

EXTENSION VALID UNTIL 11/15/12
Return of Organization Exempt From Income Tax

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

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

A For the 2011 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"/> 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 country, and ZIP + 4 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 \$ 317,709. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ L Year of formation: 1971 M State of legal domicile: CA
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 ▶		

Part I Summary

Activities & Governance	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 2011 (Part V, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">333,563.</td> <td style="text-align: right;">232,165.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">87,688.</td> <td style="text-align: right;">85,405.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">54.</td> <td style="text-align: right;">139.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">-206.</td> <td style="text-align: right;">-5,803.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">421,099.</td> <td style="text-align: right;">311,906.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	333,563.	232,165.	9 Program service revenue (Part VIII, line 2g)	87,688.	85,405.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54.	139.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-206.	-5,803.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	421,099.	311,906.						
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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
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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		Phone no. (805) 522-3771	
	Firm's address ▶ 65 W. EASY ST SUITE 205 SIMI VALLEY, CA 93065-6202				

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 to any question 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 No X

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 No X

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 and section 4947(a)(1) trusts 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 \$ 128,498. including grants of \$) (Revenue \$ 46,880.) MEDICAL & LEGAL SERVICES

4b (Code) (Expenses \$ 56,606. including grants of \$) (Revenue \$ 10,902.) FAMILY COUNSELING SERVICES

4c (Code) (Expenses \$ 105,367. including grants of \$) (Revenue \$ 27,623.) DENTAL SERVICES

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 290,471.

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 Schedule B, Schedule of Contributors?	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; 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, XII, and XIII</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, XII, and XIII 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 6a? <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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17? If "Yes," complete Schedule J, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule J, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable		
	1a 5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	14b		

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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year: If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a			13
b	Enter the number of voting members included in line 1a, above, who are independent		13
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ 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 to any question 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 (describe hours for related organizations in Schedule O)	(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) DENNIS BENTON DIRECTOR	1.00	X					0.	0.	0.	
(2) KEITH JAJKO DIRECTOR	1.00	X					0.	0.	0.	
(3) FRED BAUERMEISTER EXECUTIVE DIRECTOR	40.00	X					75,000.	0.	0.	
(4) PHYLLIS WILSON, MA MPT DIRECTOR	1.00	X					0.	0.	0.	
(5) DON STURT DIRECTOR	1.00	X					0.	0.	0.	
(6) MIKE ALTERMAN DIRECTOR	1.00	X					0.	0.	0.	
(7) POLLY VLIASSIC DIRECTOR	1.00	X					0.	0.	0.	
(8) CURT WITEBY DIRECTOR	1.00	X					0.	0.	0.	
(9) LEIGH NIXON DIRECTOR	1.00	X					0.	0.	0.	
(10) HARRY VANDYKE, CPA TREASURER	1.00			X			0.	0.	0.	
(11) MAGGIE KESTLY PRESIDENT	1.00			X			0.	0.	0.	
(12) KURT FREDRICKSON SECRETARY	1.00			X			0.	0.	0.	
(13) REV. RON HYRCHUK VICE PRESIDENT	1.00			X			0.	0.	0.	

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	28,300.				
	d	Related organizations					
	e	Government grants (contributions)	50,464.				
	f	All other contributions, gifts, grants, and similar amounts not included above	153,401.				
	g	Noncash contributions included in lines 1a-1f					
	h	Total. Add lines 1a-1f	232,165.				
	Program Service Revenue	2 a	PROGRAM SERVICE FEES	85,405.	85,405.		
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	85,405.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	139.			139.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ 28,300. of contributions reported on line 1c). See Part IV, line 18	a	0.			
		Less: direct expenses	b	5,803.			
		c	Net income or (loss) from fundraising events	-5,803.			-5,803.
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		311,906.	85,405.	0.	-5,664.	

