Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	he 2020 calen	dar year, or ta	x year begi	nning 7/0)1	, 2020	, and ending	6/	30	,	20 2021	
В	Check	if applicable:	С							D Employ	er identi	fication number	
	Ad	ddress change	COMMUNITY	MEDIA	OF THE F	OOTHILI	ıS			95-	38862	210	
		ame change	847 E. OI				.~			E Telepho			
		itial return	MONROVIA,							626	_357.	-4974	
	-									020	337	4314	
		nal return/terminated										•	204
	\mathbf{H}	mended return	F					1.	11/ > - 4 -:-	G Gross r			<u>,394.</u>
	Ap	oplication pending			al officer:				` '	a group retur			
			Same As (1	•		If "No,	subordinates attach a list	. See ins	I? Yes tructions	No
1	Tax-	exempt status:	X 501(c)(3)	501(c) () 	nsert no.)	4947(a)(1) or	527					
J	We	bsite: ► N/	'A					1	H(c) Group	exemption no	ımber 🕨	•	
K	Form	n of organization:	X Corporation	Trust	Association	Other ►	L	Year of formation	n: 198	3 M s	State of le	egal domicile: CA	A
Pa	ırt I	Summar	γ										
•	1	Briefly descri	be the organiz	ation's miss	sion or most s	significant a	ctivities:PR0	OVIDING	CABLE	USAGE			
d)													
ĕ													
E													
Governance	2	Check this bo	ox ► if the	organizati	on discontinu	ed its opera	itions or disp	osed of mo	re than 2	25% of its	net as	sets.	
Ğ			oting members								3		7
യ			dependent voti								4		6
Activities &	5		r of individuals								5		15
≩	6		r of volunteers								6		0
¥			ed business re								7a		0.
	b	Net unrelated	d business taxa	ble income	from Form 9	90-T, Part I	, line 11				7b		0.
									II.	Prior Year		Current Y	ear
Ð	8		and grants (P		-						.05.		
Revenue	9	-	vice revenue (F							260,9	919.	389	,394.
e	10		ncome (Part VI										
~	11		ie (Part VIII, co										
	12		e – add lines 8							261,0)24.	389	,394.
	13		imilar amounts										
	14	Benefits paid	I to or for mem	bers (Part	IX, column (A	(a), line 4)							
۰,	15	Salaries, other	er compensation	on, employe	ee benefits (P	art IX, colu	mn (A), lines	s 5-10)		159,2	227.	175	,161.
Expenses	16a	Professional	fundraising fee	s (Part IX,	column (A), I	line 11e)							
e.			sing expenses										
翌			ses (Part IX, co			· · · · · · · · · · · · · · · · · · ·				70 (112	1.01	
		•	•							79,6			,680.
			es. Add lines 1							238,8			,841.
		Revenue less	s expenses. Su	btract line	18 from line	12				22,1			,553.
s or		T. 1. 1	(D. I.V.);	-,					Beginnii	ng of Currer		End of Y	
Assets o	20		(Part X, line 16	•						376,9			,164.
d Age	21	Total liabilitie	es (Part X, line	26)						14,9	945.	65	,646.
Fer	22	Net assets or	r fund balances	s. Subtract	line 21 from I	ine 20				361,9	965.	444	,518.
Pa	ırt II	Signatur	re Block										
Unde	er penal	ties of perjury, I de	eclare that I have ex	camined this re	turn, including acc	companying sch	edules and state	ments, and to the	ne best of n	ny knowledge	and belie	ef, it is true, correc	t, and
com	plete. D	eclaration of prepa	arer (other than offic	er) is based or	all information of	f which prepare	r has any knowle	edge.					
		.											
Sig	n	Signatu	ire of officer						Da	ate			
He	re	▶ DAV	ID PALOMA	RES					Exec	utive 1	Dir.		
			r print name and title							-			
		Print/Type p	oreparer's name		Preparer's sign	nature		Date		Check	X if	PTIN	
Pa	id	JAMES	HUNDSHAME	CR	JAMES H	UNDSHAM	ER			self-employ		P00227096	
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Mar	/ tha I	IRS discuss th	Glend			e? See incl	ructions			Phone no.		X Yes	No
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TEEA0102L 10/07/20

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of

4e Total program service expenses ► 247,213.

