

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2006**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

**A For the 2006 calendar year, or tax year beginning 7/01, 2006, and ending 6/30, 2007**

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

**C** Please use IRS label or print or type. See specific instructions.

**COMMUNITY MEDIA OF THE FOOTHILLS**  
 847 E. OLIVE AVE.  
 MONROVIA, CA 91016

**D Employer identification number**  
95-3886210

**E Telephone number**  
626-357-4974

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations**
- H (a)** Is this a group return for affiliates?  Yes  No
- H (b)** If 'Yes,' enter number of affiliates: \_\_\_\_\_
- H (c)** Are all affiliates included?  Yes  No  
(If 'No,' attach a list. See instructions.)
- H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Web site:** N/A

**J Organization type (check only one)**  501(c) 03 (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

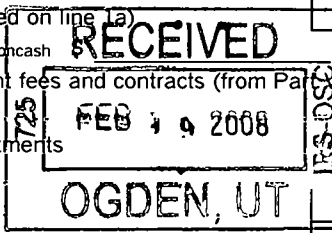
**I Group Exemption Number** \_\_\_\_\_

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

**L Gross receipts.** Add lines 6b, 8b, 9b, and 10b to line 12: 111,091.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>1</b> Contributions, gifts, grants, and similar amounts received:			
<b>a</b> Contributions to donor advised funds	<b>1a</b>		
<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	1,936.	
<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		
<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		
<b>e Total (add lines 1a through 1d)</b> (cash \$ 1,936. noncash \$ _____)	<b>1e</b>		1,936.
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		106,440.
<b>3</b> Membership dues and assessments	<b>3</b>		
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		2,715.
<b>5</b> Dividends and interest from securities	<b>5</b>		
<b>6a</b> Gross rents	<b>6a</b>		
<b>b</b> Less rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		
<b>7</b> Other investment income (describe _____)	<b>7</b>		
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>		
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>		
<b>8d</b>			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>		
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b> Less: cost of goods sold	<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		111,091.
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		126,152.
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		43,342.
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>		169,494.
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		-58,403.
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		410,989.
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		352,586.



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**Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>				
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	<b>25a</b>	39,009.	9,502.	29,507.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	<b>25b</b>	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	57,320.	57,320.		
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>				
<b>29</b> Payroll taxes	<b>29</b>				
<b>30</b> Professional fundraising fees	<b>30</b>				
<b>31</b> Accounting fees	<b>31</b>	5,600.		5,600.	
<b>32</b> Legal fees	<b>32</b>	3,000.	3,000.		
<b>33</b> Supplies	<b>33</b>	3,535.	1,768.	1,767.	
<b>34</b> Telephone	<b>34</b>	948.	474.	474.	
<b>35</b> Postage and shipping	<b>35</b>				
<b>36</b> Occupancy	<b>36</b>	10,398.	5,199.	5,199.	
<b>37</b> Equipment rental and maintenance	<b>37</b>	3,040.	3,040.		
<b>38</b> Printing and publications	<b>38</b>				
<b>39</b> Travel	<b>39</b>	837.	837.		
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	2,623.	2,623.		
<b>41</b> Interest	<b>41</b>				
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	26,207.	26,207.		
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> See Statement 1	<b>43a</b>	16,977.	16,182.	795.	
<b>b</b> -----	<b>43b</b>				
<b>c</b> -----	<b>43c</b>				
<b>d</b> -----	<b>43d</b>				
<b>e</b> -----	<b>43e</b>				
<b>f</b> -----	<b>43f</b>				
<b>g</b> -----	<b>43g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	169,494.	126,152.	43,342.	0.

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ PROVIDING CABLE USAGE	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others )	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others )
<b>a</b> CONTINUED COMMUNITY SERVICES BY PROVIDING CABLE SERVICE TO RESIDENTS OF THE CITY OF MONROVIA.    (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	126,152.
<b>b</b>    (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b>    (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b>    (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	126,152.

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**Balance Sheets** (See the instructions.)

