

MICHAEL P. FISCHER, C.P.A.
65 WEST EASY ST SUITE 205
SIMI VALLEY, CA 93065-6202

FREE CLINIC OF SIMI VALLEY
2060 TAPO ST
SIMI VALLEY, CA 93063-3417



Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

MICHAEL P. FISCHER, C.P.A.
65 WEST EASY ST STE#205
SIMI VALLEY CA 93065-6202
TEL (805)522-3771 FAX (805)526-8606

NOVEMBER 11, 2016

FREE CLINIC OF SIMI VALLEY
2060 TAPO ST
SIMI VALLEY, CA 93063-3417

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2015
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
SCHEDULE B, SCHEDULE OF CONTRIBUTORS
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT
SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT
SCHEDULE O, SUPPLEMENTAL INFORMATION
FORM 4562, DEPRECIATION AND AMORTIZATION
FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION
CURRENT YEAR DEPRECIATION REPORT
CURRENT YEAR STATE DEPRECIATION REPORT
NEXT YEAR DEPRECIATION REPORT
NEXT YEAR STATE DEPRECIATION REPORT
CA 199, EXEMPT ORGANIZATION RETURN
CA 3885 (199), CORPORATION DEPRECIATION/AMORTIZATION
CA 8453-EO, E-FILE RETURN AUTHORIZATION FOR EXEMPT ORGS
CA RRF-1, REGISTRATION/RENEWAL FEE REPORT

TAX PREPARATION FEE

MICHAEL P. FISCHER, C.P.A.
65 WEST EASY ST STE#205
SIMI VALLEY CA 93065-6202
TEL (805)522-3771 FAX (805)526-8606

NOVEMBER 11, 2016

FREE CLINIC OF SIMI VALLEY
2060 TAPO ST
SIMI VALLEY, CA 93063-3417

DEAR FRED,

ENCLOSED ARE THE 2015 EXEMPT ORGANIZATION RETURNS, AS
FOLLOWS...

2015 FORM 990

2015 CALIFORNIA FORM 199

2015 CALIFORNIA FORM RRF-1

INSTRUCTIONS FOR FILING THE ABOVE FORMS ARE FURNISHED FOR
EASY REFERENCE. YOUR COPIES SHOULD BE RETAINED FOR YOUR
FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX
RETURN.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US
WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX
AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE
THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU
MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH
POSSIBLE EXAMINATIONS.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED
RECEIPT FOR PROOF OF TIMELY FILING.

SINCERELY,

MICHAEL P. FISCHER
C.P.A.

Filing Instructions

Prepared for:

FREE CLINIC OF SIMI VALLEY
2060 TAPO ST
SIMI VALLEY, CA 93063-3417

Prepared by:

MICHAEL P. FISCHER, C.P.A.
65 WEST EASY ST SUITE 205
SIMI VALLEY, CA 93065-6202

2015 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

2015 CALIFORNIA FORM 199

YOU HAVE A BALANCE DUE OF\$ 10.00

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED 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 ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

YOUR BALANCE DUE OF \$10.00 WILL BE AUTOMATICALLY WITHDRAWN FROM YOUR ACCOUNT ENDING IN 2198 NOVEMBER 11, 2016.

Filing Instructions

Prepared for:

FREE CLINIC OF SIMI VALLEY
2060 TAPO ST
SIMI VALLEY, CA 93063-3417

Prepared by:

MICHAEL P. FISCHER, C.P.A.
65 WEST EASY ST SUITE 205
SIMI VALLEY, CA 93065-6202

2015 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF\$ 75.00

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

ENCLOSE A CHECK OR MONEY ORDER FOR \$75.00, PAYABLE TO ATTORNEY GENERAL
REGISTRY OF CHARITABLE TRUSTS.

A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM
RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA
ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

PLEASE MAIL AS SOON AS POSSIBLE.

MAIL TO - REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20____

2015

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

FREE CLINIC OF SIMI VALLEY

23-7108154

Name and title of officer

**FRED BAUERMEISTER
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>818,488.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MICHAEL P. FISCHER, C.P.A. to enter my PIN 45180
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ **SIGN HERE** ate ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77441533915
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FREE CLINIC OF SIMI VALLEY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2060 TAPO ST City or town, state or province, country, and ZIP or foreign postal code SIMI VALLEY, CA 93063-3417 F Name and address of principal officer: FRED BAUERMEISTER 2060 TAPO ST, SIMI VALLEY, CA 93063	D Employer identification number 23-7108154 E Telephone number (805) 522-3733 G Gross receipts \$ 839,391. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FREECLINICSV.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1971		M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: MEDICAL, DENTAL & COUNSELING SERVICES FOR THE GENERAL PUBLIC		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	178
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	264,329.	713,002.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	114,420.	125,846.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41.	182.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-21,861.	-20,542.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	356,929.	818,488.
14	Benefits paid to or for members (Part IX, column (A), line 4)	47,500.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	257,436.	227,531.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,565.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	102,002.	117,022.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	406,938.	344,553.
19	Revenue less expenses. Subtract line 18 from line 12	-50,009.	473,935.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	86,143.	560,951.
22	Net assets or fund balances. Subtract line 21 from line 20	1,335.	2,208.
22	Net assets or fund balances. Subtract line 21 from line 20	84,808.	558,743.

Part II Signature Block

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

Sign Here	Signature of officer FRED BAUERMEISTER, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MICHAEL P. FISCHER	Preparer's signature Date Check if self-employed <input checked="" type="checkbox"/> PTIN P00223947
	Firm's name ▶ MICHAEL P. FISCHER, C.P.A.	Firm's EIN ▶ 77-0165080
	Firm's address ▶ 65 WEST EASY ST SUITE 205 SIMI VALLEY, CA 93065-6202	Phone no. (805) 522-3771

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PROVIDE MEDICAL CARE, COUNSELING, DENTAL AND LEGAL ASSISTANCE TO INDIVIDUALS AND FAMILIES, REGARDLESS OF THEIR ABILITY TO PAY. THIS INCLUDES THOSE OF ALL AGES, ETHNICITIES, RELIGIONS AND SOCIOECONOMIC BACKGROUNDS, WHO ARE UNABLE TO USE TRADITIONAL SOURCES WITHIN THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 161,829. including grants of \$) (Revenue \$ 49,445.) MEDICAL & LEGAL SERVICES

4b (Code:) (Expenses \$ 67,619. including grants of \$) (Revenue \$ 25,146.) FAMILY COUNSELING SERVICES

4c (Code:) (Expenses \$ 43,220. including grants of \$) (Revenue \$ 51,616.) DENTAL SERVICES

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

4e Total program service expenses 272,668.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d 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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 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>		X
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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>		X
24a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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>		X
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>		X
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	X	

Part 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

Input box for Schedule O check

Main table with columns for question ID, description, and Yes/No checkboxes. Includes rows 1a-14b covering various IRS filing and tax compliance questions.