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	75,000.	57,000.	9,750.	8,250.
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	155,369.	118,080.	20,198.	17,091.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	17,623.	13,393.	2,291.	1,939.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	26,722.	26,722.		
12 Advertising and promotion	1,696.	1,696.		
13 Office expenses	7,109.	5,403.	924.	782.
14 Information technology				
15 Royalties				
16 Occupancy	24,134.	18,342.	3,137.	2,655.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	828.	269.	559.	
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	14,866.	14,866.		
b MEDICAL SUPPLIES	11,871.	11,871.		
c INSURANCE	8,749.	6,714.	2,035.	
d TELEPHONE	5,820.	4,423.	757.	640.
e All other expenses	14,500.	11,692.	2,724.	84.
25 Total functional expenses. Add lines 1 through 24e	364,287.	290,471.	42,375.	31,441.
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 BCF 99-2 (ASO 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	117,628.	1	48,549.
	2	Savings and temporary cash investments		2	17,526.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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 instructions)		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	49,867.		
	b	Less: accumulated depreciation	42,275.	8,420.	7,592.
	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	650.	15	650.
16	Total assets. Add lines 1 through 15 (must equal line 34)	126,698.	16	74,317.	
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	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		25	
	26	Total liabilities. Add lines 17 through 25		0.	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, 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, 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	126,698.	32	74,317.
33	Total net assets or fund balances	126,698.	33	74,317.	
34	Total liabilities and net assets/fund balances	126,698.	34	74,317.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	311,906.
2	Total expenses (must equal Part IX, column (A), line 25)	2	364,287.
3	Revenue less expenses. Subtract line 2 from line 1	3	-52,381.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	126,698.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	74,317.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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
3b	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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	71,047.	114,189.	288,565.	333,382.	254,662.	1061845.
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	71,047.	114,189.	288,565.	333,382.	254,662.	1061845.
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						1061845.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	71,047.	114,189.	288,565.	333,382.	254,662.	1061845.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,736.	2,060.	92.	54.	139.	9,081.
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 IV.)						
11 Total support. Add lines 7 through 10						1070926.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	99.15	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	98.80	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
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"/>

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** If the organization did not check a box on line 14 or line 19a, and line 18 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule 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.

OMB No. 1545-0047

2011

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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 Part I, line 2 of its Form 990-PF, 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) (2011)

Name of organization

Employer identification number

FREE CLINIC OF SIMI VALLEY

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	AMGEN ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320	\$ 34,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BLUE SHIELD OF CALIFORNIA 50 BEALE STREET SAN FRANCISCO, CA 94105-1808	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BANK OF AMERICA 450 AMERICAN STREET SIMI VALLEY, CA 93065	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PHYLLIS & CHAS WILSON CHARITABLE GIFT FUND 240 SINALOA ROAD SIMI VALLEY, CA 93065	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SIMI VALLEY ROTARY CLUB P.O. BOX 524 SIMI VALLEY, CA 93062-0524	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	VENTURA COUNTY COMMUNITY FOUNDATION 1317 DEL NORTE RD. STE#150 CAMARILLO, CA 93010	\$ 5,069.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

FREE CLINIC OF SIMI VALLEY

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	VENTURA COUNTY PUBLIC HEALTH 2240 E. GONZALES ROAD OXNARD, CA 93035	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	CITY OF SIMI VALLEY-COMMUNITY DEVELOPMENT BLOCK GRANT 2929 TAPO CANYON RD SIMI VALLEY, CA 93063	\$ 42,864.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MID-VALLEY PROPERTIES 940 ENCHANTED WAY SUITE 109 SIMI VALLEY, CA 93065	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	TRC MEDICAL, LLC 990 ENCHANTED WAY #210 SIMI VALLEY, CA 93065	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

FREE CLINIC OF SIMI VALLEY

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

Employer identification number

FREE CLINIC OF SIMI VALLEY

23-7108154

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to 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 an 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? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, 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)? Yes No

9 In Part XIV, 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" to 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 XIV, 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) Revenues included in 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 Revenues included in 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 XIV.
- 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" to 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 XIV 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? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 in 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" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. 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.	4,699.	6,385.
c Leasehold improvements				
d Equipment		16,724.	15,938.	786.
e Other		22,059.	21,638.	421.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,592.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. (Column (b) must equal Form 990, Part X, col (B) line 25.) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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 XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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 XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 15.)	5

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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 5b. List events with gross receipts greater than \$5,000.

		(a) Event #1 2011 HEALTH EXPO (event type)	(b) Event #2 40TH ANNIVERSARY (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	26,200.	2,100.	28,300.
	2	Less: Charitable contributions	26,200.	2,100.	28,300.
	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. Combine line 3, column (d), and line 10			

Part III Gaming. Complete if the organization answered "Yes" to 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			
Direct Expenses	2	Cash prizes			
	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. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate 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: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 THE ORGANIZATION OR, IF THE PERSON REFUSES TO RESIGN, BECOME SUBJECT TO POSSIBLE REMOVAL IN ACCORDANCE WITH

Name of the organization

FREE CLINIC OF SIMI VALLEY

Employer identification number

23-7108154

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.

