

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

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

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

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

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

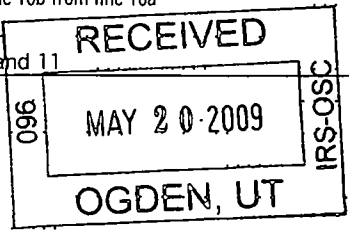
I Group Exemption Number _____

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 226,127.

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

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

1	Contributions, gifts, grants, and similar amounts received.				
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	1,950.	
	c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)		1d		
	e	Total (add lines 1a through 1d) (cash \$ 1,950. noncash \$ _____)	1e	1,950.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	222,598.	
3	Membership dues and assessments		3		
4	Interest on savings and temporary cash investments		4	1,579.	
5	Dividends and interest from securities		5		
6a	Gross rents		6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) Subtract line 6b from line 6a	6c		
7	Other investment income (describe _____)		7		
8a	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other	
	b	Less cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c		8d
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances		10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)		11		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	226,127.	
13	Program services (from line 44, column (B))		13	147,917.	
14	Management and general (from line 44, column (C))		14	18,794.	
15	Fundraising (from line 44, column (D))		15		
16	Payments to affiliates (attach schedule)		16		
17	Total expenses. Add lines 16 and 44, column (A)		17	166,711.	
18	Excess or (deficit) for the year Subtract line 17 from line 12		18	59,416.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	352,586.	
20	Other changes in net assets or fund balances (attach explanation)		20		
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20		21	412,002.	



SCANNED JUN 19 2009

P 11

Part II 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 (See instruct)

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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A	25a	39,094.	29,711.	9,383.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b	0.	0.	0.	0.
c 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)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	56,644.	56,644.		
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	5,043.	3,017.	2,026.	
34 Telephone	34	1,074.	537.	537.	
35 Postage and shipping	35				
36 Occupancy	36	7,779.	3,889.	3,890.	
37 Equipment rental and maintenance	37	1,670.	1,670.		
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	2,047.	2,047.		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	26,573.	26,573.		
43 Other expenses not covered above (itemize)	43a	26,787.	23,829.	2,958.	
a See Statement 1	43b				
b -----	43c				
c -----	43d				
d -----	43e				
e -----	43f				
f -----	43g				
g -----					
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	166,711.	147,917.	18,794.	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 IV 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	49,992.	45	101,584.
	46 Savings and temporary cash investments	58,646.	46	61,147.
	47a Accounts receivable	47a 45,012.		
	b Less allowance for doubtful accounts	47b	21,783.	47c 45,012.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		2,792.	53 2,824.
	54a Investments – publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments – other securities (attach sch)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments – land, buildings, & equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
	56 Investments – other (attach schedule)		56	
	57a Land, buildings, and equipment basis	57a 515,425.		
b Less accumulated depreciation (attach schedule) Statement 2	57b 311,787.	229,540.	57c 203,638.	
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 Total assets (must equal line 74) Add lines 45 through 58		362,753.	59 414,205.	
LIABILITIES	60 Accounts payable and accrued expenses		6,386.	60 675.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ See Statement 3 _____)		3,781.	65 1,528.
	66 Total liabilities. Add lines 60 through 65		10,167.	66 2,203.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		352,586.	67 412,002.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <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 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		352,586.	73 412,002.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		362,753.	74 414,205.

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

a	Total revenue, gains, and other support per audited financial statements		a	226,127.
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	226,127.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	226,127.

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

a	Total expenses and losses per audited financial statements		a	166,711.
b	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	166,711.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	166,711.

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.

Part VI Other Information (continued)		Yes	No
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?		X
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)	82 b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85 a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members	85 c	N/A
d	Section 162(e) lobbying and political expenditures	85 d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
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?	85 h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders.	87 a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b	N/A
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? If 'Yes,' complete Part IX	88 a	X
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)? If 'Yes,' complete Part XI	88 b	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
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	89 b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f	X
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?	89 g	X
90 a	List the states with which a copy of this return is filed <u>None</u>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90 b	0
91 a	The books are in care of <u>SCOTT AUSTIN</u> Telephone number <u>626-357-4974</u> Located at <u>847 E. OLIVE AVE MONROVIA CA</u> ZIP + 4 <u>91017-0227</u>		
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 <u></u>	91 b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c Yes No
 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					218,143.
b STUDIO RENTAL					4,455.
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					1,579.
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))					224,177.
105 Total (add line 104, columns (B), (D), and (E))					224,177.

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)

Part XI 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	-----			
Totals				

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	-----			
Totals				

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

▶ *Lance Mungia* Signature of officer ▶ *5/11/09* Date

▶ *LANCE MUNGIA - Executive Director* Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *4/28/09* Check if self-employed: Preparer's SSN or PTIN (See General Instruction X): *N/A*

Firm's name (or yours if self-employed): *James F. Hundshamer, C.P.A.* EIN: *N/A*

address, and ZIP + 4: *525 South Myrtle Avenue, Suite 210* Phone no: *(626) 359-7103*

Monrovia, CA 91016

SCHEDULE A
(Form 990 or 990-EZ)

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 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

2007

Name of the organization

COMMUNITY MEDIA OF THE FOOTHILLS

Employer identification number

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 0.	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	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See instructions.)