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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: FRED BAUERMEISTER - (805) 522-3733 2060 TAPO ST, SIMI VALLEY, CA 93063

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

1a 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HARRY VANDYCK DIRECTOR	1.00	X					0.	0.	0.	
(2) FRED BAUERMEISTER EXECUTIVE DIRECTOR	40.00	X					81,771.	0.	0.	
(3) PHYLLIS WILSON, MA MFT DIRECTOR	1.00	X					0.	0.	0.	
(4) DON STURT DIRECTOR	1.00	X					0.	0.	0.	
(5) VINCENT DULCICH DIRECTOR	1.00	X					0.	0.	0.	
(6) POLLY VLASSIC DIRECTOR	1.00	X					0.	0.	0.	
(7) CURT WITEBY SECRETARY	1.00	X					0.	0.	0.	
(8) MANE' BERBEL DIRECTOR	1.00	X					0.	0.	0.	
(9) DON ERICKSON DIRECTOR	1.00	X					0.	0.	0.	
(10) MAGGIE KESTLY PAST PRESIDENT	1.00			X			0.	0.	0.	
(11) REV. RON HYRCHUK PRESIDENT	1.00			X			0.	0.	0.	
(12) KURT FREDRICKSON VICE PRESIDENT	1.00			X			0.	0.	0.	
(13) KELLY ANN GAINES DIRECTOR	1.00			X			0.	0.	0.	
(14) JOHN LINDSEY TREASURER	1.00			X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							81,771.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							81,771.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	62,812.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	67,500.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	582,690.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		713,002.				
	Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code 624100	125,846.	125,846.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			125,846.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		182.			182.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 62,812. of contributions reported on line 1c). See Part IV, line 18	a		0.			
		b Less: direct expenses	b	20,903.			
		c Net income or (loss) from fundraising events		-20,903.			-20,903.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a PROPERTY TAX REFUND	624100		361.	361.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		361.				
12 Total revenue. See instructions.		818,488.	126,207.	0.	-20,721.		

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).

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

Do not include amounts reported on lines 6b, 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	81,771.	62,146.	10,630.	8,995.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	130,825.	99,427.	17,007.	14,391.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	14,935.	11,350.	1,942.	1,643.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,720.	7,387.	1,264.	1,069.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	17,825.	17,825.		
12 Advertising and promotion	974.	740.	127.	107.
13 Office expenses	5,491.	4,173.	714.	604.
14 Information technology				
15 Royalties				
16 Occupancy	26,274.	19,968.	3,416.	2,890.
17 Travel	1,165.		1,165.	
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	644.	305.	339.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ASSISTANCE TO CLIENTS	13,194.	13,194.		
b MEDICAL SUPPLIES	12,197.	12,197.		
c INSURANCE	9,248.	7,028.	2,220.	
d TELEPHONE	6,411.	4,873.	833.	705.
e All other expenses	13,879.	12,055.	1,663.	161.
25 Total functional expenses. Add lines 1 through 24e	344,553.	272,668.	41,320.	30,565.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	26,013.	1	90,218.
	2 Savings and temporary cash investments		2	246,963.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 52,593.		
	b Less: accumulated depreciation	10b 45,697.	7,015.	10c 6,896.
	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	53,115.	15	216,874.
16 Total assets. Add lines 1 through 15 (must equal line 34)	86,143.	16	560,951.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,335.	25	2,208.
	26 Total liabilities. Add lines 17 through 25	1,335.	26	2,208.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	84,808.	32	558,743.
33 Total net assets or fund balances	84,808.	33	558,743.	
34 Total liabilities and net assets/fund balances	86,143.	34	560,951.	

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	818,488.
2	Total expenses (must equal Part IX, column (A), line 25)	2	344,553.
3	Revenue less expenses. Subtract line 2 from line 1	3	473,935.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	84,808.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	558,743.

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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	254,662.	278,508.	292,696.	264,329.	713,002.	1803197.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	254,662.	278,508.	292,696.	264,329.	713,002.	1803197.
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)						
6 Public support. Subtract line 5 from line 4.						1803197.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	254,662.	278,508.	292,696.	264,329.	713,002.	1803197.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	139.	29.	46.	41.	182.	437.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						1803634.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.98 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.98 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
b 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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section 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 of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

FREE CLINIC OF SIMI VALLEY

Employer identification number

23-7108154

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization FREE CLINIC OF SIMI VALLEY	Employer identification number 23-7108154
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLUE SHIELD OF CALIFORNIA 50 BEALE STREET SAN FRANCISCO, CA 94105-1808	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KAISER PERMANENTE 5601 DE SOTO AVE WOODLAND HILLS, CA 91365	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PHYLLIS AND CHAS WILSON CHARITABLE GIFT FUND 240 SINALOA ROAD SIMI VALLEY, CA 93065	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF SIMI VALLEY-COMMUNITY DEVELOPMENT BLOCK GRANT 2929 TAPO CANYON RD SIMI VALLEY, CA 93063	\$ 67,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	RONALD MCDONALD HOUSE CHARITIES 4560 FOUNTAIN AVE LOS ANGELES, CA 90029	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ROTARY CLUB FOUNDATION P.O. BOX 524 SIMI VALLEY, CA 93062-0524	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FREE CLINIC OF SIMI VALLEY	Employer identification number 23-7108154
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CVS <hr/> C/O NAFC 1800 DIAGONAL ROAD #600 <hr/> ALEXANDRIA, VA 22314	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FREE CLINIC OF SIMI VALLEY	Employer identification number 23-7108154
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization FREE CLINIC OF SIMI VALLEY	Employer identification number 23-7108154
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization FREE CLINIC OF SIMI VALLEY **Employer identification number** 23-7108154

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, 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
1a Land				
b Buildings		11,084.	5,631.	5,453.
c Leasehold improvements				
d Equipment		17,176.	17,063.	113.
e Other		24,333.	23,003.	1,330.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,896.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PREPAID INSURANCE	3,336.
(2) CONSTRUCTION IN PROGRESS	193,538.
(3) DUE FROM SIMI VALLEY COMMUNITY FUND	20,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	216,874.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL TAXES PAYABLE	2,208.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,208.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	1,913,264.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	863,684.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	231,092.	
e	Add lines 2a through 2d	2e		1,094,776.
3	Subtract line 2e from line 1	3		818,488.
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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		818,488.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,207,472.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	863,684.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	51.	
e	Add lines 2a through 2d	2e		863,735.
3	Subtract line 2e from line 1	3		343,737.
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	4a		
b	Other (Describe in Part XIII.)	4b	816.	
c	Add lines 4a and 4b	4c		816.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		344,553.

Part XIII Supplemental Information.

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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS 231,092.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS
 DEPRECIATION VARIANCE 51.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DEPRECIATION VARIANCE
 ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS 816.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		2015 HEALTH EXPO (event type)	FRIENDS OF THE FREE CLI (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	43,111.	16,210.	3,491.	62,812.
	2	Less: Contributions	43,111.	16,210.	3,491.	62,812.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

FREE CLINIC OF SIMI VALLEY

Employer identification number

23-7108154

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION EMPLOYS AN EXECUTIVE DIRECTOR WHO TAKES CARE OF THE DAY TO DAY OPERATIONS OF THE ORGANIZATION INCLUDING THE HIRING, THE FIRING & SUPERVISION OF EMPLOYEES, PREPARATION OF OPERATING BUDGETS FOR APPROVAL BY THE BOARD & FINANCIAL OPERATIONS.