BAA

TEE

) (Revenue \$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Χ
	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.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
(c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Χ
C	1 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Χ
6	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Χ	
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Χ
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2020) COMMUNITY MEDIA OF THE FOOTHILLS Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŀ	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Ì
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
ŀ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
ć	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
(c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
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Form 990 (2020) COMMUNITY MEDIA OF THE FOOTHILLS

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

			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 15			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ı	tf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	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)?	4 a		Х
ı	olf 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ı	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	_		Х
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e 7 f		X
		/1		Λ
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
ä	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ı	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	against amounts due or received from them.)	10.		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note: See the instructions for additional information the organization must report on Schedule O.	104		
ı	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Form 990 (2020) COMMUNITY MEDIA OF THE FOOTHILLS 953886210 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done* ... See .Schedule .Q Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ X **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

DAVID PALOMARES 847 E. OLIVE AVE MONROVIA CA 91017-0227 626-357-4974

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organi	zation nor any relate	ed organiz	ation	con	nper	ısate	ed any	/ cu	rrent officer, direct	or, or trustee.	
		(C)									
(A) Name and title			thar	one both	box, an c	unles	,	on	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID PALOMARES		40									
Executive Dir.		0	Χ		Χ				55,748.	0.	0.
(2) RENA DELGADO		0									
Chairman		0	Χ		Χ				740.	0.	0.
(3) BARBARA GHOLAR		0									
Vice President		0	Х						0.	0.	0.
(4) DOUGLAS McCOMB		0									
Director		0	Х						0.	0.	0.
(5) CHRIS LOOS		0									
Secretary		0	Х						0.	0.	0.
(6) DICK BEECHAM		0									
Director		0	Х						0.	0.	0.
(7) WARD CALAWAY		0									
Treasurer		0	Х						0.	0.	0.
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											

Part VII Section A. Officers, Directors, Tru	1	Key	Еm	_	_	es,	and	d Highest Com	pensated Empl	oyees	(conti	nued)
	(B)			((•							
(A) Name and title	Average hours	DOX.	, unie	:SS D6	erson	than is both or/trus	n an	(D) Reportable	(E) Reportable	Fetim	(F) ated amo	ount
	per week (list any	L-						compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compe	of other	from
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ighes nplo	Former	(W-2/1099-WISC)	(W-2/1099-WISC)	the o	rganizati d related	ion 1
	related organiza	dual 1	iona	 -Ę	nplo	t cor	7,			org	anization	ns .
	- tions below dotted	isni	l trus		yee	nper						
	line)	8	tee			Highest compensated employee						
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
<u>(24)</u>												
(25)												
1 b Subtotal							-	56,488.	0.			0.
c Total from continuation sheets to Part VII, Sectind Total (add lines 1b and 1c)							•	<u>0.</u> 56,488.	0.			0.
2 Total number of individuals (including but not limited							ved			ensatio	1	<u> </u>
from the organization 0												
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, truste <i>h individu</i>	ee, ke <i>ial</i>	ey er	mplo 	oyee 	e, or	high 	nest compensated	employee	. 3		Χ
4 For any individual listed on line 1a, is the sum of the organization and related organizations greated and individual.	f reportab er than \$1	le coi 50,00	mpe 00?	nsa If '}	ition /es,	and com	oth ple	er compensation te Schedule J for	from	4		V
such individualDid any person listed on line 1a receive or accru	e comper	satio	n fro	om	anv	unre	late	ed organization or	individual			X
for services rendered to the organization? <i>If 'Yes</i> Section B. Independent Contractors	s, comple	ie Sc	пеа	iuie	J 10	rsuc	:пр	erson		. 3		X
Complete this table for your five highest compen compensation from the organization. Report compen	sated indes	epend the ca	dent alen	cor dar	ntrad year	ctors	tha	t received more the	nan \$100,000 of ganization's tax year			
(A) Name and business add								(B) Description (C) nsatio	n
								,				
2 Total number of independent contractors (including the \$100,000 of compensation from the organization		ited to	o tha	se I	isted	d abo	ve)	who received more	than			