**Note.** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)
		Beginning of year		End of year
ASSETS	45 Cash – non-interest-bearing	78,694.	45	49,992.
	46 Savings and temporary cash investments	56,238.	46	58,646.
	47 a Accounts receivable	47 a 21,783.		
	b Less allowance for doubtful accounts	47 b	47 c	21,783.
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b	48 c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
	51 a Other notes and loans receivable (attach schedule)	51 a		
	b Less allowance for doubtful accounts	51 b	51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	2,777.	53	2,792.
	54 a Investments – publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 a	
	b Investments – other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 b	
	55 a Investments – land, buildings, & equipment basis	55 a		
	b Less accumulated depreciation (attach schedule)	55 b	55 c	
	56 Investments – other (attach schedule)		56	
	57 a Land, buildings, and equipment basis	57 a 514,754.		
b Less accumulated depreciation (attach schedule) <b>Statement 2</b>	57 b 285,214.	241,315.	57 c 229,540.	
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	412,739.	59	362,753.	
LIABILITIES	60 Accounts payable and accrued expenses	414.	60	6,386.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶ <b>See Statement 3</b> _____)	1,336.	65	3,781.
	66 <b>Total liabilities.</b> Add lines 60 through 65	1,750.	66	10,167.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	410,989.	67	352,586.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	410,989.	73	352,586.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	412,739.	74	362,753.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	111,091.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	111,091.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	111,091.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	169,494.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	169,494.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	169,494.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 4		0.	0.	0.
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Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82 b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.) 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? c Dues, assessments, and similar amounts from members d Section 162(e) lobbying and political expenditures e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices f Taxable amount of lobbying and political expenditures (line 85d less 85e) g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities 87 501(c)(12) organizations Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? 89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: section 4911 0. , section 4912 0. ; section 4955 0. b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter Amount of tax on line 89c, above, reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90 a List the states with which a copy of this return is filed b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 91 a The books are in care of JASEN LEWIS Telephone number 626-357-4974 Located at 847 E. OLIVE AVE, MONROVIA CA ZIP + 4 91017-0227 b 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)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

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**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91 c		X

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a CONTRACT REVENUE					106,440.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					2,715.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					109,155.
105 Total (add line 104, columns (B), (D), and (E))					109,155.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)



**Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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.

**Please Sign Here**

Signature of officer: JASEN LEWIS, EXECUTIVE DIRECTOR Date: 2/15/08  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 3/15/08 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): N/A  
 Firm's name (or yours if self-employed): James F. Hundshamer, C.P.A.  
 address, and ZIP + 4: 525 South Myrtle Avenue, Suite 210  
Monrovia, CA 91016 EIN: N/A Phone no: (626) 359-7103

BAA

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545 0047

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

**2006**

Department of the Treasury  
Internal Revenue Service

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

Employer identification number

COMMUNITY MEDIA OF THE FOOTHILLS

953886210

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None.')

(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 and deferred compensation	(e) Expense account and other allowances
JASEN LEWIS ----- /	DIRECTOR 40	39,009.	0.	0.
-----				
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None -----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None -----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III** Statements About Activities (See instructions.)

	Yes	No
<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions )</p>		
<p><b>a</b> Sale, exchange, or leasing of property?</p>		X
<p><b>b</b> Lending of money or other extension of credit?</p>		X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>		X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p><b>e</b> Transfer of any part of its income or assets?</p>		X
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments )</p>		X
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>		X
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement</p>		X
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X
<p><b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g</p>		X
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>		N/A
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>		N/A
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ <u>N/A</u></p>		N/A
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ <u>N/A</u></p>		N/A
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>		0
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0.</u></p>		0.

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations.** (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					0.

- 14  An organization organized and operated to test for public safety. Section 509(a)(4) (See instructions)



**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known 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 ) ----- ----- -----		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If 'No,' attach an explanation		







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**Statement 1**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
ADVERTISING	2,019.	2,019.		
ALARM SERVICE	300.	300.		
BANK CHARGES	45.		45.	
INSURANCE	10,994.	10,795.	199.	
MEMBERSHIP DUES	502.	502.		
PAYROLL SERVICE	1,778.	1,227.	551.	
VIDEO TAPE	1,339.	1,339.		
<b>Total</b>	<b>\$ 16,977.</b>	<b>\$ 16,182.</b>	<b>\$ 795.</b>	<b>\$ 0.</b>

**Statement 2**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 327,056.	\$ 258,622.	\$ 68,434.
Improvements	187,698.	26,592.	161,106.
<b>Total</b>	<b>\$ 514,754.</b>	<b>\$ 285,214.</b>	<b>\$ 229,540.</b>

**Statement 3**  
**Form 990, Part IV, Line 65**  
**Other Liabilities**

ACCRUED PAYROLL TAXES	\$ 424.
ACCRUED WAGES	3,355.
Rounding	2.
<b>Total</b>	<b>\$ 3,781.</b>

**Statement 4**  
**Form 990, Part V-A**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
SCOTT AUSTIN 157 MELROSE AVE MONROVIA, CA 91016	Treasurer 0	\$ 0.	\$ 0.	\$ 0.
BRENDA TRAINOR 212 MAY STREET MONROVIA, CA 91016	Vice Chariman 0	0.	0.	0.