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION'S OUTSIDE CPA DELIVERS THE FORM 990 TO THE ORGANIZATION'S EXECUTIVE DIRECTOR FOR THE BOARD'S REVIEW. THE EXECUTIVE DIRECTOR COMMUNICATES WITH BOARD MEMBERS AND ANY CORRECTIONS OR CHANGES ARE NOTED AND COMMUNICATED TO THE CPA. ONCE ANY REQUIRED CORRECTIONS ARE MADE A FINAL DRAFT OF THE RETURN IS SENT TO THE EXECUTIVE DIRECTOR ALONG WITH THE ELECTRONIC E-FILE AUTHORIZATION FORM. ONCE THE SIGNED E-FILE AUTHORIZATION FORM IS RECEIVED BY THE CPA, THE ORGANIZATION'S RETURN IS ELECTRONICALLY TRANSMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12:

PROCEDURES TO MANAGE CONFLICTS. A. FOR EACH INTEREST DISCLOSED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS, THE CHAIRMAN WILL DETERMINE WHETHER TO: (A) TAKE NO ACTION, (B) ASSURE FULL DISCLOSURE TO THE BOARD OF DIRECTORS AND OTHER INDIVIDUALS COVERED BY THIS POLICY, (C) ASK THE PERSON TO RECUSE FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS WITHIN THE ORGANIZATION, OR (D) ASK THE PERSON TO RESIGN FROM HIS OR HER POSITION IN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization

FREE CLINIC OF SIMI VALLEY

Employer identification number

23-7108154

THE ORGANIZATION OR, IF THE PERSON REFUSES TO RESIGN, BECOME SUBJECT TO POSSIBLE REMOVAL IN ACCORDANCE WITH THE ORGANIZATIONS REMOVAL PROCEDURES. THE ORGANIZATION'S EMPLOYED EXECUTIVE DIRECTOR WILL MONITOR PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND DISCLOSE THEM TO THE CHAIRMAN OF THE BOARD OF DIRECTORS IN ORDER TO DEAL WITH POTENTIAL OR ACTUAL CONFLICTS, WHETHER DISCOVERED BEFORE OR AFTER THE TRANSACTION HAS OCCURRED.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S BUDGET & FINANCE COMMITTEE REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION CONTRACT FOR PRESENTATION TO AND APPROVAL BY THE FULL BOARD OF DIRECTORS. THE COMMITTEE COMPARES THE EXECUTIVE DIRECTOR'S COMPENSATION CONTRACT WITH OTHER INDUSTRY STANDARDS AND STATISTICS FROM OTHER LOCAL PUBLIC CHARITIES TO DETERMINE THE FAIR ARM'S LENGTH COMPETITIVE COMPENSATION CONTRACT.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FINANCIAL STATEMENTS AND TAX RETURN INFORMATION ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION WAS NOT REQUIRED TO HAVE AUDITED FINANCIAL STATEMENTS FOR 2014. THE FINANCE COMMITTEE AUTHORIZED THE AUDIT AND REVIEWED THE COMPLETED AUDIT WITH THE AUDITOR. THE ORGANIZATION'S EXECUTIVE

Name of the organization

FREE CLINIC OF SIMI VALLEY

Employer identification number

23-7108154

ADMINISTRATOR SOLICITED THREE BIDS AND THE FINANCE COMMITTEE MADE THE SELECTION OF THE AUDITOR, GEORGE DEIM, CPA.

Multiple horizontal lines for additional text entry.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
8	OFFICE FURNITURE	063089	200DB	7.00	17	169.			169.	169.		0.
9	OFFICE FURNITURE	072192	SL	7.00	17	4,790.			4,790.	4,790.		0.
10	WINDOW BLIND	081192	SL	7.00	17	215.			215.	215.		0.
11	CARPETING	082592	SL	7.00	17	1,281.			1,281.	1,281.		0.
15	OFFICE CABINETS	011896	SL	7.00	17	1,319.			1,319.	1,319.		0.
24	USED OFFICE FURNITURE	112900	SL	7.00	17	429.			429.	429.		0.
30	SINK UNIT (2) CABINETS W/ 106" TO	061501	SL	7.00	17	1,489.			1,489.	1,489.		0.
36	FILE CABINET	082405	SL	7.00	17	461.			461.	461.		0.
38	FILE CABINET	062306	SL	7.00	17	212.			212.	212.		0.
39	FILE CABINET	082306	SL	7.00	17	126.			126.	126.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					10,491.		0.	10,491.	10,491.	0.	0.
	* 990 PAGE 10 TOTAL -					10,491.		0.	10,491.	10,491.	0.	0.
	MACHINERY & EQUIPMENT											
45	PRINTER FOR COUNSELING	081913	SL	5.00	17	452.		226.	226.	68.		45.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					452.		226.	226.	68.	0.	45.
	OTHER											
12	COMPUTER EQUIPMENT	050192	SL	5.00	17	250.			250.	250.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
13	COMPUTER EQUIPMENT	050792	SL	5.00	17	1,620.			1,620.	1,620.		0.
14	COMPUTER EQUIPMENT	041194	200DB	5.00	17	3,685.			3,685.	3,685.		0.
18	COMPUTER	071109	SL	5.00	17	1,193.			1,193.	1,193.		0.
19	COMPUTER SYSTEM	082198	SL	5.00	17	1,726.			1,726.	1,726.		0.
23	LASER PRINTER	042899	SL	5.00	17	429.			429.	429.		0.
37	HP COMPUTER	021705	SL	5.00	17	1,464.			1,464.	1,464.		0.
40	LCD PROJECTOR	042806	SL	5.00	17	751.			751.	751.		0.
43	PRINTER FOR COUNSELING	011310	SL	5.00	17	200.			200.	180.		20.
44	SHREDDER FOR FRONT DESK	011310	SL	5.00	17	250.			250.	225.		25.
47	LAPTOP & REFURBISHED COMPUTE	010913	SL	5.00	17	450.		225.	225.	68.		45.
	* 990 PAGE 10 TOTAL OTHER					12,018.		225.	11,793.	11,591.	0.	90.
	* 990 PAGE 10 TOTAL -					12,470.		451.	12,019.	11,659.	0.	135.
	MACHINERY & EQUIPMENT											
1	EQUIPMENT	061586	PRE	5.00	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	052589	200DB	5.00	17	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	061489	200DB	5.00	17	304.			304.	304.		0.
4	EQUIPMENT	061689	200DB	5.00	17	606.			606.	606.		0.
5	EQUIPMENT	083189	200DB	5.00	17	688.			688.	688.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
6	FAX MACHINE	042494	200DB	5.00	17	286.			286.	286.		0.
7	COPIER	050494	200DB	5.00	17	778.			778.	778.		0.
16	OFFICE EQUIPMENT	060696	SL	5.00	17	352.			352.	352.		0.
17	VIDEO & MONITOR	093096	SL	5.00	17	402.			402.	402.		0.
21	PAGER REPLACEMENT	061699	SL	5.00	17	409.			409.	409.		0.
22	NEW TELEPHONE SYSTEM	092099	SL	5.00	17	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101	SL	5.00	17	546.			546.	546.		0.
32	NEW COPIER	120204	SL	5.00	17	476.		238.	238.	238.		0.
33	DENTAL HANDPIECE	072005	SL	5.00	17	636.			636.	636.		0.
34	SCICAN STATIM AUTOCLAVE	072505	SL	5.00	17	2,369.			2,369.	2,369.		0.
35	VIDEO EQUIPMENT	072705	SL	5.00	17	1,228.			1,228.	1,228.		0.
41	PANASONIC VOICEMAIL EQUIPMENT & SOFTWARE	051507	SL	7.00	17	602.			602.	602.		0.
42	EKG MACHINE	091109	SL	5.00	17	2,287.		1,144.	1,143.	1,143.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					16,724.		1,382.	15,342.	15,342.	0.	0.
	OTHER											
46	URINE ANALYZER	121313	SL	5.00	17	364.		182.	182.	54.		36.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE F	092314	SL	5.00	17	230.			230.	23.		46.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGE	092314	SL	5.00	17	705.			705.	71.		141.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR C040815	0815	SL	5.00	19B	525.			525.			53.
	* 990 PAGE 10 TOTAL OTHER					1,824.		182.	1,642.	148.	0.	276.
	* 990 PAGE 10 TOTAL -					18,548.		1,564.	16,984.	15,490.	0.	276.
	BUILDINGS											
20	AIR CONDITIONING SYSTEM	063098	SL	39.00	17	3,550.			3,550.	1,505.		91.
25	LEASEHOLD IMPROVEMENTS	051101	SL	39.00	17	367.			367.	123.		9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401	SL	39.00	17	3,947.			3,947.	1,368.		101.
27	LEASEHOLD IMPROVEMENTS (CARPET)	060801	SL	7.00	17	1,960.			1,960.	1,960.		0.
28	LEASEHOLD IMPROVEMENTS (LIGHTING)	021401	SL	39.00	17	662.			662.	236.		17.
29	LEASEHOLD IMPROVEMENTS (NEW DOOR)	041001	SL	39.00	17	598.			598.	206.		15.
	* 990 PAGE 10 TOTAL BUILDINGS					11,084.		0.	11,084.	5,398.	0.	233.
	* 990 PAGE 10 TOTAL -					11,084.		0.	11,084.	5,398.	0.	233.
	* GRAND TOTAL 990 PAGE 10 DEPR					52,593.		2,015.	50,578.	43,038.	0.	644.
	CURRENT ACTIVITY											
	BEGINNING BALANCE					52,068.		2,015.	50,053.	43,038.		
	ACQUISITIONS					525.		0.	525.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					52,593.		2,015.	50,578.	43,038.		