Form 990 (2020) COMMUNITY MEDIA OF THE FOOTHILLS 953886210 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. . . . (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f q Noncash contributions included in Business Code Program Service Revenue 2a CONTRACT REVENUE 278,411 278,411 b SETTLEMENT 100,000 100,000 10,983 10,983 f All other program service revenue. . . g Total. Add lines 2a-2f 389,394 Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss)..... 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a **b** Less: direct expenses..... 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19...... 9a **b** Less: direct expenses..... 9 b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances. 0a 10b **b** Less: cost of goods sold.... **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue d All other revenue . .

389

394

389,394

0

e Total. Add lines 11a-11d.

12

Total revenue. See instructions.....

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	56,488.	42,366.	14,122.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	98,200.	98,200.	· ·	<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,200.	30,200.		
9	Other employee benefits				
10	Payroll taxes	20,473.	18,629.	1,844.	
11	Fees for services (nonemployees):				
á	a Management				
ŀ) Legal	38,078.		38,078.	
(Accounting	17,943.	13,457.	4,486.	
(d Lobbying				
•	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
13	Office expenses	10,980.	9,882.	1,098.	
14	Information technology	10,300.	3,002.	1,030.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,877.	13,877.		
23	Insurance	20,260.	20,260.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
á	SMALL EQUIPMENT	9,770.	9,770.		
	UTILITIES	5,552.	5,552.		
•	MEMBERSHIP DUES	3,868.	3,868.		
•	OUTSIDE SERVICES	2,790.	2,790.		
•	All other expenses	8,562.	8,562.		
25	Total functional expenses. Add lines 1 through 24e	306,841.	247,213.	59,628.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to	any line i	in this Part X	<u></u>	<u></u>			
					(A) Beginning of year		(B) End of year		
	1	Cash — non-interest-bearing			204,766.	1	323,179.		
	2	Savings and temporary cash investments		L		2			
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net			44,482.	4	22,792.		
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er officer, I contributo	director, or, or 35%		5			
	6	Loans and other receivables from other disqualified p		L		,			
	0	section 4958(f)(1)), and persons described in section	•			6			
	7	Notes and loans receivable, net				7			
G	8	Inventories for sale or use	L		8				
šet	9	Prepaid expenses and deferred charges		⊢	Г 021	9	1		
Assets	_		1 1		5,931.	9	15,115.		
,		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		725,396.					
	b	Less: accumulated depreciation		576,318.	121,731.	10 c	149,078.		
	11	Investments — publicly traded securities		-		11			
	12	Investments — other securities. See Part IV, line 11		-		12			
	13	Investments — program-related. See Part IV, line 11.				13			
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11			15				
	16	Total assets. Add lines 1 through 15 (must equal line	33)		376,910.	16	510,164.		
	17	Accounts payable and accrued expenses	9,501.	17	55,266.				
	18	Grants payable		<u> </u>		18			
	19	Deferred revenue	_		19				
	20	Tax-exempt bond liabilities		_		20			
ië	21	Escrow or custodial account liability. Complete Part		L		21			
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 35°	%		22			
_	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23			
	24	Unsecured notes and loans payable to unrelated third	l parties			24			
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to relate plete Part	ed third parties, X of Schedule D.	5,444.	25	10,380.		
	26	Total liabilities. Add lines 17 through 25			14,945.	26	65,646.		
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X						
曺	27	Net assets without donor restrictions			361,965.	27	444,518.		
ä	28	Net assets with donor restrictions				28			
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here >						
ō	29	Capital stock or trust principal, or current funds	Capital stock or trust principal, or current funds						
इ	30	Paid-in or capital surplus, or land, building, or equipm	nent fund			30			
SS	31	Retained earnings, endowment, accumulated income	, or other f	unds		31			
t A	32	Total net assets or fund balances			361,965.	32	444,518.		
울	33	Total liabilities and net assets/fund balances			376,910.	33	510,164.		
RΔ	Δ		TEEA0111L	10/07/20	-, -		Form 990 (2020)		

