Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or
private foundation) or section 4947(a)(1) nonexempt charitable trust

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

1997

OMB No. 1545-1150

nobe attent of	4110	II casu
Internal Reveni	⊔e Ş	ervice

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

This Form is Open to Public Inspection

	Α	For the 1997 ca	lendar ye	ear, OR tax year beginning	7,	'01 ,	1997, and e	nding	6/30 ,19	98
	В	Check if:	Please	С	•				D Employerid	entification number
		Change of address	use IRS	•	•				953886	210
	□ ı	Initial return	print or	MONROVIA CABLE	JSAGE CORI	ORAT	TON		E State registr	
	☐ · F	Final return	type_ See	415 SOUTH IVY A					CT 544	95
		Amended return	Specific	MONROVIA, CA 910				1		if exemption
		required also for state reporting)	Instruc- tions.	, 321					application i	
					,				H Enter four-	ligit group exemption
	G A	Accounting meth	od M	Cash Accrual Other (sp	naifu) 🕨		,		number (GE	
				Exempt under section 501(c)		ort numb	OB - [7 costing 4047(n)(r	\	
				organizations and section 4947						
	1 (Thock > (if t	bo organ	ization's gross respirts are new	a)(r) nonexempt (Haritable	e u usis mos	s attach a comple	iea Scheaule	A (Form 990).
		nizetion received	a Form C	ization's gross receipts are norma	illy not more than :	25,000. 1	i ne organiza	tion need not tile a	return with the	IRS; but if the orga-
				990 Package in the mail, the orga						
	κ -	iner the organiz	anon's is	97 gross receipts (add back line	•					9,351
		art I Rev	onuo l	If \$100,000 or more, the						
		<u> </u>		Expenses, and Changes						page 28.)
•				s, grants, and similar amounts re						
				evenue including government fee						54,189
(3 Members	snip aues	and assessments				• • • • • • • • • • • • • • • • • • • •	3	
1998 1998				9					4	34,090
-				n sale of assets other than inven						
~				basis and sales expenses						
S	R			n sale of assets other than invent	ory (line 5a less line	5b) (atta	ich schedule	.)	5c	
MAR	E V			d activities (attach schedule):				,	V	,
\mathbf{x}		a Gross rev	venue (no	ot including \$	of contribution	I\$	1 1			
	E	1)						
Ω				ses other than fundraising exper				•	*33:4	
SANNED				s) from special events and activi					6c	1,072
2				entory, less returns and allowanc						***
· 25				ls sold					4//w	•
23		c Gross pro	ofit or (los	s) from sales of inventory (line 7	less line 7b)				7c	· ·
•		8 Other rev	-				مور _{ان ا}	and;) 8	
•		9 Total rev	enue (ac	ld lines 1, 2, 3, 4, 5c, 6c, 7c, and	8)		٠٠٠ والما بعدا الاست		▶ 9	89,351
		10 Grants ar	nd similar	amounts paid (attach schedule)		-	AFF	<u>ي</u>	10	
	_	11 Benefits p	paid to or	for members				ហា	11	
	X	12 Salaries,	other con	npensation, and employee benef and other payments to independe	is	-0 :4.	g. 10 <u>99</u>		12	66,868
	EXPER	13 Profession	nal fees a	and other payments to independe	ent contractors 🕽	ED +	0 100 -	J <u>ě</u> J	13	1,700
		14 Occupan	cy, rent, ι	ıtilities, and maintenance			· · · · · · · · · · · · · · · · · · ·		14	6,314
	SES	15 Printing, p	oublicatio	ns, postage, and shipping		CO	$=N, \cup$	الميسس	15	634
		1	•			-	~~~~~	atement 1		38,303
		17 Total exp	enses (a	dd lines 10 through 16)					▶ 17	113,819
		18 Excess or	(deficit)	for the year (line 9 less line 17) .					18	-24,468
	ASSETS	19 Net asset	s or fund	balances at beginning of year (fr	om line 27. column	(A))	•			
	ËE	(must agr	ee with e	nd-of-year figure reported on pr	or year's return).				19	268,621
	'T			net assets or fund balances (attac						
				balances at end of year (combin						244,153
	Pe			ieets - If Total assets on line 2						
				(See Specific Instructions				(A) Beginning	of year	(B) End of year
	22			stments					644 22	182,459
	23	Land and build	lings		• • • • • • • • • • • • • •				23	
	24			See Statement	2) 24	377 24	62,604
	25				• • • • • • • • • • • • • • • • • • • •			. 268	021 25	245,063
	26	Total liabilities	(describ	e ▶ <u>See Statement</u>	3				600 26	910
	27			inces (line 27 of column (B) mus					621 27	244,153
	For F			t Notice, see page 1 of the sep				-	1.5	Form 990-EZ (1997)
						-			10	, .,