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

990

OMB No. 1545-0172

2015

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment
Sequence No. **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

FREE CLINIC OF SIMI VALLEY

FORM 990 PAGE 10

23-7108154

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	591.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		525.	5 YRS.	HY	SL	53.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	644.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If "Yes," is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2015 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2015 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
8	OFFICE FURNITURE	063089	200DB	7.00	17	169.			169.	169.		0.
9	OFFICE FURNITURE	072192	SL	7.00	17	4,790.			4,790.	4,790.		0.
10	WINDOW BLIND	081192	SL	7.00	17	215.			215.	215.		0.
11	CARPETING	082592	SL	7.00	17	1,281.			1,281.	1,281.		0.
15	OFFICE CABINETS	011896	SL	7.00	17	1,319.			1,319.	1,319.		0.
24	USED OFFICE FURNITURE	112900	SL	7.00	17	429.			429.	429.		0.
30	SINK UNIT (2) CABINETS W/ 106" TO	061501	SL	7.00	17	1,489.			1,489.	1,489.		0.
36	FILE CABINET	082405	SL	7.00	17	461.			461.	461.		0.
38	FILE CABINET	062306	SL	7.00	17	212.			212.	212.		0.
39	FILE CABINET	082306	SL	7.00	17	126.			126.	126.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					10,491.		0.	10,491.	10,491.	0.	0.
	* 990 PAGE 10 TOTAL -					10,491.		0.	10,491.	10,491.	0.	0.
	MACHINERY & EQUIPMENT											
45	PRINTER FOR COUNSELING	081913	SL	5.00	17	452.		226.	226.	68.		45.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					452.		226.	226.	68.	0.	45.
	OTHER											
12	COMPUTER EQUIPMENT	050192	SL	5.00	17	250.			250.	250.		0.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
13	COMPUTER EQUIPMENT	050792	SL	5.00	17	1,620.			1,620.	1,620.		0.
14	COMPUTER EQUIPMENT	041194	200DB	5.00	17	3,685.			3,685.	3,685.		0.
18	COMPUTER	071109	SL	5.00	17	1,193.			1,193.	1,193.		0.
19	COMPUTER SYSTEM	082198	SL	5.00	17	1,726.			1,726.	1,726.		0.
23	LASER PRINTER	042899	SL	5.00	17	429.			429.	429.		0.
37	HP COMPUTER	021705	SL	5.00	17	1,464.			1,464.	1,464.		0.
40	LCD PROJECTOR	042806	SL	5.00	17	751.			751.	751.		0.
43	PRINTER FOR COUNSELING	011310	SL	5.00	17	200.			200.	180.		20.
44	SHREDDER FOR FRONT DESK	011310	SL	5.00	17	250.			250.	225.		25.
47	LAPTOP & REFURBISHED COMPUTE	010913	SL	5.00	17	450.		225.	225.	68.		45.
	* 990 PAGE 10 TOTAL OTHER					12,018.		225.	11,793.	11,591.	0.	90.
	* 990 PAGE 10 TOTAL -					12,470.		451.	12,019.	11,659.	0.	135.
	MACHINERY & EQUIPMENT											
1	EQUIPMENT	061586	PRE	5.00	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	052589	200DB	5.00	17	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	061489	200DB	5.00	17	304.			304.	304.		0.
4	EQUIPMENT	061689	200DB	5.00	17	606.			606.	606.		0.
5	EQUIPMENT	083189	200DB	5.00	17	688.			688.	688.		0.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
6	FAX MACHINE	042494	200DB	5.00	17	286.			286.	286.		0.
7	COPIER	050494	200DB	5.00	17	778.			778.	778.		0.
16	OFFICE EQUIPMENT	060696	SL	5.00	17	352.			352.	352.		0.
17	VIDEO & MONITOR	093096	SL	5.00	17	402.			402.	402.		0.
21	PAGER REPLACEMENT	061699	SL	5.00	17	409.			409.	409.		0.
22	NEW TELEPHONE SYSTEM	092099	SL	5.00	17	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101	SL	5.00	17	546.			546.	546.		0.
32	NEW COPIER	120204	SL	5.00	17	476.		238.	238.	238.		0.
33	DENTAL HANDPIECE	072005	SL	5.00	17	636.			636.	636.		0.
34	SCICAN STATIM AUTOCLAVE	072505	SL	5.00	17	2,369.			2,369.	2,369.		0.
35	VIDEO EQUIPMENT	072705	SL	5.00	17	1,228.			1,228.	1,228.		0.
41	PANASONIC VOICEMAIL EQUIPMENT & SOFTWARE	051507	SL	7.00	17	602.			602.	602.		0.
42	EKG MACHINE	091109	SL	5.00	17	2,287.		1,144.	1,143.	1,143.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					16,724.		1,382.	15,342.	15,342.	0.	0.
	OTHER											
46	URINE ANALYZER	121313	SL	5.00	17	364.		182.	182.	54.		36.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE F	092314	SL	5.00	17	230.			230.	23.		46.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGE	092314	SL	5.00	17	705.			705.	71.		141.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR C040815	0815	SL	5.00	19B	525.			525.			53.
	* 990 PAGE 10 TOTAL OTHER					1,824.		182.	1,642.	148.	0.	276.
	* 990 PAGE 10 TOTAL -					18,548.		1,564.	16,984.	15,490.	0.	276.
	BUILDINGS											
20	AIR CONDITIONING SYSTEM	063098	SL	39.00	17	3,550.			3,550.	1,505.		91.
25	LEASEHOLD IMPROVEMENTS	0511101	SL	39.00	17	367.			367.	123.		9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401	SL	39.00	17	3,947.			3,947.	1,368.		101.
27	LEASEHOLD IMPROVEMENTS (CARPET)	060801	SL	7.00	17	1,960.			1,960.	1,960.		0.
28	LEASEHOLD IMPROVEMENTS (LIGHTING)	021401	SL	39.00	17	662.			662.	236.		17.
29	LEASEHOLD IMPROVEMENTS (NEW DOOR)	0411001	SL	39.00	17	598.			598.	206.		15.
	* 990 PAGE 10 TOTAL BUILDINGS					11,084.		0.	11,084.	5,398.	0.	233.
	* 990 PAGE 10 TOTAL -					11,084.		0.	11,084.	5,398.	0.	233.
	* GRAND TOTAL 990 PAGE 10 DEPR					52,593.		2,015.	50,578.	43,038.	0.	644.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					52,068.		2,015.	50,053.	43,038.		
	ACQUISITIONS					525.		0.	525.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					52,593.		2,015.	50,578.	43,038.		