Asset No	Description	Date Acquired	Method	Life	Use %	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Base For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
	8OFFICE FURNITURE	063089200DB		7.00	17	169.			169.	169.		0.
	9OFFICE FURNITURE	072192SL		7.00	17	4,790.			4,790.	4,790.		0.
	10WINDOW BLIND	081192SL		7.00	17	215.			215.	215.		0.
	11CARPETING	082592SL		7.00	17	1,281.			1,281.	1,281.		0.
	15OFFICE CABINETS USED OFFICE	011896SL		7.00	17	1,319.			1,319.	1,319.		0.
	24FURNITURE SINK UNIT (2)	112900SL		7.00	17	429.			429.	429.		0.
	30CABINETS W/ 106" T00061501SL			7.00	17	1,489.			1,489.	1,489.		0.
	36FILE CABINET	082405SL		7.00	17	461.			461.	363.		66.
	38FILE CABINET	062306SL		7.00	17	212.			212.	135.		30.
	39FILE CABINET	082306SL		7.00	17	126.			126.	81.		18.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					10,491.		0.	10,491.	10,271.	0.	114.
	* 990 PAGE 10 TOTAL					10,491.		0.	10,491.	10,271.	0.	114.
	OTHER											
	12COMPUTER EQUIPMENT	050192SL		5.00	17	250.			250.	250.		0.
	13COMPUTER EQUIPMENT	050792SL		5.00	17	1,620.			1,620.	1,620.		0.
	14COMPUTER EQUIPMENT	041194200DB		5.00	17	3,685.			3,685.	3,685.		0.
	18COMPUTER	071097SL		5.00	17	1,193.			1,193.	1,193.		0.

128102
06-01-11

(D) - Asset disposed

* IRC Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Use. Mth.	Unadjusted Cost Or Basis	Bus % Excl.	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	COMPUTER SYSTEM	082198SL		5.00	17	1,726.			1,726.	1,726.		0.
23	LASER PRINTER	042899SL		5.00	17	429.			429.	429.		0.
37	HP COMPUTER	021705SL		5.00	17	1,464.			1,464.	1,464.		0.
40	LCD PROJECTOR PRINTER FOR	042806SL		5.00	17	751.			751.	675.		76.
43	COUNSELING SCHREDDER FOR FRONT	011310SL		5.00	17	200.			200.	20.		40.
44	DESK	011310SL		5.00	17	250.			250.	25.		50.
	* 990 PAGE 10 TOTAL					11,568.		0.	11,568.	11,087.	0.	166.
	OTHER					11,568.						
	* 990 PAGE 10 TOTAL					11,568.		0.	11,568.	11,087.	0.	166.
	MACHINERY & EQUIPMENT											
1E	EQUIPMENT	061586PRE		5.00	16	1,826.			1,826.	1,826.		0.
2E	EQUIPMENT	052589200DBE		5.00	17	1,696.			1,696.	1,696.		0.
3E	EQUIPMENT	061489200DBE		5.00	17	304.			304.	304.		0.
4E	EQUIPMENT	061689200DBE		5.00	17	606.			606.	606.		0.
5E	EQUIPMENT	083189200DBE		5.00	17	688.			688.	688.		0.
6F	PAX MACHINE	042494200DBE		5.00	17	286.			286.	286.		0.
7C	OPILER	050494200DBE		5.00	17	778.			778.	778.		0.
16	OFFICE EQUIPMENT	060696SL		5.00	17	352.			352.	352.		0.
17	VIDEO & MONITOR	093096SL		5.00	17	402.			402.	402.		0.