Form **990** (2020)

TOWN 350 (2020) COMMONTH MEDIA OF THE TOOTHIBES	755	000210		ı u	90 12
Part XI Reconciliation of Net Assets			-		
Check if Schedule O contains a response or note to any line in this Part XI					
1 Total revenue (must equal Part VIII, column (A), line 12)		1	3	89,3	394.
2 Total expenses (must equal Part IX, column (A), line 25)		2	3	06,8	341.
3 Revenue less expenses. Subtract line 2 from line 1		3		82,5	553.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	3	61,9	65.
5 Net unrealized gains (losses) on investments.		5			
6 Donated services and use of facilities		6			
7 Investment expenses		7			
8 Prior period adjustments		8			
9 Other changes in net assets or fund balances (explain on Schedule O)		9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
column (B))		10	4	44,5	18.
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other					i
If the organization changed its method of accounting from a prior year or checked 'Other,' explain Schedule O.	in				
2 a Were the organization's financial statements compiled or reviewed by an independent accounta-	nt?		2a		Χ
If 'Yes,' check a box below to indicate whether the financial statements for the year were compi separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	led or reviewe	ed on a			
b Were the organization's financial statements audited by an independent accountant?			2b	Χ	l
If 'Yes,' check a box below to indicate whether the financial statements for the year were audite basis, consolidated basis, or both: X Separate basis	d on a separa	te			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig review, or compilation of its financial statements and selection of an independent accountant?.	ht of the audit,		2 c		Х
If the organization changed either its oversight process or selection process during the tax year on Schedule O.	·				
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single		3 a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b		
BAA TEEA0112L 10/19/20			Form	990 ((2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number COMMUNITY MEDIA OF THE FOOTHILLS 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: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support			•	•		
begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		305.	100.	105.		510.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	305.	100.	105.	0.	510.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						510.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	0.	305.	100.	105.	0.	510.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
11	Total support. Add lines 7 through 10						510.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	1,428,933.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	▶ 🗓
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	20 (line 6, columr	n (f), divided by lir	ne 11, column (f))		14	%
15	Public support percentage from 2	2019 Schedule A,	Part II, line 14			15	%
16a	33-1/3% support test—2020. If the and stop here. The organization						
b	33-1/3% support test—2019. If th and stop here. The organization	e organization did qualifies as a pub	I not check a box plicly supported or	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-ar	nd-circumstances	test, check this b	ox and stop here	. Explain in Part \	√I how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-ard-circumstances' t	nd-circumstances est. The organiza	test, check this b tion qualifies as a	ox and stop here a publicly supporte	Explain in Part \ ed organization	VI how the▶
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	tructions

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

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

Sec	tion A. Public Support	,	picase complete	,			
Calend	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	.,			, ,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		•		1	,	
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pul					1 1	
	Public support percentage for 20	•	•		-		%
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv						
	Investment income percentage for	•		-	* * * *		0,0
	Investment income percentage fi						%
	33-1/3% support tests—2020. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐
	33-1/3% support tests—2019. If t line 18 is not more than 33-1/3% Private foundation. If the organization	, check this box	and stop here. Th	e organization qu	ialifies as a public	cly supported organ	ization ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			
3a	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b	2		
	and 3c below.	3a		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
t	If 'Yes,' provide detail in Part VI. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9a 9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9D 9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,'	50		
	answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Part	t IV	Supporting Organizations (continued)			
11	Lloc t	the examination eccented a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
		overning body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations		1	
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
		orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant			
		in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	is regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	The organization satisfied the Activities Test. Complete line 2 below.			
b	Т	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. <i>Answer lines 2a and 2b below.</i>	ſ	Yes	No
а	Did sı	substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	suppo organ respo	orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
	subst	tantially all of its activities.	2a		
	more	he activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
		ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		
			3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). See . through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

