI in education:

1. How do you know what’s true?
2. How do we work together?

Linda said students can get 10 suggestions and pick the best parts from each.

How does this fit in with the committee? AI may make remote learning better and more usable.

Could CTV get software to detect “deep fakes” for users? Could an AI assistant help producers to make better videos?

Linda suggested an AI assistant as a brainstorming tool. Another one is creating images to add to videos.

Could CTV have learning sessions to learn how to use AI tools? Could AI help train people on how to use CTV’s equipment?

Action item for all: Can we each come up with an idea in the next week for a colloquium about a topic and suggest specific experts in the field. Some ideas include AI in journalism, video, teaching & learning, brainstorming, and deep fakes,

DENISE M TAYLOR CPA
1205 THIRD STREET
GILROY, CA 95020

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

**DENISE M TAYLOR CPA
1205 THIRD STREET
GILROY, CA 95020
(408) 848-3861**

May 11, 2023

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

Dear Becca:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2021 Federal Exempt Organization Business Income Tax Return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2021 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your 2021 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 May 15, 2023 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 \$100 payable by May 15, 2023. Make the check or money order payable to "Department of Justice" and mail your California report on or before May 15, 2023 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.TAYLOR

DENISE M TAYLOR CPA
1205 THIRD STREET
GILROY, CA 95020
(408) 848-3861

Client 77036931
May 11, 2023

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

FEDERAL FORMS

Form 990	2021 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	2021 Exempt Organization Bus. Income Tax Return
Schedule A (990-T)	Schedule A (990-T)
Form 8868 (T)	Application for Extension
	Depreciation Schedules
Form 8879-TE	IRS e-file Signature Authorization

CALIFORNIA FORMS

Form 199	2021 California Exempt Organization Return
Form 3885 (199)	Depreciation and Amortization - Corp.
Form 8453-EO	California e-file Return Authorization for Exempt
Form 109	2021 California Exempt Org. Bus. Inc. Tax Return
Form 3805Q	NOL Deduction - Corporations
Form RRF-1	2022 Registration/Renewal Fee Report
	California Depreciation Schedules

FEE SUMMARY

Preparation Fee	\$	1,260.00
PREPARATION OF 2020 FORM 990T AND CALIFORNIA FORM 109		370.00
Amount Due	\$	1,630.00

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 20 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer COMMUNITY TELEVISION OF SANTA CRUZ COUNTY EIN or SSN 77-0369318

Name and title of officer or person subject to tax
REBECCA KING REED EXECUTIVE DIR.

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>858,654.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77525895020
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ DENISE M. TAYLOR Date ▶ _____

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

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 202022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer **COMMUNITY TELEVISION OF SANTA CRUZ
COUNTY**

EIN or SSN
77-0369318

Name and title of officer or person subject to tax
REBECCA KING REED EXECUTIVE DIR.

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, 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 one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0</u> .
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77525895020
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ DENISE M. TAYLOR

Date ▶ _____

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

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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 below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	COMMUNITY TELEVISION OF SANTA CRUZ COUNTY	77-0369318
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	
	325 SOQUEL AVENUE SANTA CRUZ, CA 95062	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

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

Telephone No. ▶ (831) 425-8848 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 20 23, 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 7/01, 20 21, and ending 6/30, 20 22.

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

3 a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
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	3 b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for 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)

2021

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/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **7/01**, **2021**, and ending **6/30**, **2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C COMMUNITY TELEVISION OF SANTA CRUZ COUNTY 325 SOQUEL AVENUE SANTA CRUZ, CA 95062	D Employer identification number 77-0369318	E Telephone number (831) 425-8848
F Name and address of principal officer: REBECCA KING REED SAME AS C ABOVE		G Gross receipts \$ 858,654. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.COMMUNITYTV.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1994		M State of legal domicile: CA	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>TO FOSTER COMMUNITY DIALOGUE AND INDIVIDUAL SELF-EXPRESSION THROUGH VARIOUS MEDIA</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	90,838.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	627,175.	626,334.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92,198.	89,174.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,635.	1,606.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	150,898.	141,540.
		872,906.	858,654.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	126,138.	128,059.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 53.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	235,067.	195,217.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	361,205.	323,276.	
19 Revenue less expenses. Subtract line 18 from line 12	511,701.	535,378.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,325,185.	2,648,554.
	22 Net assets or fund balances. Subtract line 21 from line 20	19,296.	167,387.
		2,305,889.	2,481,167.

Part II Signature Block

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

Sign Here	Signature of officer	Date	
	REBECCA KING REED <small>Type or print name and title</small>	EXECUTIVE DIR.	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	DENISE M. TAYLOR	DENISE M. TAYLOR	
	Firm's name ▶ DENISE M TAYLOR CPA		Check <input checked="" type="checkbox"/> if self-employed
	Firm's address ▶ 1205 THIRD STREET GILROY, CA 95020		PTIN P00590440
		Firm's EIN ▶ 27-4640509	
		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 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 231,430. 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 on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 231,430.

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 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. 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 donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I.</i> 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
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 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
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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
25b 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
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

	Yes	No
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
	2a 10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If 'Yes,' complete Form 6069.	17	

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 9 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 on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent. 1 b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . SEE .SCH .O	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders? SEE .SCHEDULE .O	X	
7 a	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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official. SEE .SCHEDULE .O	X	
b	Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
16 a	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	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O) SEE SCH. O
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) REBECCA KING REED EXECUTIVE DIR.	40 0			X				31,058.	0.	0.
(2) MATHILDE RAND CITY REP	1 0	X		X				0.	0.	0.
(3) MAITREYA MAZIARZ VICE CHAIR	1 0	X		X				0.	0.	0.
(4) DAVID WARREN AT LARGE REP	1 0	X		X				0.	0.	0.
(5) JOE HALL TREASURER	1 0	X		X				0.	0.	0.
(6) ELIZABETH SHAW EDUC REP	1 0	X						0.	0.	0.
(7) TOM MANHEIM MEMBER	1 0	X						0.	0.	0.
(8) JANIS O'DRISCOLL EDUCATION REP	1 0	X						0.	0.	0.
(9) GUY LASNIER CHAIRMAN	1 0	X						0.	0.	0.
(10) KEITH GUDGER BOARD MEMBER	1 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) -----									