1231002 RE-01-11 (D) - Asset disposed

* IRC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Use Mo.	Unadjusted Cost Or Basis	Bus. % Excl.	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
21	PAGER REPLACEMENT NEW TELEPHONE	061699SL		5.00	17	409.			409.	409.		0.
22	SYSTEM	092099SL		5.00	17	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101SL		5.00	17	546.			546.	546.		0.
32	NEW COPIER	120204SL		5.00	17	476.		238.	238.	238.		0.
33	DENTAL HANDPIECE SCICAN STATIM	072005SL		5.00	17	636.			636.	636.		0.
34	AUTOCLAVE	072505SL		5.00	17	2,369.			2,369.	2,369.		0.
35	VIDEO EQUIPMENT PANASONIC VOICEMAIL	072705SL		5.00	17	1,228.			1,228.	1,228.		0.
41	EQUIPMENT & SOFTWARE	051507SL		7.00	17	602.			602.	301.		86.
42	KG MACHINE	091109SL		5.00	17	2,287.		1,144.	1,143.	343.		229.
	* 990 PAGE 10 TOTAL					16,724.		1,382.	15,342.	14,241.	0.	315.
	* 990 PAGE 10 TOTAL					16,724.		1,382.	15,342.	14,241.	0.	315.
	BUILDINGS											
	AIR CONDITIONING											
20	SYSTEM	063098SL		39.00	17	3,550.			3,550.	1,141.		91.
	LEASEHOLD											
25	IMPROVEMENTS	051101SL		39.00	17	367.			367.	87.		9.
	LEASEHOLD											
26	IMPROVEMENTS (HAVC)	060401SL		39.00	17	3,947.			3,947.	964.		101.
	LEASEHOLD											
27	IMPROVEMENTS (CARPET)	060801SL		7.00	17	1,960.			1,960.	1,960.		0.
	LEASEHOLD											
28	IMPROVEMENTS (LIGHTING)	021401SL		39.00	17	662.			662.	168.		17.
	LEASEHOLD											
29	IMPROVEMENTS (NEW DOOR)	041001SL		39.00	17	598.			598.	146.		15.

Asset No.	Description	Date Acquired	Method	Life	Conv No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL BUILDINGS					11,084.		0.	11,084.	4,466.	0.	233.
	* 990 PAGE 10 TOTAL					11,084.		0.	11,084.	4,466.	0.	233.
	* GRAND TOTAL. 990 PAGE 10 DEPR					49,867.		1,382.	48,485.	40,065.	0.	828.

2011 DEPRECIATION AND AMORTIZATION REPORT
 - CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Use Mo.	Unadjusted Cost Or Basis	Bos % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
80	OFFICE FURNITURE	063089200DB		7.00	17	169.			169.	169.		0.
90	OFFICE FURNITURE	072192SL		7.00	17	4,790.			4,790.	4,790.		0.
10	WINDOW BLIND	081192SL		7.00	17	215.			215.	215.		0.
11	CARPETING	082592SL		7.00	17	1,281.			1,281.	1,281.		0.
15	OFFICE CABINETS USED OFFICE	011896SL		7.00	17	1,319.			1,319.	1,319.		0.
24	FURNITURE SINK UNIT (2)	112900SL		7.00	17	429.			429.	429.		0.
30	CABINETS W/ 106" TALL	061501SL		7.00	17	1,489.			1,489.	1,489.		0.
36	FILE CABINET	082405SL		7.00	17	461.			461.	363.		66.
38	FILE CABINET	062306SL		7.00	17	212.			212.	135.		30.
39	FILE CABINET	082306SL		7.00	17	126.			126.	81.		18.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURE					10,491.		0.	10,491.	10,271.	0.	114.
	* 990 PAGE 10 TOTAL					10,491.		0.	10,491.	10,271.	0.	114.
	OTHER											
12	COMPUTER EQUIPMENT	050192SL		5.00	17	250.			250.	250.		0.
13	COMPUTER EQUIPMENT	050792SL		5.00	17	1,620.			1,620.	1,620.		0.
14	COMPUTER EQUIPMENT	041194200DB		5.00	17	3,685.			3,685.	3,685.		0.
18	COMPUTER	071097SL		5.00	17	1,193.			1,193.	1,193.		0.

2011 DEPRECIATION AND AMORTIZATION REPORT
 - CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Use No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	COMPUTER SYSTEM	082198SL		5.00	17	1,726.			1,726.	1,726.		0.
23	LASER PRINTER	042899SL		5.00	17	429.			429.	429.		0.
37	HP COMPUTER	021705SL		5.00	17	1,464.			1,464.	1,464.		0.
40	LCD PROJECTOR PRINTER FOR	042806SL		5.00	17	751.			751.	675.		76.
43	COUNSELING SCHREDDER FOR FRONT	011310SL		5.00	17	200.			200.	20.		40.
44	DESK	011310SL		5.00	17	250.			250.	25.		50.
	* 990 PAGE 10 TOTAL							0.	11,568.	11,087.	0.	166.
	OTHER							0.	11,568.	11,087.	0.	166.
	* 990 PAGE 10 TOTAL							0.	11,568.	11,087.	0.	166.
	MACHINERY & EQUIPMENT					11,568.						
1	EQUIPMENT	061586PRE		5.00	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	052589200DB5		5.00	17	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	061489200DB5		5.00	17	304.			304.	304.		0.
4	EQUIPMENT	061689200DB5		5.00	17	606.			606.	606.		0.
5	EQUIPMENT	083189200DB5		5.00	17	688.			688.	688.		0.
6	FAX MACHINE	042494200DB5		5.00	17	286.			286.	286.		0.
7	COPIER	050494200DB5		5.00	17	778.			778.	778.		0.
16	OFFICE EQUIPMENT	060696SL		5.00	17	352.			352.	352.		0.
17	VIDEO & MONITOR	093096SL		5.00	17	402.			402.	402.		0.