	Yes	No
1 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> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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		X
2 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)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3a 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)		X
b Did the organization have a section 403(b) annuity plan for its employees?		X
c 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.		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year ▶ <u>N/A</u>		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ <u>N/A</u>		N/A
f 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>		0
g 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>		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.)
- 11 a 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.)
- 11 b 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	
Total					0.

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,936.	1,395.	4,395.	7,925.	15,651.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose					0.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	2,715.	1,572.	2,391.	663.	7,341.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	4,651.	2,967.	6,786.	8,588.	22,992.
24 Line 23 minus line 17	4,651.	2,967.	6,786.	8,588.	22,992.
25 Enter 1% of line 23	47.	30.	68.	86.	

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 ▶ **26a** 460.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ **26c** 22,992.

d Add Amounts from column (e) for lines **18** 7,341. **19** ▶ **26d** 7,341.
22 ▶ **26b**

e Public support (line 26c minus line 26d total) ▶ **26e** 15,651.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** 68.07 %

27 Organizations described on line 12: N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year
 (2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year
 (2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines: **15** _____ **16** _____
17 _____ **20** _____ **21** _____ ▶ **27c**

d Add Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ **27f**

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

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
29 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?		
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?		
31 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) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d 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) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
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		
35 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		

Client 107

COMMUNITY MEDIA OF THE FOOTHILLS

953886210

4/29/09

06 12PM

Form 990/990-PF

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.
Improvements																
57	NEW STUDIO IMPROVEMENTS	3/12/03		70,000							70,000	10,110	S/L	30		2,333
58	NEW STUDIO IMPROVEMENTS	5/14/03		110,000							110,000	15,279	S/L	30		3,667
64	STUDIO IMPROVEMENTS	8/13/03		7,698							7,698	1,206	S/L	25		308
Total Improvements																
				187,698		0	0	0	0	0	187,698	26,595				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	

6/30/08

2007 Federal Book Depreciation Schedule

Page 2

Client 107

COMMUNITY MEDIA OF THE FOOTHILLS

953886210

4/29/09

06 12PM

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.
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	HARDDRIVES	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	TRIPPODS/MICROPHONES	6/30/99		2,985							2,985	2,985	S/L	5		0

Client 107

COMMUNITY MEDIA OF THE FOOTHILLS

953886210

4/29/09

06 12PM

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.
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		84
51	PANASONIC VCR	3/08/01		1,077							1,077		S/L	7		102
52	RT 2000	9/01/00		995							995		S/L	7		25
53	PANASONIC PRO LINE	11/22/00		2,947							2,947		S/L	7		175
54	VX 2000	3/28/01		2,550							2,550		S/L	7		275
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		583
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		181
74	COMPUTER EQUIPMENT	10/19/06		3,379							3,379		S/L	7		483

Client 107

COMMUNITY MEDIA OF THE FOOTHILLS

953886210

4/29/09

06 12PM

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADVERTISING	828.	828.		
ALARM SERVICE	300.	300.		
BANK CHARGES	325.	45.	280.	
INSURANCE	11,892.	11,892.		
MEMBERSHIP DUES	425.	425.		
OUTSIDE SERVICES	10,000.	7,600.	2,400.	
PAYROLL SERVICE	2,437.	2,159.	278.	
VIDEO TAPE	580.	580.		
Total	\$ 26,787.	\$ 23,829.	\$ 2,958.	\$ 0.

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

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 327,727.	\$ 278,887.	\$ 48,840.
Improvements	187,698.	32,900.	154,798.
Total	\$ 515,425.	\$ 311,787.	\$ 203,638.

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

ACCRUED PAYROLL TAXES	\$ 107.
ACCRUED WAGES	1,417.
Rounding	4.
Total	\$ 1,528.

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		

Client 107

COMMUNITY MEDIA OF THE FOOTHILLS

953886210

4/29/09

06 12PM

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

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
BRENDA TRAINOR 212 MAY STREET MONROVIA, CA 91016	CEO 0	\$ 0.	\$ 0.	\$ 0.
BOB MELISSO 1078 NORUMBEGA DRIVE MONROVIA, CA 91016	VICE CHAIRMAN 0	0.	0.	0.
AMANDA WRAY 145 STEDMAN PLACE MONROVIA, CA 91016	Secretary 0	0.	0.	0.
KARIN CREHAN 620 S. MYRTLE AVE MONROVIA, CA 91016	Director 0	0.	0.	0.
JOHN JOHNSON 130 E. MONTECITO AVE #215 SIERRA MADRE, CA 91024	Director 0	0.	0.	0.
LANCE MUNGIA 312 W. PALM AVE MONROVIA, CA 91016	Director 0	0.	0.	0.
WARD CALAWAY 640 CAMARILLO ROAD SIERRA MADRE, CA 91024	Director 0	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>