1 b Subtotal	31,058.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	31,058.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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	
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e	626,329.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	5.				
	g Noncash contributions included in lines 1a-1f	1 g					
	h Total. Add lines 1a-1f		626,334.				
	Program Service Revenue	Business Code					
2 a <u>PRODUCTION FEES</u>		515100	46,880.	46,880.			
b <u>OPERATING CONTRACTS</u>		515100	42,294.	42,294.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		89,174.					
Miscellaneous Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,606.	1,606.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6 a	(i) Real	90,838.			
			(ii) Personal				
		b Less: rental expenses	6 b				
		c Rental income or (loss)	6 c	90,838.			
	d Net rental income or (loss)		90,838.		90,838.		
	7 a Gross amount from sales of assets other than inventory	7 a	(i) Securities				
			(ii) Other				
		b Less: cost or other basis and sales expenses	7 b				
		c Gain or (loss)	7 c				
	d Net gain or (loss)						
	Other Revenue	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8 a				
8 b Less: direct expenses			8 b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9 a					
		b Less: direct expenses	9 b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		10 a					
		b Less: cost of goods sold.	10 b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
	11 a <u>CLOSED CAPTIONING</u>	515100	41,700.	41,700.			
	b <u>EQUIPMENT RENTAL</u>	515100	8,525.	8,525.			
	c <u>MISCELLANEOUS</u>	515100	477.	477.			
	d All other revenue						
e Total. Add lines 11a-11d		50,702.					
12 Total revenue. See instructions		858,654.	141,482.	90,838.	0.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	31,058.	31,058.	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	74,819.	38,158.	36,661.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	10,095.	5,148.	4,947.	
10 Payroll taxes	12,087.	6,164.	5,923.	
11 Fees for services (nonemployees):				
a Management				
b Legal	2,520.	731.	1,789.	
c Accounting				
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.)	15,279.	4,431.	10,848.	
12 Advertising and promotion	1,841.	921.	920.	
13 Office expenses	2,739.	383.	2,356.	
14 Information technology				
15 Royalties				
16 Occupancy	62,633.	55,117.	7,516.	
17 Travel	137.		137.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,610.	60,610.		
23 Insurance	3,019.	3,019.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>SOFTWARE</u>	17,705.		17,705.	
b <u>PRODUCTION EXPENSES</u>	12,521.	12,521.		
c <u>EQUIPMENT GRANT PROGRAM</u>	11,398.	11,398.		
d <u>POSTAGE AND SHIPPING</u>	1,347.		1,347.	
e All other expenses	3,468.	1,771.	1,644.	53.
25 Total functional expenses. Add lines 1 through 24e	323,276.	231,430.	91,793.	53.
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)				

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
Assets	1 Cash – non-interest-bearing	1,537,565.	1	1,908,013.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	176,087.	4	25,151.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	35,131.	9	34,186.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,540,928.		
	b Less: accumulated depreciation	10b 859,724.	576,402.	10c 681,204.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,325,185.	16	2,648,554.	
Liabilities	17 Accounts payable and accrued expenses	1,655.	17	2,940.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	150,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	17,641.	25	14,447.
	26 Total liabilities. Add lines 17 through 25	19,296.	26	167,387.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,305,889.	27	2,481,167.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances.	2,305,889.	32	2,481,167.
33 Total liabilities and net assets/fund balances.	2,325,185.	33	2,648,554.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	858,654.
2	Total expenses (must equal Part IX, column (A), line 25)	2	323,276.
3	Revenue less expenses. Subtract line 2 from line 1	3	535,378.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,305,889.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE O	9	-360,100.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,481,167.

Part XII Financial Statements and Reporting

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

		Yes	No
1	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 on Schedule O.			
2a	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	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			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	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
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization COMMUNITY TELEVISION OF SANTA CRUZ COUNTY	Employer identification number 77-0369318
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **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. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally 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)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 Total. 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 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test—2020. 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 stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	627,488.	620,411.	623,665.	627,175.	626,334.	3,125,073.
2 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.	65,357.	86,531.	86,363.	92,198.	89,174.	419,623.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	692,845.	706,942.	710,028.	719,373.	715,508.	3,544,696.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
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.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						3,544,696.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.	692,845.	706,942.	710,028.	719,373.	715,508.	3,544,696.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	1,017.	1,602.	4,828.	2,635.	1,606.	11,688.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	1,017.	1,602.	4,828.	2,635.	1,606.	11,688.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	134,603.	165,208.	159,524.	150,898.	141,540.	751,773.
13 Total support. (Add lines 9, 10c, 11, and 12.)	828,465.	873,752.	874,380.	872,906.	858,654.	4,308,157.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	82.28 %
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	82.65 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	0.27 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	0.25 %
19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
20 Private foundation. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 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 (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, 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 on 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 on 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 Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer line 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>	1	
2 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>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees 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>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 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?	1	
2 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>	2	
3 By reason of the relationship described on line 2, above, 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>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a 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>	2a		
b Did the activities described on line 2a, above, 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>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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>If 'Yes' or 'No,' provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990) 2021

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA

Schedule A (Form 990) 2021

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, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>
OTHER INCOME	\$ 141,540.	\$ 150,898.	\$ 159,524.	\$ 165,208.	\$ 134,603.
TOTAL	<u>\$ 141,540.</u>	<u>\$ 150,898.</u>	<u>\$ 159,524.</u>	<u>\$ 165,208.</u>	<u>\$ 134,603.</u>

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.