2016 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	FURNITURE & FIXTURES								
8	OFFICE FURNITURE	063089	200DB	7.00	169.		169.	169.	0.
9	OFFICE FURNITURE	072192	SL	7.00	4,790.		4,790.	4,790.	0.
10	WINDOW BLIND	081192	SL	7.00	215.		215.	215.	0.
11	CARPETING	082592	SL	7.00	1,281.		1,281.	1,281.	0.
15	OFFICE CABINETS	011896	SL	7.00	1,319.		1,319.	1,319.	0.
24	USED OFFICE FURNITURE	112900	SL	7.00	429.		429.	429.	0.
	SINK UNIT (2) CABINETS W/ 106"								
30	TOP (BLACK)	061501	SL	7.00	1,489.		1,489.	1,489.	0.
36	FILE CABINET	082405	SL	7.00	461.		461.	461.	0.
38	FILE CABINET	062306	SL	7.00	212.		212.	212.	0.
39	FILE CABINET	082306	SL	7.00	126.		126.	126.	0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				10,491.		10,491.	10,491.	0.
	* 990 PAGE 10 TOTAL -				10,491.		10,491.	10,491.	0.
	MACHINERY & EQUIPMENT								
45	PRINTER FOR COUNSELING	081913	SL	5.00	452.	226.	226.	113.	45.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				452.	226.	226.	113.	45.
	OTHER								
12	COMPUTER EQUIPMENT	050192	SL	5.00	250.		250.	250.	0.
13	COMPUTER EQUIPMENT	050792	SL	5.00	1,620.		1,620.	1,620.	0.
14	COMPUTER EQUIPMENT	041194	200DB	5.00	3,685.		3,685.	3,685.	0.
18	COMPUTER	071097	SL	5.00	1,193.		1,193.	1,193.	0.
19	COMPUTER SYSTEM	082198	SL	5.00	1,726.		1,726.	1,726.	0.
23	LASER PRINTER	042899	SL	5.00	429.		429.	429.	0.
37	HP COMPUTER	021705	SL	5.00	1,464.		1,464.	1,464.	0.
40	LCD PROJECTOR	042806	SL	5.00	751.		751.	751.	0.
43	PRINTER FOR COUNSELING	011310	SL	5.00	200.		200.	200.	0.
44	SHREDDER FOR FRONT DESK	011310	SL	5.00	250.		250.	250.	0.
47	LAPTOP & REFURBISHED COMPUTER TOWER	010913	SL	5.00	450.	225.	225.	113.	45.
	* 990 PAGE 10 TOTAL OTHER				12,018.	225.	11,793.	11,681.	45.
	* 990 PAGE 10 TOTAL -				12,470.	451.	12,019.	11,794.	90.
	MACHINERY & EQUIPMENT								

2016 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	EQUIPMENT	061586	PRE	5.00	1,826.		1,826.	1,826.	0.
2	EQUIPMENT	052589	200DB	5.00	1,696.		1,696.	1,696.	0.
3	EQUIPMENT	061489	200DB	5.00	304.		304.	304.	0.
4	EQUIPMENT	061689	200DB	5.00	606.		606.	606.	0.
5	EQUIPMENT	083189	200DB	5.00	688.		688.	688.	0.
6	FAX MACHINE	042494	200DB	5.00	286.		286.	286.	0.
7	COPIER	050494	200DB	5.00	778.		778.	778.	0.
16	OFFICE EQUIPMENT	060696	SL	5.00	352.		352.	352.	0.
17	VIDEO & MONITOR	093096	SL	5.00	402.		402.	402.	0.
21	PAGER REPLACEMENT	061699	SL	5.00	409.		409.	409.	0.
22	NEW TELEPHONE SYSTEM	092099	SL	5.00	1,233.		1,233.	1,233.	0.
31	POLAROID CAMERA	052101	SL	5.00	546.		546.	546.	0.
32	NEW COPIER	120204	SL	5.00	476.	238.	238.	238.	0.
33	DENTAL HANDPIECE	072005	SL	5.00	636.		636.	636.	0.
34	SCICAN STATIM AUTOCLAVE	072505	SL	5.00	2,369.		2,369.	2,369.	0.
35	VIDEO EQUIPMENT	072705	SL	5.00	1,228.		1,228.	1,228.	0.
	PANASONIC VOICEMAIL EQUIPMENT&								
41	SOFTWARE	051507	SL	7.00	602.		602.	602.	0.
42	EKG MACHINE	091109	SL	5.00	2,287.	1,144.	1,143.	1,143.	0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				16,724.	1,382.	15,342.	15,342.	0.
	OTHER								
46	URINE ANALYZER	121313	SL	5.00	364.	182.	182.	90.	36.
	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE								
48	FREEZER	092314	SL	5.00	230.		230.	69.	46.
	FRIGIDAIRE 16.7 CF FREEZERLESS								
49	REFRIGERATOR	092314	SL	5.00	705.		705.	212.	141.
	EPSON EX5220 XGA3 LCD PROJECTOR FOR								
50	CLINIC	040815	SL	5.00	525.		525.	53.	105.
	* 990 PAGE 10 TOTAL OTHER				1,824.	182.	1,642.	424.	328.
	* 990 PAGE 10 TOTAL -				18,548.	1,564.	16,984.	15,766.	328.
	BUILDINGS								
20	AIR CONDITIONING SYSTEM	063098	SL	39.00	3,550.		3,550.	1,596.	91.
25	LEASEHOLD IMPROVEMENTS	051101	SL	39.00	367.		367.	132.	9.