Part III Statement of Program Service	Accomplishments (See See	·		·	Page 2
What is the organization's primary exempt purpose? P	PONTUTNIC CARLE IIC	ific Instructions on pag	e 32.)	1,000	Expenses
Describe what was achieved in carrying out the granding	KOATDING CADIE OD	AGE		and (uired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organiza the services provided, the number of persons benefited,	uon's exempt purposes, in clear an or other relevant information for ear	d concise manner, des	cribe	and 4	1947(a)(1) trusts;
28 CONTINUED COMMUNITY SERVIC	ES BY PROVIDING C	n program use.		optio	nal for others.)
RESIDENTS OF THE CITY OF M	ONROVIA	POLE SERVICE	TO		
	ONICO VIA.	(O		_	
29		(Grants \$)	28a	<u>72,593</u>
		(Grants \$			
30		(Crants \$		29a	
			· · · · · · · · · · · · · · · · · · ·		-
		(Grants \$,	300	
31 Other program services (attach schedule)		(Grants \$)	30a 31a	· · · · · · · · · · · · · · · · · · ·
32 Total program service expenses (add lines 28a thr	ough 31a)				72,593
Part IV List of Officers, Directors, Truste	ees, and Key Employees	ist each one even if not con	nensated See Sr	ecific Inc	truction on page 903
(A) Name and address	{ B} title and average	(C) Compensation	(D) Contribut		(E) Expense
	hours per week devoted to position	(if not paid, enter =0=_)	employee benef deferred comp	it plans &	account and other allowances
See Statement 4			Gottaneacomp	anseudi.	Office anowances
				`	-
	· ·		· · · · · · · · · · · · · · · · · · ·		
				·	
			ĺ		
Part V Other Information (See Specific Instru	ctions on page 33.)	<u></u>			Yes No
33 Did organization engage in any activity not previously	reported to IRS? If "Yes." attach a	detailed description of	each activity	·	v
Were any changes made to the organizing or govern	ing documents but not reported to	he IRS? If "Yes." attach a	conformed copy of	of the cha	nges X
35 If the organization had income from business activitie	s, such as those reported on lines t	6 and 7 (among other	ere) but NOT r	apartad	on A
. Sim ede 1, amon a statement exhiaming your reast	an for not reporting the income on F	orm 990-T.			1.7995.50
a Did the organization have unrelated business gross in	100me of \$1,000 or more or 6022(c)	notico recestion and	nroxy fay requi	ramanie	2 X
the state of the s	o year f				! ኺተሄአ
vvas there a liquidation, dissolution, termination, or st	ibstantial contraction during the yea	c? (If "Yes." attach a sta	itement)	. <i>.</i>	X
or a letter amount of political expenditures, direct or indire	ct, as described in the instructions		▶ 37a		0
b Did the organization file Form 1120-POL for this year	?				x
38a Did the organization borrow from, or make any loans	to any officer director trustee or k	overe OD marking			
made in a prior year and suit dipaid at the start of the	period covered by this return?		•	, 	· · · · · · · · · · · · · · · · · · ·
b If "Yes," attach the schedule specified in the line 38 in	structions and enter the amount inv	olved	38b	N/A	
9 501(c)(7) organizations Enter: a Initiation fees and	capital contributions included on lin	e9	39a	N/A	
b Gross receipts, included on line 9, for public use of cli	ub facilities		39b	N/A	
0a 501(c)(3) organizations. – Enter: Amount of tax impose		•			
section 4911 (4) section 4912		on 4955 🕨			1 Min 4
b 501(c)(3) and (4) organizations Did the organization	engage in any section 4958 excess	s benefit transaction du	ring the year?		
If "Yes," attach an explanation	**************				X
c Enter: Amount of tax imposed on the organization may 4912, 4955, and 4958.		g the year under section	ons -		
a Enter: Amount of tax in 40c, above, reimbursed by the	organization 🕨			·······	
List the states with which a copy of this return is filed.	—				;
2 The books are in care of ► ROB CHAPMAN		Tele	phone no. 🕨	526-	357-4974
Located at ► 415 SO. IVY AVENUE,	MONROVIA, CA		ZIP+4 ►		
Section 4947(a)(1) nonexempt charitable trusts filing F	orm 990-EZ in lieu of Form 1041 -	Check here ▶ □			
and enter the amount of tax-exempt interest received	or accrued during the tay year				•