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

OMB No. 1545-0047

2021

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d for total number, total acreage, number of easements on certified historic structure, and number of easements acquired after 7/25/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' 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 Term 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**

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		207,697.	168,466.	39,231.
d Equipment		1,211,049.	582,403.	628,646.
e Other		122,182.	108,855.	13,327.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				681,204.

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) -----		
Total. (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)		
Total. (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)	
Total. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED COMPENSATED ABSENCES	10,584.
(3) PAYROLL LIABILITIES	3,863.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	14,447.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB 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.

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

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.

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

Part XIII Supplemental Information.

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

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **COMMUNITY TELEVISION OF SANTA CRUZ COUNTY**

Employer identification number
77-0369318

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 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**

2020 INCREASES.....	\$	3,556.
ALLOCATION OF EXPENSES TO UNRELATED BUSINESS ACTIVITY.....		-314,026.
ALLOCATION OF UNRELATED BUSINESS INCOME.....		-19,296.
REMOVAL OF ASSETS.....		
TRANSFER OF LEASEHOLD IMPROVEMENTS TO FIXED ASSETS.....		-30,334.
	TOTAL \$	<u>-360,100.</u>

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT OVERSEES THE COMPILATION. THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR ITS SELECTION PROCESS DURING THE TAX YEAR. FOR THE 2019 TAX YEAR, THE COMPILATION HAS NOT BEEN COMPLETED. HOWEVER, IT WAS IN PROCESS AT THE TIME OF FILING.

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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 below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time.

 Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	COMMUNITY TELEVISION OF SANTA CRUZ COUNTY	77-0369318
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	
	325 SOQUEL AVENUE SANTA CRUZ, CA 95062	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

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

Telephone No. ▶ (831) 425-8848 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 20 23, 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 7/01, 20 21, and ending 6/30, 20 22.

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

3 a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a \$	0.
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	3 b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3 c \$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

2021

For calendar year 2021 or other tax year beginning 7/01, 2021, and ending 6/30, 2022

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ 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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C)(3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p><input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>COMMUNITY TELEVISION OF SANTA CRUZ COUNTY 325 SOQUEL AVENUE SANTA CRUZ, CA 95062</p>	<p>D Employer identification number</p> <p>77-0369318</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
		<p>C Book value of all assets at end of year. ▶ <u>2,648,554.</u></p>	
<p>G 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</p>			
<p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation. ▶ <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T). ▶ <u>1</u></p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶</p>			
<p>L The books are in care of ▶ <u>MELANIE SWEET 325 SOQUEL AVENUE SANTA CRUZ CA 95062</u> Telephone number ▶ <u>(831) 425-8848</u></p>			

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	-241,500.
2 Reserved.	2	
3 Add lines 1 and 2.	3	-241,500.
4 Charitable contributions (see instructions for limitation rules).	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3.	5	-241,500.
6 Deduction for net operating loss. See instructions. SEE ST 1	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5.	7	-241,500.
8 Specific deduction (generally \$1,000, but see instructions for exceptions).	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9.	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	0.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21). ▶	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶	2	
3 Proxy tax. See instructions. ▶	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only).	5	
6 Tax on noncompliant facility income. See instructions.	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies.	7	0.

BAA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ...	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d			1e	0.
2 Subtract line 1e from Part II, line 7			2	0.
3 Other amounts due. 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 statement)			3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	
6a Payments: A 2020 overpayment credited to 2021	6a			
b 2021 estimated tax payments. Check if section 643(g) election applies ... <input type="checkbox"/>	6b			
c Tax deposited with Form 8868	6c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e Backup withholding (see instructions)	6e			
f Credit for small employer health insurance premiums (attach Form 8941)	6f			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ...	6g			
7 Total payments. Add lines 6a through 6g			7	0.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached			8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶			11	

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

1 At any time during the 2021 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
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year. ▶ \$ _____ 0.		
4 Enter available pre-2018 NOL carryovers here ▶ \$ <u>123,520</u> . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
<u>900002</u>	\$	<u>490,140</u>
-----	\$	-----
-----	\$	-----
-----	\$	-----
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a is 'Yes', has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If 'No', explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	▶ _____ Signature of officer	Date	▶ <u>EXECUTIVE DIR.</u> Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<u>DENISE M. TAYLOR</u>	<u>DENISE M. TAYLOR</u>			<u>P00590440</u>
	Firm's name ▶ <u>DENISE M TAYLOR CPA</u>	Firm's EIN ▶ <u>27-4640509</u>			
Firm's address ▶ <u>1205 THIRD STREET</u> <u>GILROY, CA 95020</u>	Phone no. <u>(408) 848-3861</u>				

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

▶ 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

A Name of the organization COMMUNITY TELEVISION OF SANTA CRUZ COUNTY	B Employer identification number 77-0369318
C Unrelated business activity code (see instructions) ▶ 900002	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ FACILITY RENTAL

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶			
1c				
2	Cost of goods sold (Part III, line 8)			
3	Gross profit. Subtract line 2 from line 1c			
3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions			
4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
4b				
c	Capital loss deduction for trusts			
4c				
5	Income (loss) from a partnership or an S corporation (attach statement)			
5				
6	Rent income (Part IV)	90,838.		90,838.
6				
7	Unrelated debt-financed income (Part V)			
7				
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
8				
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
9				
10	Exploited exempt activity income (Part VIII)			
10				
11	Advertising income (Part IX)			
11				
12	Other income (see instructions; attach statement)			
12				
13	Total. Combine lines 3 through 12	90,838.		90,838.
13				

Part II	Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	79,891.
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	9,129.
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	
8b		8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	8,593.
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 2	14	234,725.
15	Total deductions. Add lines 1 through 14	15	332,338.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-241,500.
17	Deduction for net operating loss. See instructions SEE STATEMENT 3	17	
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-241,500.