2016 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401	SL	39.00	3,947.		3,947.	1,469.	101.
27	LEASEHOLD IMPROVEMENTS (CARPETING)	060801	SL	7.00	1,960.		1,960.	1,960.	0.
28	LEASEHOLD IMPROVEMENTS (LIGHTING FIXTURES))	021401	SL	39.00	662.		662.	253.	17.
29	LEASEHOLD IMPROVEMENTS (NEW DOORS & LOCKS)	041001	SL	39.00	598.		598.	221.	15.
	* 990 PAGE 10 TOTAL BUILDINGS				11,084.		11,084.	5,631.	233.
	* 990 PAGE 10 TOTAL -				11,084.		11,084.	5,631.	233.
	* GRAND TOTAL 990 PAGE 10 DEPR				52,593.	2,015.	50,578.	43,682.	651.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
8	OFFICE FURNITURE	063089	200DB	7.00	16	169.			169.	169.		0.
9	OFFICE FURNITURE	072192	SL	7.00	16	4,790.			4,790.	4,790.		0.
10	WINDOW BLIND	081192	SL	7.00	16	215.			215.	215.		0.
11	CARPETING	082592	SL	7.00	16	1,281.			1,281.	1,281.		0.
15	OFFICE CABINETS	011896	SL	7.00	16	1,319.			1,319.	1,319.		0.
24	USED OFFICE FURNITURE	112900	SL	7.00	16	429.			429.	429.		0.
30	SINK UNIT (2) CABINETS W/ 106" TO	061501	SL	7.00	16	1,489.			1,489.	1,474.		0.
36	FILE CABINET	082405	SL	7.00	16	461.			461.	461.		0.
38	FILE CABINET	062306	SL	7.00	16	212.			212.	212.		0.
39	FILE CABINET	082306	SL	7.00	16	126.			126.	126.		0.
45	PRINTER FOR COUNSELING	081913	SL	5.00	16	452.			452.	120.		90.
12	COMPUTER EQUIPMENT	050192	SL	5.00	16	250.			250.	250.		0.
13	COMPUTER EQUIPMENT	050792	SL	5.00	16	1,620.			1,620.	1,620.		0.
14	COMPUTER EQUIPMENT	041194	200DB	5.00	16	3,685.			3,685.	3,685.		0.
18	COMPUTER	071097	SL	5.00	16	1,193.			1,193.	1,193.		0.
19	COMPUTER SYSTEM	082198	SL	5.00	16	1,726.			1,726.	1,726.		0.
23	LASER PRINTER	042899	SL	5.00	16	429.			429.	429.		0.
37	HP COMPUTER	021705	SL	5.00	16	1,464.			1,464.	1,367.		0.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
40	LCD PROJECTOR	042806	SL	5.00	16	751.			751.	725.		0.
43	PRINTER FOR COUNSELING	011310	SL	5.00	16	200.			200.	200.		0.
44	SHREDDER FOR FRONT DESK	011310	SL	5.00	16	250.			250.	250.		0.
47	LAPTOP & REFURBISHED COMPUTE	010913	SL	5.00	16	450.			450.	180.		90.
1	EQUIPMENT	061586	PRE	5.00	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	052589	200DB	5.00	16	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	061489	200DB	5.00	16	304.			304.	304.		0.
4	EQUIPMENT	061689	200DB	5.00	16	606.			606.	606.		0.
5	EQUIPMENT	083189	200DB	5.00	16	688.			688.	688.		0.
6	FAX MACHINE	042494	200DB	5.00	16	286.			286.	286.		0.
7	COPIER	050494	200DB	5.00	16	778.			778.	778.		0.
16	OFFICE EQUIPMENT	060696	SL	5.00	16	352.			352.	352.		0.
17	VIDEO & MONITOR	093096	SL	5.00	16	402.			402.	402.		0.
21	PAGER REPLACEMENT	061699	SL	5.00	16	409.			409.	409.		0.
22	NEW TELEPHONE SYSTEM	092099	SL	5.00	16	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101	SL	5.00	16	546.			546.	546.		0.
32	NEW COPIER	120204	SL	5.00	16	476.			476.	332.		0.
33	DENTAL HANDPIECE	072005	SL	5.00	16	636.			636.	636.		0.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
34	SCICAN STATIM AUTOCLAVE	072505	SL	5.00	16	2,369.			2,369.	2,369.		0.
35	VIDEO EQUIPMENT	072705	SL	5.00	16	1,228.			1,228.	1,228.		0.
41	PANASONIC VOICEMAIL EQUIPMENT& SOFTWARE	051507	SL	7.00	16	602.			602.	588.		0.
42	EKG MACHINE	091109	SL	5.00	16	2,287.			2,287.	2,287.		0.
46	URINE ANALYZER	121313	SL	5.00	16	364.			364.	79.		73.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FRIGIDAIRE 16.7 CF	092314	SL	5.00	16	230.			230.	12.		46.
49	FREEZERLESS REFRIGERATOR	092314	SL	5.00	16	705.			705.	35.		141.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR COLLEGE	040815	SL	5.00	16	525.			525.			79.
20	AIR CONDITIONING SYSTEM	063098	SL	39.00	16	3,550.			3,550.	1,505.		91.
25	LEASEHOLD IMPROVEMENTS	051101	SL	39.00	16	367.			367.	123.		9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401	SL	39.00	16	3,947.			3,947.	1,368.		101.
27	LEASEHOLD IMPROVEMENTS (CARPET)	060801	SL	7.00	16	1,960.			1,960.	1,937.		0.
28	LEASEHOLD IMPROVEMENTS (LIGHTING)	021401	SL	39.00	16	662.			662.	236.		17.
29	LEASEHOLD IMPROVEMENTS (NEW DOOR)	041001	SL	39.00	16	598.			598.	206.		15.
	TOTAL FORM 199 DEPRECIATION					52,593.			52,593.	44,288.	0.	752.
	TOTALS FOR CALIFORNIA					52,593.			52,593.	44,288.	0.	752.

2016 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR STATE -

FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
8	OFFICE FURNITURE	063089	200DB	7.00	169.		169.	169.	0.
9	OFFICE FURNITURE	072192	SL	7.00	4,790.		4,790.	4,790.	0.
10	WINDOW BLIND	081192	SL	7.00	215.		215.	215.	0.
11	CARPETING	082592	SL	7.00	1,281.		1,281.	1,281.	0.
15	OFFICE CABINETS	011896	SL	7.00	1,319.		1,319.	1,319.	0.
24	USED OFFICE FURNITURE	112900	SL	7.00	429.		429.	429.	0.
30	SINK UNIT (2) CABINETS W/ 106" TOP(B	061501	SL	7.00	1,489.		1,489.	1,474.	0.
36	FILE CABINET	082405	SL	7.00	461.		461.	461.	0.
38	FILE CABINET	062306	SL	7.00	212.		212.	212.	0.
39	FILE CABINET	082306	SL	7.00	126.		126.	126.	0.
45	PRINTER FOR COUNSELING	081913	SL	5.00	452.		452.	210.	90.
12	COMPUTER EQUIPMENT	050192	SL	5.00	250.		250.	250.	0.
13	COMPUTER EQUIPMENT	050792	SL	5.00	1,620.		1,620.	1,620.	0.
14	COMPUTER EQUIPMENT	041194	200DB	5.00	3,685.		3,685.	3,685.	0.
18	COMPUTER	071097	SL	5.00	1,193.		1,193.	1,193.	0.
19	COMPUTER SYSTEM	082198	SL	5.00	1,726.		1,726.	1,726.	0.
23	LASER PRINTER	042899	SL	5.00	429.		429.	429.	0.
37	HP COMPUTER	021705	SL	5.00	1,464.		1,464.	1,367.	0.
40	LCD PROJECTOR	042806	SL	5.00	751.		751.	725.	0.
43	PRINTER FOR COUNSELING	011310	SL	5.00	200.		200.	200.	0.
44	SHREDDER FOR FRONT DESK	011310	SL	5.00	250.		250.	250.	0.
47	LAPTOP & REFURBISHED COMPUTER TOWER	010913	SL	5.00	450.		450.	270.	90.
1	EQUIPMENT	061586	PRE	5.00	1,826.		1,826.	1,826.	0.
2	EQUIPMENT	052589	200DB	5.00	1,696.		1,696.	1,696.	0.
3	EQUIPMENT	061489	200DB	5.00	304.		304.	304.	0.
4	EQUIPMENT	061689	200DB	5.00	606.		606.	606.	0.
5	EQUIPMENT	083189	200DB	5.00	688.		688.	688.	0.
6	FAX MACHINE	042494	200DB	5.00	286.		286.	286.	0.
7	COPIER	050494	200DB	5.00	778.		778.	778.	0.
16	OFFICE EQUIPMENT	060696	SL	5.00	352.		352.	352.	0.
17	VIDEO & MONITOR	093096	SL	5.00	402.		402.	402.	0.
21	PAGER REPLACEMENT	061699	SL	5.00	409.		409.	409.	0.
22	NEW TELEPHONE SYSTEM	092099	SL	5.00	1,233.		1,233.	1,233.	0.
31	POLAROID CAMERA	052101	SL	5.00	546.		546.	546.	0.

