



CliftonLarsonAllen LLP
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FOOTHILL UNITY CENTER INC
FORM 990 INCOME TAX RETURN
FOR YEAR ENDED DECEMBER 31, 2021



FOOTHILL UNITY CENTER INC
790 W CHESTNUT AVENUE
MONROVIA, CA 91016

FOOTHILL UNITY CENTER INC:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check or money order for \$400, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

FOOTHILL UNITY CENTER INC
790 W CHESTNUT AVENUE
MONROVIA, CA 91016

Prepared By:

CliftonLarsonAllen LLP
301 North Lake Avenue, Suite 900
Pasadena, CA 91101

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment is required	\$	0

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

FOOTHILL UNITY CENTER INC
790 W CHESTNUT AVENUE
MONROVIA, CA 91016

Prepared By:

CliftonLarsonAllen LLP
301 North Lake Avenue, Suite 900
Pasadena, CA 91101

Amount of Tax:

Balance due of \$400

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **FOOTHILL UNITY CENTER INC** California corporation number: **1679891**

Additional information. See instructions. FEIN: **95-4310817**

Street address (suite or room): **790 W CHESTNUT AVENUE** PMB no. _____

City: **MONROVIA** State: **CA** ZIP code: **91016**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,380,926	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	7,265,813	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	9,646,739	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	953,009	00
	7	Total costs. Add line 5 and line 6	7	953,009	00
	8	Total gross income. Subtract line 7 from line 4	8	8,693,730	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,977,345	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,716,385	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title CHIEF EXECUTIV	Date	• Telephone	
Paid Preparer's Use Only	Preparer's signature	KAREN LO	Date 11/09/22	Check if self-employed <input type="checkbox"/>	• PTIN P02141262
	Firm's name (or yours, if self-employed) and address	CLIFTONLARSONALLEN LLP 301 NORTH LAKE AVENUE, SUITE 900 PASADENA, CA 91101			• Firm's FEIN 41-0746749
					• Telephone (626) 793-3600
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	280,896	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 2	•	6	2,100,000	00	
	7	Other income SEE STATEMENT 3	•	7	30	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,380,926	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	3,584,680	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	303,545	00	
	12	Other salaries and wages	•	12	1,387,553	00	
	Expenses and Disbursements	13	Interest	•	13	3,337	00
		14	Taxes	•	14	113,253	00
		15	Rents	•	15	204,708	00
		16	Depreciation and depletion (See instructions)	•	16		00
		17	Other expenses and disbursements SEE STATEMENT 5	•	17	1,380,269	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,977,345	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		676,254		• 1,405,643
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 6		12,918,822		• 13,631,955
10 a Depreciable assets	5,005,062		5,110,298	
b Less accumulated depreciation	(638,119)	4,366,943	(828,314)	4,281,984
11 Land		2,499,994		• 2,499,994
12 Other assets STMT 7		276,594		• 273,631
13 Total assets		20,738,607		22,093,207
Liabilities and net worth				
14 Accounts payable		231,041		• 201,086
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable		2,176,466		• 2,045,894
18 Other liabilities STMT 8		304,628		
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		18,026,472		• 19,846,227
22 Total liabilities and net worth		20,738,607		22,093,207

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	• 1,819,755	7 Income recorded on books this year not included in this return. Attach schedule *	• 103,370
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	103,370
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	1,716,385
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5	1,819,755		

* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
LOS ANGELES REGIONAL FOOD BANK	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	1,504,589.
EXTRA HELPINGS-LOS ANGELES REGIONAL FOOD BANK	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	1,254,464.
STATE OF CALIFORNIA	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	649,664.
CITY OF PASADENA	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	285,272.
SANTA ANITA FAMILY SERVICES	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	224,781.
COMMUNITY PARTNERS	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	221,667.
SHIRLEY A MEADE	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	199,000.
ALDI - MONROVIA	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	177,600.
THE AHMANSON FOUNDATION	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	120,000.
NORWEX	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	105,768.
PETER HOFFMAN	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	100,000.
THE ROSE HILLS FOUNDATION	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	100,000.
EMERGENCY FOOD AND SHELTER PROGRAM	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	84,550.
LOS ANGELES HOMELESS SERVICES AUTHORITY	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	77,491.