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
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)	90,838.			
c Total rents received or accrued by property Add lines 2a and 2b, columns A through D...	90,838.			
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A). ▶	90,838.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement).....				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)..... ▶				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
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 statement)				
b Other deductions (attach statement).....				
c Total deductions (add lines 3a and 3b, columns A through D).....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement).....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)....				
6 Divide line 4 by line 5.....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6.				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)..... ▶				
9 Allocable deductions. Multiply line 3c by line 6....				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B).... ▶				
11 Total dividends-received deductions included in line 10..... ▶				

Part VI 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)				
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Part VII 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 statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.
- A _____
- B _____
- C _____
- D _____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income.....				
a Add columns A through D. Enter here and on Part I, line 11, column (A).....	▶ _____			
3 Direct advertising costs by periodical.....				
a Add columns A through D. Enter here and on Part I, line 11, column (B).....	▶ _____			
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.....				
5 Readership costs.....				
6 Circulation income.....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero.....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13.....	▶ _____			

Part X 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
		%	
		%	
		%	
		%	
Total. Enter here and on Part II, line 1.....			▶ _____

Part XI Supplemental Information (see instructions)

STATEMENT 1
FORM 990-T, PART I, LINE 6
NET OPERATING LOSS DEDUCTION

PRE-2018 NOLS CARRIED FORWARD FROM PRIOR YEAR	0.	123,520.
PRE-2018 NOLS INCLUDED ON FORM 990-T, PART I, LINE 6	0.	
TOTAL PRE-2018 NOLS APPLIED	0.	0.
PRE-2018 NOLS EXPIRING THIS TAX YEAR		0.
PRE-2018 NOLS CARRIED OVER TO SUBSEQUENT TAX YEARS		123,520.

STATEMENT 2
SCHEDULE A, PART II, LINE 14
OTHER DEDUCTIONS

ADVERTISING.....	\$	6,443.
BANK CHARGES.....		1,735.
CONTRACT SERVICES-AUDIT/PAYROLL.....		161.
CONTRACT SERVICES-CONSULTING.....		613.
COPY MACHINE LEASE.....		2,147.
FACILITY REPAIR.....		204,553.
FACILITY SUPPLIES.....		2,624.
FACILITY/EQUIP INSURANCE.....		10,106.
LEASEHOLD IMPROVEMENTS/CAPITAL.....		2,935.
OFFICE SUPPLIES.....		153.
TELEPHONE.....		1,147.
TRAINING/CONFERENCES.....		1,475.
WORKERS COMPENSATION.....		633.
TOTAL	\$	<u>234,725.</u>

STATEMENT 3
SCHEDULE A, PART II, LINE 17
NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
6/30/19	\$ 112,771.	\$ 0.	\$ 112,771.
6/30/20	176,133.	0.	176,133.
6/30/21	201,236.	0.	201,236.
NET OPERATING LOSS AVAILABLE.....			\$ 490,140.
TAXABLE INCOME.....			\$ -241,500.
80% OF TAXABLE INCOME.....			\$ -193,200.
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME).....			<u>\$ 0.</u>

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 7/01/2021, and ending (mm/dd/yyyy) 6/30/2022.

Corporation/Organization name: COMMUNITY TELEVISION OF SANTA CRUZ COUNTY. California corporation number: 1881306. FEIN: 77-0369318. Street address: 325 SOQUEL AVENUE, SANTA CRUZ, CA 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 Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

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

Table with 16 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes sections for Sign Here and Paid Preparer's Use Only with fields for signature, title, date, and address.

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	
	3	Dividends	3	
	4	Gross rents	4	90,838.
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	7	141,482.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	232,320.
Expenses and Disbursements	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	31,058.
	12	Other salaries and wages	12	74,819.
	13	Interest	13	
	14	Taxes	14	12,087.
	15	Rents	15	62,633.
	16	Depreciation and depletion (See instructions)	16	60,610.
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 3	17	82,069.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	323,276.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		1,537,565.		1,908,013.
2	Net accounts receivable		176,087.		25,151.
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				
10 a	Depreciable assets	1,375,516.		1,540,928.	
b	Less accumulated depreciation	799,114.	576,402.	859,724.	681,204.
11	Land				
12	Other assets. Attach schedule. STM 4		35,131.		34,186.
13	Total assets		2,325,185.		2,648,554.
Liabilities and net worth					
14	Accounts payable		1,655.		2,940.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				150,000.
18	Other liabilities. Attach schedule. STM 5		17,641.		14,447.
19	Capital stock or principal fund		2,305,889.		2,481,167.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		2,325,185.		2,648,554.

Schedule M-1 Reconciliation of income per books with income per return
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	535,378.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	535,378.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	535,378.			

2021 Corporation Depreciation and Amortization

3885

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

Corporation name COMMUNITY TELEVISION OF SANTA CRUZ COUNTY	California corporation number 1881306
--	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12.....	13	

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	697,468.	483,983.	S/L	5		
OFFICE FURNITUR	VARIOUS	95,916.	83,663.	S/L	5		
LEASEHOLD IMPRO	VARIOUS	183,561.	143,016.	S/L	39	4,707.	
LEASEHOLD IMPRO	VARIOUS	258,849.	39,822.	S/L	39	6,637.	
PRODUCTION EQUI	VARIOUS	19,937.	19,937.	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).....						15	60,610.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
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.).....	18	

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).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2021 Corporation Depreciation and Amortization

3885

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

Corporation name COMMUNITY TELEVISION OF SANTA CRUZ COUNTY	California corporation number 1881306
--	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12.....	13	

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 EQUI	VARIOUS	79,247.	79,247.	S/L	5		
OFFICE FURNITUR	VARIOUS	3,699.	3,699.	S/L	5		
LEASEHOLD IMPRO	VARIOUS	5,159.	660.	S/L	39	132.	
PRODUCTION EQUI	VARIOUS	29,610.	17,766.	S/L	5	5,922.	
OFFICE FURNITUR	VARIOUS	1,195.	717.	S/L	5	239.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
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.).....	18	

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).....	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....	22					

2021 Corporation Depreciation and Amortization

3885

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

Corporation name COMMUNITY TELEVISION OF SANTA CRUZ COUNTY	California corporation number 1881306
--	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12.....	13	

