

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2008**

Department of the Treasury  
Internal Revenue Service

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**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> COMMUNITY MEDIA OF THE FOOTHILLS 847 E. OLIVE AVE. MONROVIA, CA 91016	<b>D</b> Employer identification number 953886210  <b>E</b> Telephone number 626-357-4974  <b>F</b> Group Exemption Number
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▶ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ N/A

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

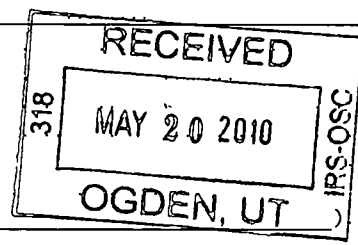
**J** Organization type (check only one) —  501(c) ( 03 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 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.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 119,114.

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

	1 Contributions, gifts, grants, and similar amounts received		1		1,295.
	2 Program service revenue including government fees and contracts		2		116,310.
	3 Membership dues and assessments		3		
	4 Investment income		4		1,509.
	5a Gross amount from sale of assets other than inventory	5a			
	b Less cost or other basis and sales expenses	5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)		5c		
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a			
	b Less direct expenses other than fundraising expenses	6b			
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c		
	7a Gross sales of inventory, less returns and allowances	7a			
	b Less cost of goods sold	7b			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8 Other revenue (describe ▶ _____)		8		
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9		119,114.
	10 Grants and similar amounts paid (attach schedule)		10		
	11 Benefits paid to or for members		11		
	12 Salaries, other compensation, and employee benefits		12		74,212.
	13 Professional fees and other payments to independent contractors		13		47,180.
	14 Occupancy, rent, utilities, and maintenance		14		10,561.
	15 Printing, publications, postage, and shipping		15		
	16 Other expenses (describe ▶ <u>See Statement 1</u> )		16		77,298.
	<b>17 Total expenses</b> (add lines 10 through 16)		17		209,251.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18		-90,137.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19		412,002.
	20 Other changes in net assets or fund balances (attach explanation)		20		
	<b>21 Net assets or fund balances at end of year</b> Combine lines 18 through 20		21		321,865.



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(See the instructions for Part II)			
	22 Cash, savings, and investments	(A) Beginning of year	162,731.	(B) End of year	132,425.
	23 Land and buildings		154,798.		148,487.
	24 Other assets (describe ▶ <u>See Statement 2</u> )		96,676.		54,707.
	<b>25 Total assets</b>		414,205.		335,619.
	26 Total liabilities (describe ▶ <u>See Statement 3</u> )		2,203.		13,754.
	<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		412,002.		321,865.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

2P

SCANNED JUL 12 2010

<b>Part-III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>PROVIDING CABLE USAGE</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<u>CONTINUED COMMUNITY SERVICES BY PROVIDING CABLE SERVICE TO RESIDENTS OF THE CITY OF MONROVIA.</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	191,018.
29	-----		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	-----		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	191,018.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> (List each one even if not compensated. See the instrs.)				
(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	(e) Expense account and other allowances
SCOTT AUSTIN 157 MELROSE AVE MONROVIA, CA 91016	Treasurer 0	0.	0.	0.
GIGI JOHNSON -----	Director 0	0.	0.	0.
BOB MELISSO 1078 NORUMBEGA DRIVE MONROVIA, CA 91016	Chairman 0	0.	0.	0.
DAVID GAW -----	IRECTOR 0	0.	0.	0.
KARIN CREHAN 620 S. MYRTLE AVE MONROVIA, CA 91016	Vice Chairman 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	Executive Direc 40.00	3,768.	0.	0.
WARD CALAWAY 640 CAMARILLO ROAD SIERRA MADRE, CA 91024	Director 0	0.	0.	0.
RENA DELGADO -----	Director 0	0.	0.	0.
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**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
36	36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b	b Did the organization file <b>Form 1120-POL</b> for this year?		X
38a	38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	X	
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39a	39a 501(c)(7) organizations Enter initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	40a 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>		
40b	b 501(c)(3) and (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,' complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Enter amount of tax on line 40c reimbursed by the organization		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	41 List the states with which a copy of this return is filed <u>None</u>		

42a The books are in care of SCOTT AUSTIN Telephone no. 626-357-4974  
 Located at 847 E. OLIVE AVE MONROVIA CA ZIP + 4 91017-0227

		Yes	No
42b	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: _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country. _____		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43  N/A  N/A

		Yes	No
44	44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 4

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(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
None				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000		

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

**Sign Here**  
 Signature of officer: *James Mungia* Date: 5-17-10  
 Type or print name and title: LANCE MUNGIA Executive Director