MICKEY SEGAL	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	56,500.
BANK OF AMERICA	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	55,000.
THE RALPH M. PARSONS FOUNDATION	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	50,000.
THE WHITTIER TRUST COMPANY	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	50,000.
MARSHALL	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	44,300.
SUBARU OF AMERICA, INC.	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	42,304.
GEORGINA-FREDERICK CHILDREN FOUNDATION	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	40,000.
INSTITUTE FOR ASIAN CRIME AND SECURITY	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	38,880.
MARGARET BLAIR	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	31,533.
CALIFORNIA COMMUNITY FOUNDATION	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	30,000.
SIMPLY HELP FOUNDATION	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	27,500.
CITY OF MONROVIA	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	25,288.
KAISER PERMANENTE	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	25,000.
MARILYN AND LARRY CALLAHAM	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	25,000.
THE TJX FOUNDATION, INC.	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	24,500.
ALICE L LEWIN	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	24,427.
VESTA	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	23,328.
CHURCH OF JESUS CHRIST LATTE DAY SAINTS VOLUNTEERS	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	22,296.
THON BECK VANNI CALLAHAN AND POWELL	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	20,000.
FOOD FORWARD	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	19,901.
SOUTHERN CALIFORNIA EDISON (SCE)	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	17,730.
MINDEL SPIEGEL	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	17,000.
MINUTEMAN TRANSPORT, INC.	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	15,000.
THOMAS PATRICK BECK	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	15,000.
D'AQUINO ITALIAN IMPORTING CO. INC.	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	14,400.
THOMAS DALY	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	12,133.
I.U.O.E. LOCAL #12 CHARITY GOLF COMMITTEE	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	12,000.
SANTA ANITA PARK	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	11,282.

GINA FRIERMAN-HUNT	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	10,693.
AUSD KITCHEN	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	10,320.
ALICE WANG	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	10,000.
CITY OF DUARTE	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	10,000.
GERTRUDE J BENNETT FAMILY FDN	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	10,000.
GRAND CAPITAL FUNDING INC.	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	10,000.
PASADENA COMMUNITY FOUNDATION	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	10,000.
SUSAN OLDFIELD	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	10,000.
THE ROMAN CATHOLIC ARCHBISHOP OF LOS ANGELES	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	10,000.
JESSICA KRICK	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	9,000.
RAY WHEELER	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	9,000.
DONALD SCHWEITZER	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	6,200.
3M FOUNDATION	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	6,000.
SOCIAL GOOD FUND	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	6,000.
BETTY SANDFORD	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,890.
MATT HEVERLY	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,665.
AMERICAN WATER	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,421.
ELS OUTLET	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,133.
TOP COMMERCIAL REALTY	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,133.
VALERIE TESAURO	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,133.
ALICE CLARK	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,000.
CHRISTI ANDERSON	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,000.
CHRISTINE LEE	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,000.
DIANE BOWDEN	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,000.
GLENAIR, INC.	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,000.
IDA P. FUNG	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,000.
JACQUELYN L WRIGHT	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,000.
KAY KINSLER	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,000.
LOS ANGELES TRIAL LAWYER'S CHARITIES	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,000.

FOOTHILL UNITY CENTER INC

95-4310817

MARY FAHEY	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,000.
MICHAEL BURKS	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,000.
ROBERTA PRESKILL	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,000.
SULLIVAN WORKMAN & DEE LLP	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,000.
SYLVIA L MILLER	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,000.
UNIVERSAL BANK	790 W CHESTNUT AVENUE MONROVIA, CA 91016	12/31/21	5,000.
TOTAL INCLUDED ON LINE 3			<u>6,129,736.</u>

CA 199	GROSS AMOUNT FROM SALE OF ASSETS	STATEMENT 2
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DESCRIPTION	DATE	DATE	METHOD
	ACQUIRED	SOLD	ACQUIRED
			PURCHASED
	COST OR		EXPENSE
	OTHER BASIS	DEPREC.	OF SALE
			GROSS
			SALES PRICE
	<u>953,009.</u>	<u>0.</u>	<u>0.</u>
TOTAL TO FORM 199, PAGE 2, LN 6	<u>953,009.</u>	<u>0.</u>	<u>0.</u>

CA 199	OTHER INCOME	STATEMENT 3
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DESCRIPTION	AMOUNT
MISCELLANEOUS	<u>30.</u>
TOTAL TO FORM 199, PART II, LINE 7	<u>30.</u>

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
BETTY MCWILLIAMS 790 W CHESTNUT AVENUE MONROVIA, CA 91016	EXECUTIVE DIRECTOR- LEFT 7 55.00	111,068.
TASHERA TAYLOR 790 W CHESTNUT AVENUE MONROVIA, CA 91016	EXECUTIVE DIRECTOR- START 55.00	96,484.
RENY SULTAN 790 W CHESTNUT AVENUE MONROVIA, CA 91016	FINANCE DIRECTOR- LEFT 7/1 40.00	95,993.
TOTAL TO FORM 199, PART II, LINE 11		303,545.