2016 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR STATE -

FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
32	NEW COPIER	120204	SL	5.00	476.		476.	332.	0.
33	DENTAL HANDPIECE	072005	SL	5.00	636.		636.	636.	0.
34	SCICAN STATIM AUTOCLAVE	072505	SL	5.00	2,369.		2,369.	2,369.	0.
35	VIDEO EQUIPMENT	072705	SL	5.00	1,228.		1,228.	1,228.	0.
41	PANASONIC VOICEMAIL EQUIPMENT& SOFTW	051507	SL	7.00	602.		602.	588.	0.
42	EKG MACHINE	091109	SL	5.00	2,287.		2,287.	2,287.	0.
46	URINE ANALYZER	121313	SL	5.00	364.		364.	152.	73.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE	092314	SL	5.00	230.		230.	58.	46.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRI	092314	SL	5.00	705.		705.	176.	141.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR	040815	SL	5.00	525.		525.	79.	105.
20	AIR CONDITIONING SYSTEM	063098	SL	39.00	3,550.		3,550.	1,596.	91.
25	LEASEHOLD IMPROVEMENTS	051101	SL	39.00	367.		367.	132.	9.
26	LEASEHOLD IMPROVEMENTS(HAVC)	060401	SL	39.00	3,947.		3,947.	1,469.	101.
27	LEASEHOLD IMPROVEMENTS(CARPETING)	060801	SL	7.00	1,960.		1,960.	1,937.	0.
28	LEASEHOLD IMPROVEMENTS(LIGHTING FIXT	021401	SL	39.00	662.		662.	253.	17.
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & L	041001	SL	39.00	598.		598.	221.	15.
	TOTAL FORM 199 DEPRECIATION				52,593.		52,593.	45,040.	778.
	TOTALS FOR CALIFORNIA				52,593.		52,593.	45,040.	778.

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name: **FREE CLINIC OF SIMI VALLEY**

California corporation number: **0668074**

Additional information. See instructions.

FEIN: **23-7108154**

Street address (suite or room): **2060 TAPO ST**

PMB no.:

City: **SIMI VALLEY** State: **CA** ZIP code: **93063-3417**

Foreign country name: Foreign province/state/country: 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) 990-PF (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 If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

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

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

P Is a 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 Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	126,389.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	713,002.00
	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 Instruction B	4	839,391.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	839,391.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	365,564.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	473,827.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment 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	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00

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.

Sign Here

Signature of officer: **EXECUTIVE DIRE** Title: **EXECUTIVE DIRE** Date: _____ Telephone: **805-522-3733**

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: PTIN: **P00223947**

Firm's name (or yours, if self-employed) and address: **MICHAEL P. FISCHER, C.P.A.** Telephone: **77-0165080**
65 WEST EASY ST SUITE 205
SIMI VALLEY, CA 93065-6202 (805) 522-3771

May the FTB discuss this return with the preparer shown above? See instructions Yes 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.

528951 11-25-15

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	182.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income	•	7	126,207.00
	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	126,389.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	81,771.00
	12	Other salaries and wages	•	12	130,825.00
	13	Interest	•	13	00
	14	Taxes	•	14	14,935.00
	15	Rents	•	15	26,274.00
	16	Depreciation and depletion (See instructions)	•	16	752.00
	17	Other Expenses and Disbursements	•	17	111,007.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	365,564.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		26,013.		337,181.
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				
10	a Depreciable assets	52,068.		52,593.	
	b Less accumulated depreciation	(45,053.)	7,015.	(45,697.)	6,896.
11	Land				
12	Other assets STMT 5		53,115.		216,874.
13	Total assets		86,143.		560,951.
Liabilities and net worth					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 6		1,335.		2,208.
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		84,808.		558,743.
22	Total liabilities and net worth		86,143.		560,951.

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	•	473,935.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5	•	473,935.
7	Income recorded on books this year not included in this return.	•	
8	Deductions in this return not charged against book income this year STMT 7	•	108.
9	Total. Add line 7 and line 8	•	108.
10	Net income per return. Subtract line 9 from line 6	•	473,827.

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BLUE SHIELD OF CALIFORNIA	50 BEALE STREET SAN FRANCISCO, CA 94105-1808	10/01/15	20,000.
KAISER PERMANENTE	5601 DE SOTO AVE WOODLAND HILLS, CA 91365	08/07/15	200,000.
KIWANIS CLUB OF SIMI VALLEY	P.O. BOX 477 SIMI VALLEY, CA 93065-0477	12/23/15	7,500.
PHYLLIS AND CHAS WILSON CHARITABLE GIFT FUND	240 SINALOA ROAD SIMI VALLEY, CA 93065	01/07/15	50,000.
SWIFT MEMORIAL FOUNDATION	1317 DEL NORTE RD. STE#150 CAMARILLO, CA 93010	01/14/15	10,000.
CITY OF SIMI VALLEY-COMMUNITY DEVELOPMENT BLOCK GRANT	2929 TAPO CANYON RD SIMI VALLEY, CA 93063	03/06/15	67,500.
ROTARY CLUB SUNRISE	P.O. BOX 11 SIMI VALLEY, CA 93063	11/05/15	12,000.
RONALD MCDONALD HOUSE CHARITIES	4560 FOUNTAIN AVE LOS ANGELES, CA 90029	04/22/15	20,000.
UNION BANK OF CALIFORNIA	530 B STREET SAN DIEGO, CA 92101	09/16/15	5,000.
DELTA DENTAL	ONE DELTA DRIVE MECHANICSBURG, PA 17055	11/12/15	10,000.
ROTARY CLUB FOUNDATION	P.O. BOX 524 SIMI VALLEY, CA 93062-0524	02/05/15	35,000.
CVS	C/O NAFC 1800 DIAGONAL ROAD #600 ALEXANDRIA, VA 22314	01/14/15	25,000.
TOTAL INCLUDED ON LINE 3			462,000.

FORM 199	OTHER INCOME	STATEMENT	2
DESCRIPTION		AMOUNT	
PROPERTY TAX REFUND		361.	
PROGRAM SERVICE FEES		125,846.	
TOTAL TO FORM 199, PART II, LINE 7		126,207.	

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	3
----------	--	-----------	---

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
HARRY VANDYCK 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.
FRED BAUERMEISTER 2060 TAPO ST SIMI VALLEY, CA 93063-3417	EXECUTIVE DIRECTOR 40.00	81,771.
PHYLLIS WILSON, MA MFT 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.
DON STURT 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.
VINCENT DULCICH 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.
POLLY VLASSIC 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.
CURT WITEBY 2060 TAPO ST SIMI VALLEY, CA 93063-3417	SECRETARY 1.00	0.
MANE' BERBEL 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.

DON ERICKSON 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.
MAGGIE KESTLY 2060 TAPO ST SIMI VALLEY, CA 93063-3417	PAST PRESIDENT 1.00	0.
REV. RON HYRCHUK 2060 TAPO ST SIMI VALLEY, CA 93063-3417	PRESIDENT 1.00	0.
KURT FREDRICKSON 2060 TAPO ST SIMI VALLEY, CA 93063-3417	VICE PRESIDENT 1.00	0.
KELLY ANN GAINES 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.
JOHN LINDSEY 2060 TAPO ST SIMI VALLEY, CA 93063-3417	TREASURER 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11	81,771.
-------------------------------------	---------

FORM 199	OTHER EXPENSES	STATEMENT	4
----------	----------------	-----------	---

DESCRIPTION	AMOUNT
ASSISTANCE TO CLIENTS	13,194.
MEDICAL SUPPLIES	12,197.
INSURANCE	9,248.
TELEPHONE	6,411.
DIRECT EXPENSES OF FUNDRAISING EVENTS	20,903.
ACCOUNTING FEES	9,720.
OTHER PROFESSIONAL FEES	17,825.
ADVERTISING AND PROMOTION	974.
OFFICE EXPENSES	5,491.
TRAVEL	1,165.
ALL OTHER EXPENSES	13,879.
TOTAL TO FORM 199, PART II, LINE 17	111,007.

FORM 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID RENT	0.	0.	
PREPAID RENT	650.	0.	
PREPAID INSURANCE	2,465.	3,336.	
CONSTRUCTION IN PROGRESS	50,000.	193,538.	
DUE FROM SIMI VALLEY COMMUNITY FUND	0.	20,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	53,115.	216,874.	