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 EQUI	VARIOUS	39,999.	16,000.	S/L	5	8,000.	
OFFICE FURNITUR	VARIOUS	2,086.	834.	S/L	5	417.	
PRODUCTION EQUI	VARIOUS	61,884.	12,377.	S/L	5	12,377.	
OFFICE FURNITUR	VARIOUS	19,286.	19,286.	S/L	5		
LEASEHOLD IMPRO	VARIOUS	18,977.	487.	S/L	39	487.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
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.).....	18	

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).....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22

2021 Corporation Depreciation and Amortization

3885

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

Corporation name COMMUNITY TELEVISION OF SANTA CRUZ COUNTY	California corporation number 1881306
--	---

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California.....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service.....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation.....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost).....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8.....	9	
10 Carryover of disallowed deduction from prior taxable years.....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....	12	
13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12.....	13	

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
ENCO CAPTION EN	8/24/2021	52,991.		S/L	5	8,832.	
ENCO CABLECAST	8/24/2021	52,106.		S/L	5	8,684.	
ENCO CABLECAST	11/29/2021	16,755.		S/L	5	1,955.	
ENCO REBUILD	VARIOUS	19,036.		S/L	5	2,221.	
COMCAST FIBRE	6/17/2022	24,524.		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).....						15	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....	17	
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.).....	18	

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).....						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12.....						22	

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

CLOSED CAPTIONING.....	\$	41,700.
EQUIPMENT RENTAL.....		8,525.
MISCELLANEOUS.....		477.
OTHER INVESTMENT INCOME.....		1,606.
PROGRAM SERVICE REVENUE.....		89,174.
TOTAL	\$	<u>141,482.</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
MATHILDE RAND 325 SOQUEL AVE SANTA CRUZ, CA 95062	CITY REP 1.00	\$ 0.	\$ 0.	\$ 0.
MAITREYA MAZIARZ 325 SOQUEL AVE SANTA CRUZ, CA 95062	VICE CHAIR 1.00	0.	0.	0.
DAVID WARREN 325 SOQUEL AVE SANTA CRUZ, CA 95062	AT LARGE REP 1.00	0.	0.	0.
JOE HALL 325 SOQUEL AVE SANTA CRUZ, CA 95062	TREASURER 1.00	0.	0.	0.
ELIZABETH SHAW 325 SOQUEL AVE SANTA CRUZ, CA 95062	EDUC REP 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	EDUCATION REP 1.00	0.	0.	0.
GUY LASNIER 325 SOQUEL AVE SANTA CRUZ, CA 95062	CHAIRMAN 1.00	0.	0.	0.
KEITH GUDGER 325 SOQUEL AVE SANTA CRUZ, CA 95062	BOARD MEMBER 1.00	0.	0.	0.

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	\$ 31,058.	\$ 0.	\$ 0.
TOTAL		<u>\$ 31,058.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$ 1,841.
BANK CHARGES.....	149.
COPY MACHINE LEASE.....	239.
DUES & SUBSCRIPTIONS.....	935.
EQUIPMENT GRANT PROGRAM.....	11,398.
EQUIPMENT REPAIRS.....	1,000.
INSURANCE.....	3,019.
LEGAL FEES.....	2,520.
LICENSE FEES AND MISC.....	895.
OFFICE EXPENSES.....	2,739.
OTHER EMPLOYEE BENEFIT.....	10,095.
OTHER FEES.....	15,279.
POSTAGE AND SHIPPING.....	1,347.
PRODUCTION EXPENSES.....	12,521.
SOFTWARE.....	17,705.
STAFF DEVELOPMENT.....	250.
TRAVEL.....	137.
TOTAL	<u>\$ 82,069.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES.....	34,186.
TOTAL	<u>\$ 34,186.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

ACCRUED COMPENSATED ABSENCES.....	10,584.
PAYROLL LIABILITIES.....	3,863.
TOTAL	<u>\$ 14,447.</u>

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 7/01/2021, and ending (mm/dd/yyyy) 6/30/2022

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 FACILITY RENTAL
- 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), 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)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30.	1	-241,500.
	2	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.	2	
	3	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.	3	-241,500.
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30.	4	
Tax Computation	5	Unrelated business taxable income from line 3 or line 4.	5	
	6	EZ, LAMBRA, or TTA NOL carryover deduction.	6	
	7	Net Operating Loss deduction. See General Information N.	7	
	8	Add line 6 and line 7.	8	
	9	Net unrelated business taxable income. Subtract line 8 from line 5.	9	
	10	Tax _____ % x line 9. See General Information J.	10	
	11	Tax credits from Schedule B. See instructions.	11	
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-.	12	0.
	13	Alternative minimum tax. See General Information O.	13	
	14	Total tax. Add line 12 and line 13.	14	
Payments	15	Overpayment from a prior year allowed as a credit.	15	
	16	2021 estimated tax payments. See instructions.	16	
	17	Withholding (Form 592-B and/or 593). See instructions.	17	
	18	Amount paid with extension (form FTB 3539).	18	
	19	Total payments and credits. Add line 15 through line 18.	19	
Use Tax/ Tax Due/ Overpayment	20	Use tax. See instructions.	20	
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19.	21	
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20.	22	
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions.	23	
	24	Overpayment. Subtract line 14 from line 21. See instructions.	24	
	25	Enter amount of line 24 to be applied to 2022 estimated tax.	25	

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 ● 26a	
	b Type: Checking ● <input type="checkbox"/> Savings ● <input type="checkbox"/> c Account Number ● 26c	
	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 ● 1c	
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) ● 4a	
b Net gain (loss) from Part II, Schedule D-1 ● 4b	
c Capital loss deduction for trusts ● 4c	
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	90,838.
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 ● 12	
13 Total unrelated trade or business income. Add line 3 through line 12. ● 13	90,838.