BAA

Pai	ቲ V $\;\;$ Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

BAA

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 4, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Name of the organization

CON	MUNITY MEDIA OF THE FOOTHILLS			953886210
Par	t I Organizations Maintaining Dono	or Advised Funds or Other	Similar Fur	nds or Accounts.
	Complete if the organization answ			
	Total countries at and of cons	(a) Donor advised fund	ds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the ass organization's exclusive legal con	sets held in do itrol?	onor advised funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	t of the donor or donor advisor, or	for any other	purpose conferring
Par	t II Conservation Easements.			
	Complete if the organization answ			7.
1	Purpose(s) of conservation easements held by	y the organization (check all that a	apply).	
	Preservation of land for public use (for examp	ple, recreation or education)	Preservati	on of a historically important land area
	Protection of natural habitat		Preservati	on of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contribu	ution in the forr	
				Held at the End of the Tax Year
	a Total number of conservation easements			
	Total acreage restricted by conservation ease			
	Number of conservation easements on a certification			
(Number of conservation easements included in structure listed in the National Register			2d
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished, or to	erminated by tl	he organization during the
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easemer			
6	Staff and volunteer hours devoted to monitoring, i			
7	Amount of expenses incurred in monitoring, insper ▶\$	ecting, handling of violations, and en	forcing conserv	vation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requir	rements of se	ction 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote conservation easements.	ports conservation easements in it to the organization's financial stat	s revenue and ements that d	d expense statement and balance sheet, and lescribes the organization's accounting for
Par	Complete if the organization answers	ections of Art, Historical Tre wered 'Yes' on Form 990, P	easures, or Part IV, line	Other Similar Assets. 8.
1 a	a If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	eld for public exhibition, education,	or research i	atement and balance sheet works of art, n furtherance of public service, provide in
ı	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r FASB ASC 958, to report in its roor public exhibition, education, or res	evenue stater search in furthe	ment and balance sheet works of art, erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hamounts required to be reported under FASB	nistorical treasures, or other similar a ASC 958 relating to these items:	assets for finan	
	a Revenue included on Form 990, Part VIII, line			
I	Assets included in Form 990, Part X			\$