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

See separate instructions.

Must be completed by the above organizations and attached to their Form 990 (or 990-EZ).

OMB No. 1545-0047

1997

Name of the organization			Employer identific	eation number
MONROVIA CABLE USAGE CORPORA	ATION		9.53886	6210 .
Compensation of the Five High (See instructions on page 1. List each one	nest Paid Employees Ot e. If there are none, enter "None	her Than Officers,	Directors, and Tru	stees
(a) Name and address of each employee paid more than \$50.000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None	•			
110110			-	
		,		
			-	,
		,		
		·		1
	•			· ,
Total number of other employees paid over \$50,000 >	. 0			
Part II Compensation of the Five High (See instructions on page 1. List each one	est Paid Independent C	ontractors for Pro f there are none, enter "	fessional Services None.")	<u> </u>
(a) Name and address of each independent contra			ype of service	(c) Compensation
	-			
	· ,			
None				<u> </u>
			-	
				 -
•				,
	· · · · · · · · · · · · · · · · · · ·		·	
				•
Total number of others receiving over \$50,000 for professional services	▶	0		

-	Note: You may use the	 (Complete only if you che worksheet in the instruction 	ecked a box on line 10, 1 ions for converting from t	,1, or 12.) Use cash me the accrual to the cash r	athod of accounting.	
Ca (or	alendar year or fiscal year beginning in) >]	(b) 1995	(c) 1994	(d) 1993	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	47,566	43,845	11,162	43,375	1/5 0/5
	Membership fees received				#2,0,0	145,948
	7 Gross receipts from admissions, mer- chandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities (section 512(a)(5)), rents, royalties, and urrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	10,658	11,349	7,327	1,609	30 042
19	Net income from unrelated business activities not included in line 18				1,000	30,943
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					•
	Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22		55,194	18,489		
	Line 23 minus line 17	58,224	55,194	18,489	44,984	
	Enter 1% of line 23	582	552 2% of amount in column (e	185	450	3,538
(b Attach a list (which is not open to pother than a government unit or pothe amount shown in line 26a. Enter the amount shown	publicly supported organizater the sum of all these except the sum of all these except the sum of all the sum of all these except the sum of all the sum	ization) whose total gifts fo xcess amounts	for 1993 through 1996 ov	avecaded L. 1998	176,891
	·	22	26b .		▶ 26d	30,943
F	e Public support (line 26c minus line	e 26d total)			▶ 26e	145,948
<u>f</u> 27	f Public support percentage (line 2 Organizations described on line list to show the name of, and total N/A	26e (numerator) divided e 12: a For amounts inc I amounts received in each	d by line 26c (denominate noluded in lines 15, 16, and th year from, each "disqua	tor)) nd 17 that were received alified person." Enter the	d from a "disqualified per the sum of such amounts f	82.51%
	(1996)	(1995)	(1994)		(1993)	•
t	b For any amount included in line 17 each year, that was more than the 5 through 11, as well as individual enter the sum of all these difference	17 that was received from a larger of (1) the amount (als.) After computing the d	n a nondisqualified person t on line 25 for the year or difference, between the ar	on, attach a list to show t	the name of, and amour	estibod in lines
	(1996)	(1995)			-	
C	c Add: Amounts from column (e) for	lines: 15	16 21			
đ	d Add: Line 27a total	and im	ne 2/b iotal			
e	e Public support (line 27c total minus	is line 27d total)			077-	
f	f Total support for section 509(a)(2) t	test: Enter amount on line	e 23, column (e)	▶ 27f \$	5.44.000	
_	g Public support percentage (line 2	27e (numerator) divided I	l by line 27f (denominator	or))	▶ 27a	9%
	h Investment income percentage (I					%
U	Unusual Grants: For an organization open to public inspection) for each yea grant. Do not include these grants in lin	ear snowing the name of th	the contributor, the date at	nusual grants during 19 Ind amount of the grant	993 through 1996, attach t, and a brief description	n a list (which is not of the nature of the