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	79,891.
16 Repairs ● 16	
17 Bad debts ● 17	
18 Interest. Attach schedule ● 18	
19 Taxes. Attach schedule SEE STATEMENT 1 ● 19	9,129.
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	8,593.
24 Other deductions. Attach schedule. SEE STATEMENT 2 ● 24	234,725.
25 Total deductions. Add line 14 through line 24. ● 25	332,338.
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13. ● 26	-241,500.
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	-241,500.
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	-241,500.

Sign Here

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title EXECUTIVE DIR.	Date	Telephone (831) 425-8848
Preparer's signature DENISE M. TAYLOR	Firm's name (or yours, if self-employed) and address DENISE M TAYLOR CPA 1205 THIRD STREET GILROY, CA 95020	Date	PTIN P00590440
		Check if self-employed <input checked="" type="checkbox"/>	Firm's FEIN 27-4640509
			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 ● _____ ●	1	
2	Enter credit name _____ code ● _____ ●	2	
3	Enter credit name _____ code ● _____ ●	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

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1	Description of property	2	Rent received or accrued	3	Percentage of rent attributable to personal property
	RENTAL PROPERTY - CTV		90,838.		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)	(b)	Income includible, column 2 less column 4(a)	(a)	Gross income reportable, column 2 x column 3
			90,838.	(b)	Deductions directly connected with personal property (attach schedule)
				(c)	Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6. 90,838.

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.

Total. Enter here and on Side 2, Part I, line 8. Enter gross income from members (dues, fees, charges, or similar amounts).

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

Table with 6 columns for Exempt Controlled Organizations (1-6) and 6 columns for Nonexempt Controlled Organizations (7-11). Includes summary rows 4, 5, and 6.

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, 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.

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 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.

2021

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

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

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	241,500.
2 2021 disaster loss included in line 1. Enter as a positive number	2	
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	241,500.
4a Enter the amount of the loss incurred by a new business included in line 3	4a	
b Enter the amount of the loss incurred by an eligible small business included in line 3 ...	4b	241,500.
c Add line 4a and line 4b.	4c	241,500.
5 General NOL. Subtract line 4c from line 3	5	
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions	<input checked="" type="radio"/> 6	241,500.

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-). If the corporation taxable income is \$1,000,000 or more, see instructions.	<input checked="" type="radio"/>	(g) Available balance	
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Prior Year NOLs

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss – See instructions	(e) Carryover from 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 col. (e) minus col. (f)
2 <input checked="" type="radio"/> 2016		ESB	123,520.	<input checked="" type="radio"/> 123,520.	0.	0.	<input checked="" type="radio"/> 123,520.
<input checked="" type="radio"/> 2018		ESB	112,771.	<input checked="" type="radio"/> 112,771.	0.	0.	<input checked="" type="radio"/> 112,771.
<input checked="" type="radio"/> 2019		ESB	176,133.	<input checked="" type="radio"/> 176,133.	0.	0.	<input checked="" type="radio"/> 176,133.
<input checked="" type="radio"/> 2020		ESB	201,236.	<input checked="" type="radio"/> 201,236.	0.	0.	<input checked="" type="radio"/> 201,236.

Current Year NOLs

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss – See instructions	(e) Carryover from 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 col. (d) minus col. (f) See instructions.
3 2021		DIS					
4 2021		ESB	241,500.				241,500.
2021							
2021							
2021							

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

Part III 2021 NOL deduction

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	<input checked="" type="radio"/> 3	0.

STATEMENT 1
FORM 109, PART II, LINE 19
TAXES

LICENSES/FEES/MISC TAXES.....	\$	11.
PAYROLL TAXES.....		9,118.
TOTAL	\$	<u>9,129.</u>

STATEMENT 2
FORM 109, PART II, LINE 24
OTHER EXPENSES

ADVERTISING.....	\$	6,443.
BANK CHARGES.....		1,735.
CONTRACT SERVICES-AUDIT/PAYROLL.....		161.
CONTRACT SERVICES-CONSULTING.....		613.
COPY MACHINE LEASE.....		2,147.
FACILITY REPAIR.....		204,553.
FACILITY SUPPLIES.....		2,624.
FACILITY/EQUIP INSURANCE.....		10,106.
LEASEHOLD IMPROVEMENTS/CAPITAL.....		2,935.
OFFICE SUPPLIES.....		153.
TELEPHONE.....		1,147.
TRAINING/CONFERENCES.....		1,475.
WORKERS COMPENSATION.....		633.
TOTAL	\$	<u>234,725.</u>

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p>COMMUNITY TELEVISION OF SANTA CRUZ COUNTY Name of Organization</p> <p>List all DBAs and names the organization uses or has used 325 SOQUEL AVENUE Address (Number and Street)</p> <p>SANTA CRUZ, CA 95062 City or Town, State, and ZIP Code</p> <p>(831) 425-8848 BKINGREED@COMMUNITYTV.ORG Telephone Number E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>093080</u></p> <p>Corporation or Organization No. <u>1881306</u></p> <p>Federal Employer ID No. <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 Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/21 ending 6/30/22) list:

Total Revenue \$ (including noncash contributions) 858,654. **Noncash Contributions \$** 0. **Total Assets \$** 2,648,554.

Program Expenses \$ 0. **Total Expenses \$** 323,276.

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

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

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<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, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	REBECCA KING REED	EXECUTIVE DIR.	
Signature of Authorized Agent	Printed Name	Title	Date

STATEMENT 1
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING

SANTA CRUZ COUNTY, 701 OCEAN STREET, SANTA CRUZ, CA 95060, KEITH BOWLING
831-454-2001

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM

2021

8453-EO

Exempt Organization name COMMUNITY TELEVISION OF SANTA CRUZ	Identifying number 77-0369318
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	858,654.
2 Total gross income (Form 199, line 8)	2	858,654.
3 Total expenses and disbursements (Form 199, line 9)	3	323,276.