FORM 199	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PAYROLL TAXES PAYABLE	1,335.	2,208.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,335.	2,208.	

FORM 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT	7
DESCRIPTION		AMOUNT	
DEPRECIATION		108.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8		108.	

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 23-7108154

Corporation name

California corporation number

FREE CLINIC OF SIMI VALLEY

0668074

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	8	52,593.	44,288.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	752.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	752.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	644.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	108.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22	

CA 3885		DEPRECIATION				STATEMENT	8
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 EQUIPMENT	06/15/86	1,826.	1,826.	PRE	5.00	0.	
2 EQUIPMENT	05/25/89	1,696.	1,696.	200DB	5.00	0.	
3 EQUIPMENT	06/14/89	304.	304.	200DB	5.00	0.	
4 EQUIPMENT	06/16/89	606.	606.	200DB	5.00	0.	
5 EQUIPMENT	08/31/89	688.	688.	200DB	5.00	0.	
6 FAX MACHINE	04/24/94	286.	286.	200DB	5.00	0.	
7 COPIER	05/04/94	778.	778.	200DB	5.00	0.	
8 OFFICE FURNITURE	06/30/89	169.	169.	200DB	7.00	0.	
9 OFFICE FURNITURE	07/21/92	4,790.	4,790.	SL	7.00	0.	
10 WINDOW BLIND	08/11/92	215.	215.	SL	7.00	0.	
11 CARPETING	08/25/92	1,281.	1,281.	SL	7.00	0.	
12 COMPUTER EQUIPMENT	05/01/92	250.	250.	SL	5.00	0.	
13 COMPUTER EQUIPMENT	05/07/92	1,620.	1,620.	SL	5.00	0.	
14 COMPUTER EQUIPMENT	04/11/94	3,685.	3,685.	200DB	5.00	0.	
15 OFFICE CABINETS	01/18/96	1,319.	1,319.	SL	7.00	0.	
16 OFFICE EQUIPMENT	06/06/96	352.	352.	SL	5.00	0.	
17 VIDEO & MONITOR	09/30/96	402.	402.	SL	5.00	0.	
18 COMPUTER	07/10/97	1,193.	1,193.	SL	5.00	0.	
19 COMPUTER SYSTEM	08/21/98	1,726.	1,726.	SL	5.00	0.	
20 AIR CONDITIONING SYSTEM	06/30/98	3,550.	1,505.	SL	39.00	91.	
21 PAGER REPLACEMENT	06/16/99	409.	409.	SL	5.00	0.	
22 NEW TELEPHONE SYSTEM	09/20/99	1,233.	1,233.	SL	5.00	0.	
23 LASER PRINTER	04/28/99	429.	429.	SL	5.00	0.	

24	USED OFFICE FURNITURE						
	11/29/00	429.	429.	SL	7.00	0.	
25	LEASEHOLD IMPROVEMENTS						
	05/11/01	367.	123.	SL	39.00	9.	
26	LEASEHOLD IMPROVEMENTS(HAVC)						
	06/04/01	3,947.	1,368.	SL	39.00	101.	
27	LEASEHOLD IMPROVEMENTS(CARPETING)						
	06/08/01	1,960.	1,937.	SL	7.00	0.	
28	LEASEHOLD IMPROVEMENTS(LIGHTING FIXTURES))						
	02/14/01	662.	236.	SL	39.00	17.	
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & LOCKS)						
	04/10/01	598.	206.	SL	39.00	15.	
30	SINK UNIT (2) CABINETS W/ 106" TOP(BLACK)						
	06/15/01	1,489.	1,474.	SL	7.00	0.	
31	POLAROID CAMERA						
	05/21/01	546.	546.	SL	5.00	0.	
32	NEW COPIER						
	12/02/04	476.	332.	SL	5.00	0.	
33	DENTAL HANDPIECE						
	07/20/05	636.	636.	SL	5.00	0.	
34	SCICAN STATIM AUTOCLAVE						
	07/25/05	2,369.	2,369.	SL	5.00	0.	
35	VIDEO EQUIPMENT						
	07/27/05	1,228.	1,228.	SL	5.00	0.	
36	FILE CABINET						
	08/24/05	461.	461.	SL	7.00	0.	
37	HP COMPUTER						
	02/17/05	1,464.	1,367.	SL	5.00	0.	
38	FILE CABINET						
	06/23/06	212.	212.	SL	7.00	0.	
39	FILE CABINET						
	08/23/06	126.	126.	SL	7.00	0.	
40	LCD PROJECTOR						
	04/28/06	751.	725.	SL	5.00	0.	
41	PANASONIC VOICEMAIL EQUIPMENT& SOFTWARE						
	05/15/07	602.	588.	SL	7.00	0.	
42	EKG MACHINE						
	09/11/09	2,287.	2,287.	SL	5.00	0.	
43	PRINTER FOR COUNSELING						
	01/13/10	200.	200.	SL	5.00	0.	
44	SHREDDER FOR FRONT DESK						
	01/13/10	250.	250.	SL	5.00	0.	
45	PRINTER FOR COUNSELING						
	08/19/13	452.	120.	SL	5.00	90.	
46	URINE ANALYZER						
	12/13/13	364.	79.	SL	5.00	73.	
47	LAPTOP & REFURBISHED COMPUTER TOWER						
	01/09/13	450.	180.	SL	5.00	90.	
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FREEZER						
	09/23/14	230.	12.	SL	5.00	46.	
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGERATOR						
	09/23/14	705.	35.	SL	5.00	141.	
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR CLINIC						
	04/08/15	525.		SL	5.00	79.	
TOTAL DEPR TO FORM 3885		52,593.	44,288.			752.	

TAXABLE YEAR
2015

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
FREE CLINIC OF SIMI VALLEY	23-7108154

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	839,391.00
2 Total gross income (Form 199, line 8)	2	839,391.00
3 Total expenses and disbursements (Form 199, line 9)	3	365,564.00

Part II Settle Your Account Electronically for Taxable Year 2015

4 <input checked="" type="checkbox"/> Electronic funds withdrawal	4a Amount	10.	4b Withdrawal date (mm/dd/yyyy)	11/11/2016
---	-----------	-----	---------------------------------	------------

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number	122000496
6 Account number	5030052198
7 Type of account:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings

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 2015 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 to 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  _____  **SIGN HERE** _____  **EXECUTIVE DIRECTOR**



Signature of officer _____ Date _____ Title _____

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, 2015 e-file 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	ERO's signature 	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN
Must Sign	Firm's name (or yours if self-employed) and address 				FEIN
	MICHAEL P. FISCHER, C.P.A.				77-0165080
	65 WEST EASY ST SUITE 205				ZIP code
	SIMI VALLEY, CA				93065-6202

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	Paid preparer's signature 	Date	Check if self-employed <input checked="" type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address 			FEIN
	MICHAEL P. FISCHER, C.P.A.			77-0165080
	65 WEST EASY ST SUITE 205			ZIP code
	SIMI VALLEY, CA			93065-6202

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

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

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 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 as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>14834</u> FREE CLINIC OF SIMI VALLEY <small>Name of Organization</small> <u>2060 TAPO ST</u> <small>Address (Number and Street)</small> <u>SIMI VALLEY, CA 93063-3417</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>D-0668074</u> Federal Employer I.D. No. <u>23-7108154</u>
---	--

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2015 ending 12/31/2015) list:
 Gross annual revenue \$ 818,488. Total assets \$ 560,951.

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

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet 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, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number (805) 522-3733

Organization's e-mail address FREECLINICSV@SBCGLOBAL.NET

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

FRED BAUERMEISTER

EXECUTIVE DIRECTOR

Signature of authorized officer

Printed Name

Title

Date