**Paid Preparer's Use Only**  
 Preparer's signature: *[Signature]* Date: 5/14/2010  
 Check if self-employed:   
 Preparer's Identifying Number (See instructions): N/A  
 Firm's name (or yours if self-employed), address, and ZIP + 4: James F. Hundshamer, C.P.A., 525 South Myrtle Avenue, Suite 210, Monrovia, CA 91016  
 EIN: N/A  
 Phone no: (626) 359-7103

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

COMMUNITY MEDIA OF THE FOOTHILLS

Employer identification number

953886210

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

**h** Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	4,395.	1,395.	1,936.	1,950.	1,295.	10,971.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
<b>3</b> 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.
<b>4 Total.</b> Add lines 1-3	4,395.	1,395.	1,936.	1,950.	1,295.	10,971.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						10,971.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	4,395.	1,395.	1,936.	1,950.	1,295.	10,971.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,391.	1,572.	2,715.	1,579.	1,509.	9,766.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>11 Total support.</b> Add lines 7 through 10						20,737.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	0.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	52.9%
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	68.1%
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  ▶

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization  ▶

**b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization  ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions  ▶





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

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY MEDIA OF THE FOOTHILLS

Employer identification number

953886210

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b>				▶ \$ _____						

**Part III Grants or Assistance Benefitting Interested Persons.**

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
FRONTIER TRAIL, INC	DIRECTOR OWNED	38,500.	MANAGEMENT SERVICES		X

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**Statement 1**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

ADVERTISING	\$	81.
ALARM SERVICE		605.
BANK CHARGES		75.
Depreciation		26,657.
INSURANCE		10,789.
Interest		2.
MEMBERSHIP DUES		585.
Office Expenses		6,300.
PAYROLL SERVICE		3,622.
PRODUCTION SERVICES		28,582.
Total	\$	<u>77,298.</u>

**Statement 2**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 45,012.	\$ 12,731.
Machinery and Equipment	48,840.	39,461.
Prepaid Expenses and Deferred Charges	2,824.	2,515.
Total	<u>\$ 96,676.</u>	<u>\$ 54,707.</u>

**Statement 3**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 679.	\$ 8,983.
ACCRUED PAYROLL TAXES	107.	107.
ACCRUED VACATION	0.	3,259.
ACCRUED WAGES	1,417.	1,405.
Total	<u>\$ 2,203.</u>	<u>\$ 13,754.</u>

**Statement 4**  
**Form 990-EZ, Part VI**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No

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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.
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Form 990/990-PF

Improvements

57	NEW STUDIO IMPROVEMENTS	3/12/03		70,000							70,000	12,443	S/L	30		2,333
58	NEW STUDIO IMPROVEMENTS	5/14/03		110,000							110,000	18,946	S/L	30		3,667
64	STUDIO IMPROVEMENTS	8/13/03		7,698							7,698	1,514	S/L	25		308

Total Improvements

				187,698		0	0	0	0	0	187,698	32,903				6,308
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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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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 YX1000	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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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		0
51	PANASONIC VCR	3/08/01		1,077							1,077		S/L	7		0
52	RT 2000	9/01/00		995							995		S/L	7		0
53	PANASONIC PRO LINE	11/22/00		2,947							2,947		S/L	7		0
54	VX 2000	3/28/01		2,550							2,550		S/L	7		0
55	COMPUTER EQUIPMENT	3/22/02		4,449							4,449		S/L	7		474
56	SONY DXC CAMERA	2/05/02		1,900							1,900		S/L	7		161
59	PLAYOUT SOFTWARE	2/10/03		5,000							5,000		S/L	5		0
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

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75	COMPUTER EQUIPMENT	11/21/06		2,343							2,343		S/L	7		335										
76	PLAYBACK SYSTEM	3/20/07		2,667							2,667		S/L	7		381										
77	CAPITAL TBC	6/08/07		1,775							1,775		S/L	7		254										
78	EQUIPMENT	6/03/07		3,007							3,007		S/L	7		430										
79	COMPUTER	10/15/07		671							671		S/L	5		134										
80	SERVER AND SWITCHER	7/08/08		10,970							10,970		S/L	7		1,567										
Total Machinery and Equipment												338,697	0	0	0	0	0	0	0	0	0	338,697	278,887			20,349
Total Depreciation												526,395	0	0	0	0	0	0	0	0	0	526,395	311,790			26,657
Grand Total Depreciation												526,395	0	0	0	0	0	0	0	0	0	526,395	311,790			26,657