Part II Settle Your Account Electronically for Taxable Year 2021

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

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here Signature of officer _____ Date _____ Title **EXECUTIVE DIR.**

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature DENISE M. TAYLOR	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN P00590440
	Firm's name (or yours if self-employed) and address DENISE M TAYLOR CPA				Firm's FEIN 27-4640509
	1205 THIRD STREET				ZIP code 95020
	GILROY				CA

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

Paid Preparer Must Sign	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 _____			
				Firm's FEIN
				ZIP code

**RENTAL INCOME WORKSHEET
FORM 990**

RENTAL PROPERTY - CTV

GROSS RENTAL INCOME.....	\$	90,838.
EXPENSES		
TOTAL EXPENSES.....	\$	<u>0.</u>
NET RENTAL INCOME OR LOSS		<u>\$ 90,838.</u>

**FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS**

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	231,430.	231,430.	PART IX, LINE 25, COL. B
GRANTS	0.	0.	PART IX, LINES 1-3, COL. B
REVENUE	0.	89,174.	PART VIII, LINE 2, COL. A

**FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
CONTRACT SERVICES AUDIT/PAYROL	1,389.	403.	986.	
CONTRACT SERVICES CAPTIONING	13,890.	4,028.	9,862.	
TOTAL	<u>\$ 15,279.</u>	<u>\$ 4,431.</u>	<u>\$ 10,848.</u>	<u>\$ 0.</u>

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	149.		149.	
COPY MACHINE LEASE	239.	86.	120.	33.
DUES & SUBSCRIPTIONS	935.	468.	467.	
EQUIPMENT REPAIRS	1,000.	1,000.		
LICENSE FEES AND MISC	895.	27.	868.	
STAFF DEVELOPMENT	250.	190.	40.	20.
TOTAL	<u>\$ 3,468.</u>	<u>\$ 1,771.</u>	<u>\$ 1,644.</u>	<u>\$ 53.</u>

2021 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.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
<u>FURNITURE AND FIXTURES</u>																
2	OFFICE FURNITURE/EQUIPMEN	VARIOUS		95,916							95,916	83,663	S/L	5		0
8	OFFICE FURNITURE	VARIOUS		3,699							3,699	3,699	S/L	5		0
11	OFFICE FURNITURE	VARIOUS		1,195							1,195	717	S/L	5		239
13	OFFICE FURNITURE	VARIOUS		2,086							2,086	834	S/L	5		417
15	OFFICE FURNITURE	VARIOUS		19,286							19,286	19,286	S/L	5		0
	TOTAL FURNITURE AND FIXTURE			122,182		0	0	0	0	0	122,182	108,199				656
<u>IMPROVEMENTS</u>																
3	LEASEHOLD IMPROVEMENTS	VARIOUS		183,561							183,561	143,016	S/L	39		4,707
9	LEASEHOLD IMPROVEMENTS	VARIOUS		5,159							5,159	660	S/L	39		132
16	LEASEHOLD IMPROVEMENTS	VARIOUS		18,977							18,977	487	S/L	39		487
	TOTAL IMPROVEMENTS			207,697		0	0	0	0	0	207,697	144,163				5,326
<u>MACHINERY AND EQUIPMENT</u>																
1	PRODUCTION/BROADCASTING	VARIOUS		697,468							697,468	483,983	S/L	5		0
4	LEASEHOLD IMPROVEMENTS	VARIOUS		258,849							258,849	39,822	S/L	39		6,637
6	PRODUCTION EQUIPMENT	VARIOUS		19,937							19,937	19,937	S/L	5		0
7	PRODUCTION EQUIPMENT	VARIOUS		79,247							79,247	79,247	S/L	5		0
10	PRODUCTION EQUIPMENT	VARIOUS		29,610							29,610	17,766	S/L	5		5,922
12	PRODUCTION EQUIPMENT	VARIOUS		39,999							39,999	16,000	S/L	5		8,000
14	PRODUCTION EQUIPMENT	VARIOUS		61,884							61,884	12,377	S/L	5		12,377
17	ENCO CAPTION ENCODER SERVER	8/24/21		52,991							52,991		S/L	5		8,832

6/30/22

2021 FEDERAL BOOK DEPRECIATION SCHEDULE
COMMUNITY TELEVISION OF SANTA CRUZ
COUNTY

PAGE 2

77-0369318

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.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
18	ENCO CABLECAST SYSTEM	8/24/21		52,106							52,106		S/L	5		8,684
19	ENCO CABLECAST LIVE STREAM	11/29/21		16,755							16,755		S/L	5		1,955
20	ENCO REBUILD	VARIOUS		19,036							19,036		S/L	5		2,221
21	COMCAST FIBRE	6/17/22		24,524							24,524		S/L	5		0
TOTAL MACHINERY AND EQUIPME				1,352,406		0	0	0	0	0	1,352,406	669,132				54,628
TOTAL DEPRECIATION				<u>1,682,285</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,682,285</u>	<u>921,494</u>				<u>60,610</u>
GRAND TOTAL DEPRECIATION				<u>1,682,285</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,682,285</u>	<u>921,494</u>				<u>60,610</u>

2021 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.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 199																
<u>FURNITURE AND FIXTURES</u>																
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15	OFFICE FURNITURE	VARIOUS		19,286							19,286	19,286	S/L	5		0
	TOTAL FURNITURE AND FIXTURE			122,182		0	0	0	0	0	122,182	108,199				656
<u>IMPROVEMENTS</u>																
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	TOTAL IMPROVEMENTS			207,697		0	0	0	0	0	207,697	144,163				5,326
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12	PRODUCTION EQUIPMENT	VARIOUS		39,999							39,999	16,000	S/L	5		8,000
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17	ENCO CAPTION ENCODER SERVER	8/24/21		52,991							52,991		S/L	5		8,832