	Private School Questionnaire (See instructions on page 4.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)		Yes	No
N,	/A		163	
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		Changês
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	31_		
	to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a 32b		-
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	V.		
				Ė
33	Does the organization discriminate by race in any way with respect to:	~		
	3 Students' rights or privileges?	33a		
	Admissions policies?	330		١.
(Employment of faculty or administrative staff?	330		
	d Scholarships or other financial assistance?	336		
ı	e Educational policies?	33		
	f Use of facilities?			
	g Athletic programs?	33		
	h Other extracurricular activities?			(X) (
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	a governmental agency?	. 34	a	-
	spended?		b	
	attached statement.			

Part VI-A Lobbying Expendition (To be completed ONLY	tures by Electing P	ublic Charities (S	See instructions on pa	ge 6.) N/	A.	
Check here ▶ a ☐ if the organization						
Check here ▶ b ☐ if you checked "a"	above and "limited contr	ol" provisions apply.		(a)	 	(b)
Limits	on Lobbying Expe	nditures		Affiliated tota	group	To be completed for ALL electing
	nditures" means amounts					organizations
36 Total lobbying expenditures to influen	nce public opinion (grassi	roots lobbying)				
37 Total lobbying expenditures to influen	nce a legislative body (dir	ect lobbying)		<u> </u>		
38 Total lobbying expenditures (add line	es 36 and 37)		<u>38</u>			<u></u>
39 Other exempt purpose expenditures	, , ,					
40 Total exempt purpose expenditures ((add lines 38 and 39)			<u> </u>	1	
41 Lobbying nontaxable amount. Enter	the amount from the follo	wing table – obbying nontaxable ar	nount is _			
If the amount on line 40 is – Not over \$500,000	i ne io	ount on line 40				
Over \$500,000 but not over \$1,000,0	nn \$100.000 plus	15% of the excess over	\$500,000			
Over \$1,000,000 but not over \$1,500	.000 \$175,000 plus	10% of the excess over	\$1,000,000 { 4	1 📗		
Over \$1,500,000 but not over \$17,000	0,000 \$225,000 plus	5% of the excess over	\$1,500,000 . {			
: Ouer \$17,000,000	\$1,000,000		,	1		
42 Grassroots nontaxable amount (ente	r 25% of line 41)		4			
43 Subtract line 42 from line 36, Enter -	0- if line 42 is more than	line 36	4	3		
44 Subtract line 41 from line 38. Enter -	0- if line 41 is more than	line 38	4	4		
	n	Form 4700	2.00			
Caution: If there is an amount on e				•		Maryon Company Company Company
(Some organiza	tions that made a section	uctions for lines 45 thro	have to complete all ugh 50 on page 7.)	of the five colum		:
	÷	Lobbying Expend	titures During 4-Yea	r Averaging Pe	erioa	
Calendar year (or fiscal year beginning in)	(a) 1997	(b) 1996	(c) 1995	(c 19	l) 94	(e) Total
45 Lobbying nontaxable amount					ilina ani 1900 aa a	
46 Lobbying ceiling amount						
(150% of line 45(e))						
47 Total lobbying expenditures						
48 Grassroots nontaxable amount		·				
49 Grassroots ceiling amount						
(150% of line 48(e))				T		
50 Grassroots lobbying expenditures.		·				
Lobbying Activity	by Nonelecting Puorganizations that did not	ublic Charities N/	A lee instructions on pa	ge 7.)		
During the year, did the organization att	omet to influence nations	I state or local legislation	on, including any atter	npt to	Yes No	Amount
influence public opinion on a legislative	matter or referendum, the	ough the use of:	,		res No	Amount
- Malumbooro						
h Paid staff or management (Include o	ompensation in expenses	s reported on lines c thr	ough h.)			
Modia advertisements						
d Mailings to members, legislators, or	the public					
a Publications or published or broads	ast statements					
	hving purposes				-	
g Direct contact with legislators, their s	staffs, government officials	s, or a legislative body				
h Rallies, demonstrations, seminars, c	onventions, speeches, le	ctures, or any other mea	:113			
Total lobbying expenditures (add lin	es c through n)				V-11114-1-11-11-11-11-11-11-11-11-11-11-1	
		detailed description of t	he lobbying activities.			