Part III Organizations Maintaining Coll	ections of Art, Histo	ricai i reasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	ny of the following that m	ake significant use of its	collection
a Public exhibition	d Loan o	or exchange program		
b Scholarly research	e Other			
c Preservation for future generations	_			
Provide a description of the organization's collect Part XIII.	tions and explain how they	further the organization's	s exempt purpose in	
5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma	aintained as part of the o	rganization's collection?	?	Yes No
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	nents. Complete if to Form 990, Part X,	he organization ans line 21.	swered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary	for contributions or othe	er assets not included	Yes No
b If 'Yes,' explain the arrangement in Part XIII	and complete the following	ng table:	<u>.</u>	
				Amount
c Beginning balance				
d Additions during the year				
e Distributions during the year				
f Ending balance				
2a Did the organization include an amount on Fo				Yes No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explar	nation has been provide	d on Part XIII	
Dord V. Endament Enda Orandala (000 David IV/ II:	- 10
Part V Endowment Funds. Complete if				
1 a Beginning of year balance (a) Currer	t year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
b Contributions				
b Contributions				
c Net investment earnings, gains,				
and losses				
e Other expenditures for facilities				
and programs				
f Administrative expenses				
g End of year balance				
2 Provide the estimated percentage of the curr	ent year end balance (lin	e 1g, column (a)) held	as:	
a Board designated or quasi-endowment ▶	<u>~~~~</u> %			
	5			
c Term endowment ► %				
The percentages on lines 2a, 2b, and 2c should	equal 100%.			
3 a Are there endowment funds not in the possessio organization by:	n of the organization that a	ire held and administered	for the	Yes No
(i) Unrelated organizations				3a(i)
(ii) Related organizations				3a(ii)
b If 'Yes' on line 3a(ii), are the related organization	ations listed as required of	on Schedule R?		3b
4 Describe in Part XIII the intended uses of the	organization's endowme	ent funds.		<u> </u>
Part VI Land, Buildings, and Equipmer	it.			
Complete if the organization and		n 990, Part IV, line	11a. See Form 99	0, Part X, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	, ,	` '		
b Buildings				
c Leasehold improvements		190,485.	132,646.	57,839.
d Equipment		534,910.	443,671.	91,239.
e Other		1.	1.	0.
Total. Add lines 1a through 1e. (Column (d) must e		column (B), line 10c.)	1	149,078.
RΔΔ	. , , .	/		ule D (Form 990) 2020

Schedule D (Form 990) 2020

(a) Description of security or category (including name of security)	(b) Book value	0, Part IV, line 11b. See Form 9 (c) Method of valuation: Cost or end-or	
(1) Financial derivatives	(B) Book value	(c) inclined of variation. Cost of cha-o	-year market value
(2) Closely held equity interests.			
(3) Other			
(A) (B)			
(C)			
(D)			
(D) (E)			
(F)			
<u>``</u> (G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX Other Assets.	N/A		
Complete if the organization answered	d 'Yes' on Form 990	0, Part IV, line 11d. See Form 9	90, Part X, line 15
(a) De	scription		(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
\ /			
(9)			
(9) (10)	B) line 15.)		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities.	· · · · · · · · · · · · · · · · · · ·		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on F	Form 990, Part IV, line 1		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description (a) Description (b) (a) Description (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Form 990, Part IV, line 1		(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (1) Federal income taxes (2) ACCRUED EXPENSES	Form 990, Part IV, line 1		(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (1) Federal income taxes (2) ACCRUED EXPENSES (3)	Form 990, Part IV, line 1		(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description (a) Description (b) ACCRUED EXPENSES (column (column))	Form 990, Part IV, line 1		(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (1) Federal income taxes (2) ACCRUED EXPENSES (3)	Form 990, Part IV, line 1		(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description (a) Description (b) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5) (6) (7)	Form 990, Part IV, line 1		(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description (a) Description (b) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5) (6) (7) (8)	Form 990, Part IV, line 1		(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description (a) Description (b) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5) (6) (7) (8) (9)	Form 990, Part IV, line 1		(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description (a) Description (b) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5) (6) (7) (8) (9) (10)	Form 990, Part IV, line 1		(b) Book value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description (a) Description (b) ACCRUED EXPENSES (column (column)) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Form 990, Part IV, line 1 ription of liability	1e or 11f. See Form 990, Part X, line 25.	(b) Book value 10,380.
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Fig. (a) Description (a) Description (b) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5) (6) (7) (8) (9) (10)	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	(b) Book value 10,380.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	389,394.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	389,394.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	389,394.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Returi	າ.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Returi	1.
	Returi 1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	ı	306,841.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	ı	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	ı	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	ı	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	ı	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of Facilities. 2 Donated Services and Use of Facilities.	ı	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.).	1	306,841.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	1 2 e	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	1 2 e	306,841.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	1 2 e	306,841.
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Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

COMMUNITY MEDIA OF THE FOOTHILLS

Employer identification number

953886210

Form 990, Part VI, Line 11b - Form 990 Review Process

Reviewed by executive director.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Attorney on retainer to review any issues.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.