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**Statement 4 (continued)**  
**Form 990, Part V-A**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
MARGARET A. MADRID 643 W. MAPLE AVE MONROVIA, CA 91016	Chairman 0	\$ 0.	\$ 0.	\$ 0.
WARD CALLWAY 640 CAMARILLO ROAD SIERRA MADRE, CA 91024	Director 0	0.	0.	0.
KARIN CREHAN 620 S. MYRTLE AVE MONROVIA, CA 91016	Director 0	0.	0.	0.
WALT SHELLY 225 S. MADDISON #14 MONROVIA, CA 91016	Director 0	0.	0.	0.
BOB MELISSO 1078 NORUMBEGA DRIVE MONROVIA, CA 91016	Director 0	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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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.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Improvements																
57	NEW STUDIO IMPROVEMENTS	3/12/03		70,000							70,000	7,777	S/L	30		2,333
58	NEW STUDIO IMPROVEMENTS	5/14/03		110,000							110,000	11,612	S/L	30		3,667
64	STUDIO IMPROVEMENTS	8/13/03		7,698							7,698	898	S/L	25		308
Total Improvements																
				187,698		0	0	0	0	0	187,698	20,287				6,308
Machinery and Equipment																
1	FY 92/93	7/01/92		45,395							45,395	44,161	200DB HY	5		0
2	CK #1094	8/09/93		480							480	426	200DB HY	5		0
3	CK # 1187	12/16/93		4,989							4,989	4,431	200DB HY	5		0
4	CK # 1271	4/20/94		3,963							3,963	3,124	200DB HY	5		0
5	CK # 1272	4/20/94		2,452							2,452	1,930	200DB HY	5		0
6	CK # 1279	4/20/94		364							364	287	200DB HY	5		0
7	CK # 1289	5/05/94		1,947							1,947	1,533	200DB HY	5		0
8	EQUIPMENT	7/01/94		2,114							2,114	1,650	200DB HY	5		0
9	EQUIPMENT	9/21/95		12,554							12,554	11,297	200DB HY	5		0
10	VIDEO EQUIPMENT	6/05/97		1,198							1,198	1,018	200DB HY	5		0
11	EQUIPMENT	6/19/96		1,674							1,674	1,506	200DB HY	5		0
12	EQUIPMENT-VAR	4/24/97		5,734							5,734	4,875	200DB HY	5		0
13	EQUIPMENT	7/09/97		566							566	566	S/L	5		0
14	COMTEL-CITY HALL UPGRADE	9/19/97		26,720							26,720	26,720	S/L	5		0
15	AVERKEY SCANNER	2/16/98		306							306	306	S/L	5		0
16	DELL COMPUTER	2/12/98		3,198							3,198	3,198	S/L	5		0
17	PANASONIC	2/16/98		1,148							1,148	1,148	S/L	5		0

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## 2006 Federal Book Depreciation Schedule