	- Information De	var CADDE ODA	o and Transactions and	l Relationships With Noncharitable			
Part VI	Exempt Organi	izations		,			
1 Did t	he reporting organization	directly or indirectly engage	ge in any of the following with a	ny other organization described in section 501((C)		-
of the	e Code (other than section	on 501(c)(3) organizations)	or in section 527, relating to po	ilicai organizations:		Yes	No.
a Trans	sters from the reporting of	organization to a nonchante	ible exempt organization of:		51a(i)		X
(I) (ii)	Othor secote	, , , , , , , , , , , , , , , , , , , ,			a(ii)		X
h Othe	r transactions:			• *			
m	Sales of assets to a none	charitable exempt organiza	tion		b(i)		X
(iii)	Purchases of assets from	n a noncharitable exempt o	rganization		b(ii)		· ^
(1111)	Rental of facilities or equ	inment			b(iii) b(iv)		X
(iv)	Reimbursement arrange	ments			b(v)		X
(v)	Loans or loan guarantee	S			b(vi)		X
(vi)	Performance of services	or membership or functials	e or paid employees	the fair market value	С		7.
	1	in 10/no 11 no malata tha	following schodule Column (h.) should always show the late that ket value			
4.11		- a-milaca cityon by the ree:	arting arasotzsion ii ine orozii	zation received less than fair market value other assets, or services received.			
(a)	(b)		(c)	(d)			na ta
Line no.	Amount involved	Name of noncharita	ble exempt organization	Description of transfers, transactions, and sha	iring arra	ingem	10(115
N/A			<u>'</u>				
						<u> </u>	
						-	
	<u> </u>						
	·						
					·		
of ti	he organization directly on the Code (other than sectives," complete the follow	tion 501(c)(3)) or in section	52/?	rempt organizations described in section 501(c)) ▶□ Y	es	⊠ Ni
	(a) Name of orga	nization	(b) Type of organization	Description of relationshi	ip		
N/A							
				•			
	-						
:							
·							
							
			·				
				-			

BANK CHARGES Conferences, conven CONTRACT SERVICES . Depreciation		\$	Page 1 953886210
Form 990-EZ, Part I, Line 16 Other Expenses ADVERTISING ALARM SERVICE BANK CHARGES Conferences, convention CONTRACT SERVICES Depreciation		\$	
ALARM SERVICE BANK CHARGES Conferences, conven CONTRACT SERVICES Depreciation		\$	<u>.</u> .
INTERNET SERVICE MEDICAL INSURANCE MEMBERSHIP DUES MISC PAYROLL SERVICE PROMOTIONAL Supplies TAX AND LICENSE Telephone	tions, and meetings		450 594 83 1,767 1,259 17,648 4,730 837 1,933 320 187 1,171 456 4,590 20 1,766 492
		stal s	38,303
Statement 2 Form 990–EZ. Part II. Line 24 Other Assets		Beginning	Endina
Machinery & equipmen	t		
Accounts receivable Prepaid expenses and	deferred charges	-300	\$ 60,598 172 1,837
	Total	\$ 24,377	\$ 62,604
Statement 3 Form 990–EZ, Part II, Line 26 Total Liabilities			
		Beginning	_
Accounts payable and	accrued expenses	\$ -600	\$ 910

1997	Federal Statements			Page 2
Client 107 MOI	NROVIA CABLE USAGE CORPORATION			953886210
Statement 4 Form 990-EZ, Part IV List of Officers, Directors, Trustees,	and Key Employees			
Name and Address	Title & avg. Hrs/wk devoted Comp	3	Employee Ben. Pln Contrib.	Account/
MARY ANN LUTZ	CHAIRMAN None	0	0	(
AMIT SEN	VICE CHAIRMAN None	. 0	. 0	
KENT FILLMORE	SECRETARY None	0	0	
ESPERANZA FERNANDEZ	TREASURER None	0	0	
	Total \$ =====	0	0	
				٠,