CA 199 OTHER EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	190,196.
ADDITIONAL PROGRAM	539,383.
VEHICLE EXPENSE	37,055.
EVENTS	20,117.
DIRECT EXPENSES OF FUNDRAISING EVENTS	53,698.
OTHER EMPLOYEE BENEFITS	156,545.
INVESTMENT MANAGEMENT FEES	23,729.
OTHER PROFESSIONAL FEES	89,463.
ADVERTISING AND PROMOTION	44,137.
OFFICE EXPENSES	97,200.
INFORMATION TECHNOLOGY	45,572.
TRAVEL	3,021.
CONFERENCES AND CONVENTIONS	12,857.
INSURANCE	34,083.
ALL OTHER EXPENSES	33,213.
TOTAL TO FORM 199, PART II, LINE 17	1,380,269.

CA 199	OTHER INVESTMENTS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED	12,918,822.	13,631,955.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	12,918,822.	13,631,955.

CA 199	OTHER ASSETS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	276,594.	233,056.
PREPAID EXPENSES AND DEFERRED CHARGES	0.	40,575.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	276,594.	273,631.

CA 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	112,658.	0.
UNSECURED NOTES AND LOANS PAYABLE	191,970.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	304,628.	0.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 9
DESCRIPTION		AMOUNT
UNREALIZED GAIN		103,370.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		103,370.

TAXABLE YEAR

2021

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name	Identifying number
FOOTHILL UNITY CENTER INC	95-4310817

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<u>9,646,739</u>
2 Total gross income (Form 199, line 8)	2	<u>8,693,730</u>
3 Total expenses and disbursements (Form 199, line 9)	3	<u>6,977,345</u>

Part II Settle Your Account Electronically for Taxable Year 2021

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here	▶	_____	Date	▶	CHIEF EXECUTIVE OFFICER	Title
		Signature of officer				

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	KAREN LO	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN	P02141262
	Firm's name (or yours if self-employed) and address	CLIFTONLARSONALLEN LLP 301 NORTH LAKE AVENUE, SUITE 900 PASADENA, CA				Firm's FEIN	41-0746749
						ZIP code	91101

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	_____	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	_____			
					ZIP code

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p><u>FOOTHILL UNITY CENTER INC</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>790 W CHESTNUT AVENUE</u> Address (Number and Street)</p> <p><u>MONROVIA, CA 91016</u> City or Town, State, and ZIP Code</p> <p><u>626-358-3486</u> Telephone Number</p> <p><u>BETTY@FOOTHILLUNITYCENT ER.ORG</u> E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT080875</u></p> <p>Corporation or Organization No. <u>1679891</u></p> <p>Federal Employer ID No. <u>95-4310817</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2021 ending 12/31/2021) list:

Total Revenue (including noncash contributions) \$ 8,640,032 Noncash Contributions \$ 3,584,680 Total Assets \$ 22,093,207
 Program Expenses \$ 6,601,808 Total Expenses \$ 6,923,647

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
SEE STATEMENT 10		
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

TASHERA TAYLOR	CHIEF EXECUTIVE OFFICER	
Signature of Authorized Agent	Printed Name	Title
		Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 10

CITY OF PASADENA
ATTN: MARK JOMSKY, CITY CLERK
100 N. GARFIELD AVE, S-228
PASADENA, CA 91109

UNITED WAY OF GREATER LOS ANGELES
EFSP ADMINISTRATION
ATTN: DENISE OCANA
1150 S OLIVE ST
LOS ANGELES, CA 90015

STATE OF CALIFORNIA
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
OFFICE OF GRANTS MANAGEMENT
ATTN: DAVID SCRIBNER
2389 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833

CITY OF MONROVIA
ATTN: ALICE D. ATKINS, CITY CLERK
415 SOUTH IVY AVENUE
MONROVIA, CA 91016