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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.	Salvage /Basis Reductio.	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.
18	FED-2PVS7670	2/27/98		878							878	878	S/L	5		0
19	FED-4PVS7670	2/27/98		1,765							1,765	1,765	S/L	5		0
20	IRVCS CONTROL	3/11/98		1,000							1,000	1,000	S/L	5		0
21	ELEC MAIL BOX	4/28/98		725							725	725	S/L	5		0
22	AVID SYSTEM	5/22/97		17,260							17,260	16,972	S/L	5		0
23	PENTIUM II	3/14/99		701							701	701	S/L	5		0
24	DCR VX1000	4/12/99		3,544							3,544	3,544	S/L	5		0
25	ELECTRONIC MAILBOX	4/30/99		315							315	315	S/L	5		0
26	HARDRIVES	5/02/99		1,768							1,768	1,768	S/L	5		0
27	SVHS RECORDER	6/03/99		4,075							4,075	4,075	S/L	5		0
28	VHS CAMCORDER	6/30/99		761							761	761	S/L	5		0
29	JVC SWITCHER	10/29/98		2,307							2,307	2,307	S/L	5		0
30	EDIT CONTROLLER	9/01/98		2,474							2,474	2,474	S/L	5		0
31	AUDIO MIXER	9/23/98		592							592	592	S/L	5		0
32	TELEPROMPTER	10/29/98		370							370	370	S/L	5		0
33	LIGHT KIT	2/19/99		652							652	652	S/L	5		0
34	TRIPOD	11/30/98		300							300	300	S/L	5		0
35	2 PV S7670	11/04/98		638							638	638	S/L	5		0
36	REMOVABLE HD	9/30/98		465							465	465	S/L	5		0
37	SEAGATE SCSI	11/17/98		2,480							2,480	2,480	S/L	5		0
38	DV-VCR	11/30/98		3,500							3,500	3,500	S/L	5		0
39	DITTO MAX	11/19/98		287							287	287	S/L	5		0
40	AC ADAPTER	3/29/99		330							330	314	S/L	5		0
41	MODULAR DECODER	3/29/99		323							323	308	S/L	5		0
42	SVHS RECORDER	11/29/99		5,814							5,814	5,814	S/L	5		0
43	TIMER/CLOCK	6/06/99		675							675	664	S/L	7		0
44	TRIPODS/MICROPHONES	6/30/99		2,985							2,985	2,985	S/L	5		0

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2006 Federal Book Depreciation Schedule

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COMMUNITY MEDIA OF THE FOOTHILLS

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No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Dep Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
45	COMPUTER	11/14/99		610							610		S/L	5		0
46	TELEVISION	5/16/99		714							714		S/L	7		0
47	ELECTRONICS	5/24/99		557							557		S/L	5		0
48	2 CAMCORDERS	10/14/99		4,532							4,532		S/L	5		0
49	COMPUTER ACCESS.	7/05/00		2,985							2,985		S/L	5		0
50	MATROX EDIT	3/07/01		888							888		S/L	7		127
51	PANASONIC VCR	3/08/01		1,077							1,077		S/L	7		154
52	RT 2000	9/01/00		995							995		S/L	7		142
53	PANASONIC PRO LINE	11/22/00		2,947							2,947		S/L	7		421
54	VX 2000	3/28/01		2,550							2,550		S/L	7		364
55	COMPUTER EQUIPMENT	3/22/02		4,449							4,449		S/L	7		636
56	SONY DXC CAMERA	2/05/02		1,900							1,900		S/L	7		271
59	PLAYOUT SOFTWARE	2/10/03		5,000							5,000		S/L	5		1,000
60	DOL EQUIPMENT	9/16/02		81,884							81,884		S/L	7		11,698
61	FIVE COMPUTER SYSTEM	9/26/02		8,676							8,676		S/L	7		1,239
62	CAMERA CABLES	10/08/02		1,979							1,979		S/L	7		283
63	COMPUTER EQUIPMENT	4/09/04		600							600		S/L	7		86
65	JVC-DV/S VHS VCR	6/23/05		2,831							2,831		S/L	7		404
66	COMPUTER EQUIPMENT	1/24/06		2,918							2,918		S/L	7		417
67	SOFTWARE	1/23/06		532							532		S/L	7		76
68	COMPUTER EQUIPMENT	1/20/06		2,013							2,013		S/L	7		288
69	4YDM MATRIX SWITCHER	2/01/06		1,000							1,000		S/L	7		143
70	2 CAMCORDERS	6/16/06		7,979							7,979		S/L	7		1,140
71	FURNITURE	6/23/06		508							508		S/L	7		73
72	COMPUTER MEMORY	1/13/06		711							711		S/L	7		102
73	SYBERCOM INF	8/08/06		1,264							1,264		S/L	7		166
74	COMPUTER EQUIPMENT	10/19/06		3,379							3,379		S/L	7		322

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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.	Salvage /Basis Reductn.	Depr Basis	Prior Depr.	Method	Life	Rate	Current Depr.						
75	COMPUTER EQUIPMENT	11/21/06		2,343							2,343		S/L	7		195						
76	PLAYBACK SYSTEM	3/20/07		2,667							2,667		S/L	7		95						
77	CAPITAL TBC	6/08/07		1,775							1,775		S/L	7		21						
78	EQUIPMENT	6/03/07		3,007							3,007		S/L	7		36						
Total Machinery and Equipment												327,056	0	0	0	0	0	0	238,723			19,899
Total Depreciation												514,754	0	0	0	0	0	0	259,010			26,207
Grand Total Depreciation												514,754	0	0	0	0	0	0	259,010			26,207