6/30/22

2021 CALIFORNIA BOOK DEPRECIATION SCHEDULE
COMMUNITY TELEVISION OF SANTA CRUZ
COUNTY

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21	COMCAST FIBRE	6/17/22		24,524							24,524		S/L	5		0
TOTAL MACHINERY AND EQUIPME				1,352,406		0	0	0	0	0	1,352,406	669,132				54,628
TOTAL DEPRECIATION				<u>1,682,285</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,682,285</u>	<u>921,494</u>				<u>60,610</u>
GRAND TOTAL DEPRECIATION				<u>1,682,285</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,682,285</u>	<u>921,494</u>				<u>60,610</u>

	2021	2020	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	626,334	627,175	-841
PROGRAM SERVICE REVENUE.....	89,174	92,198	-3,024
INVESTMENT INCOME.....	1,606	2,635	-1,029
OTHER REVENUE.....	141,540	150,898	-9,358
TOTAL REVENUE.....	858,654	872,906	-14,252
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS...	128,059	126,138	1,921
OTHER EXPENSES.....	195,217	235,067	-39,850
TOTAL EXPENSES.....	323,276	361,205	-37,929
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	535,378	511,701	23,677
TOTAL ASSETS AT END OF YEAR.....	2,648,554	2,325,185	323,369
TOTAL LIABILITIES AT END OF YEAR.....	167,387	19,296	148,091
NET ASSETS/FUND BALANCES AT END OF YEAR.	2,481,167	2,305,889	175,278

	2021	2020	DIFF
REVENUE			
NET RENTAL INCOME (LOSS).....	90,838	112,791	-21,953
TOTAL REVENUE.....	90,838	112,791	-21,953
DEDUCTIONS			
SALARIES AND WAGES.....	79,891	83,353	-3,462
TAXES AND LICENSES.....	9,129	9,011	118
EMPLOYEE BENEFIT PROGRAMS.....	8,593	7,705	888
OTHER DEDUCTIONS.....	234,725	213,958	20,767
TOTAL DEDUCTIONS.....	332,338	314,027	18,311
UNRELATED BUSINESS TAXABLE INCOME BEFORE	-241,500	-201,236	-40,264
UNRELATED BUSINESS TAXABLE INCOME.....	-241,500	-201,236	-40,264
TOTAL UNRELATED BUSINESS TAXABLE INCOME			
TOTAL UNRELATED BUSINESS TAXABLE INCOME.....	-241,500	-201,236	-40,264
UNRELATED BUSINESS TAXABLE INCOME BEFORE	-241,500	-201,236	-40,264
UNRELATED BUSINESS TAXABLE INCOME BEFORE	-241,500	-201,236	-40,264
SPECIFIC DEDUCTION.....	1,000	1,000	0
UNRELATED BUSINESS TAXABLE INCOME.....	0	0	0
TAX COMPUTATION			
INCOME TAX.....	0	0	0
TAX AND PAYMENTS			
TOTAL TAX.....	0	0	0
TOTAL PAYMENTS AND CREDITS.....	0	0	0
REFUND OR AMOUNT DUE			
TAX DUE.....	0	0	0
OVERPAYMENT.....	0	0	0

CALIFORNIA 199 TAX SUMMARY
COMMUNITY TELEVISION OF SANTA CRUZ
COUNTY

	2021	2020	DIFF
RECEIPTS AND REVENUES			
GROSS SALES OR RECEIPTS.....	232,320	245,731	-13,411
GROSS CONTRIBUTIONS, GIFTS, & GRANTS.....	626,334	627,175	-841
TOTAL GROSS RECEIPTS.....	858,654	872,906	-14,252
TOTAL COSTS.....	0	0	0
TOTAL GROSS INCOME.....	858,654	872,906	-14,252
EXPENSES			
TOTAL EXPENSES.....	323,276	361,205	-37,929
EXCESS RECEIPTS OVER EXPENSES.....	535,378	511,701	23,677
FILING FEE			
FILING FEE.....	0	0	0
BALANCE DUE.....	0	0	0

CALIFORNIA 109 TAX SUMMARY
COMMUNITY TELEVISION OF SANTA CRUZ
COUNTY

	2021	2020	DIFF
UNRELATED BUSINESS TAXABLE INCOME			
UNRELATED BUSINESS TAXABLE INCOME.....	-241,500	-201,236	-40,264
TAX COMPUTATION			
TAX.....	0	0	0
LESS CREDITS.....	0	0	0
BALANCE.....	0	0	0
TOTAL TAX.....	0	0	0
PAYMENTS			
TOTAL PAYMENTS.....	0	0	0
REFUND OR AMOUNT DUE			
TOTAL AMOUNT DUE.....	0	0	0

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH D, SCH O, 8868, 990-T
 CALIFORNIA: 199, 3885, 8453-EO, E-FILE INSTRUCTIONS, 109, 3805Q, RRF-1

TAX RATES

<u>UNRELATED BUSINESS</u>	<u>MARGINAL</u>	<u>EFFECTIVE</u>
FEDERAL	0. %	0. %
CALIFORNIA	8.8 %	0. %

CARRYOVERS TO 2022FEDERAL CARRYOVERS

PRE-2018 NET OPERATING LOSS	123,520.
POST-2017 NET OPERATING LOSS	731,640.

CALIFORNIA CARRYOVERS

ELIGIBLE SMALL BUSINESS LOSS	855,160.
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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-TE, 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-TE, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION

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.

THE ENTITY'S 2021 FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990-T

THE ENTITY SHOULD REVIEW THEIR 2021 FEDERAL EXEMPT INCOME TAX RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ENTITY SHOULD READ, SIGN AND DATE THE FORM 8879-TE.

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 ACKNOWLEDGEMENTS.

KEEP A SIGNED COPY OF FORM 8879-TE IN YOUR FILES FOR 3 YEARS.

THE ENTITY'S 2021 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 2021 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 E-FILING THE RETURN.

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 CALIFORNIA ACKNOWLEDGEMENTS.

KEEP A SIGNED COPY OF FORM 8453-EO IN YOUR FILES FOR 4 YEARS.

DO NOT MAIL:

FORM 8453-EO

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