2011 DEPRECIATION AND AMORTIZATION REPORT
 - CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Use %	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
21	PAGER REPLACEMENT NEW TELEPHONE	061699SL		5.00	17	409.			409.	409.		0.
22	SYSTEM	092099SL		5.00	17	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101SL		5.00	17	546.			546.	546.		0.
32	NEW COPIER	120204SL		5.00	17	476.		238.	238.	238.		0.
33	DENTAL HANDPIECE SCICAN STATIM	072005SL		5.00	17	636.			636.	636.		0.
34	AUTOCLAVE	072505SL		5.00	17	2,369.			2,369.	2,369.		0.
35	VIDEO EQUIPMENT PANASONIC VOICEMAIL	072705SL		5.00	17	1,228.			1,228.	1,228.		0.
41	EQUIPMENT & SOFTWARE	051507SL		7.00	17	602.			602.	301.		86.
42	KG MACHINE * 990 PAGE 10 TOTAL MACHINERY & EQUIP * 990 PAGE 10 TOTAL	091109SL		5.00	17	2,287.		1,144.	1,143.	343.		229.
						16,724.		1,382.	15,342.	14,241.		315.
						16,724.		1,382.	15,342.	14,241.		315.
	BUILDINGS AIR CONDITIONING											
20	SYSTEM LEASEHOLD	063098SL		39.00	17	3,550.			3,550.	1,141.		91.
25	IMPROVEMENTS LEASEHOLD	051101SL		39.00	17	367.			367.	87.		9.
26	IMPROVEMENTS (HAVC) LEASEHOLD	060401SL		39.00	17	3,947.			3,947.	964.		101.
27	IMPROVEMENTS (CARPET) LEASEHOLD	060801SL		7.00	17	1,960.			1,960.	1,960.		0.
28	IMPROVEMENTS (LIGHT) LEASEHOLD	021401SL		39.00	17	662.			662.	168.		17.
29	IMPROVEMENTS (NEW DOOR)	01001SL		39.00	17	598.			598.	146.		15.

2011 DEPRECIATION AND AMORTIZATION REPORT
 - CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Use Mo.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL BUILDINGS					11,084.		0.	11,084.	4,466.	0.	233.
	* 990 PAGE 10 TOTAL					11,084.		0.	11,084.	4,466.	0.	233.
	* GRAND TOTAL 990 PAGE 10 DEPR					49,867.		1,382.	48,485.	40,065.	0.	828.

- 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	063089200DD	DR	7.00	169.		169.	169.	0.
9	OFFICE FURNITURE	072192SL	SL	7.00	4,790.		4,790.	4,790.	0.
10	WINDOW BLIND	081192SL	SL	7.00	215.		215.	215.	0.
11	CARPETING	082592SL	SL	7.00	1,281.		1,281.	1,281.	0.
15	OFFICE CABINETS	011896SL	SL	7.00	1,319.		1,319.	1,319.	0.
24	USED OFFICE FURNITURE	112900SL	SL	7.00	429.		429.	429.	0.
	SINK UNIT (2) CABINETS W/ 106"								
30	TOP (BLACK)	061501SL	SL	7.00	1,489.		1,489.	1,489.	0.
36	FILE CABINET	082405SL	SL	7.00	461.		461.	429.	32.
38	FILE CABINET	062306SL	SL	7.00	212.		212.	165.	30.
39	FILE CABINET	082306SL	SL	7.00	126.		126.	99.	18.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				10,491.		10,491.	10,385.	80.
	* 990 PAGE 10 TOTAL - OTHER				10,491.		10,491.	10,385.	80.
12	COMPUTER EQUIPMENT	050192SL	SL	5.00	250.		250.	250.	0.
13	COMPUTER EQUIPMENT	050792SL	SL	5.00	1,620.		1,620.	1,620.	0.
14	COMPUTER EQUIPMENT	041194200DB	DB	5.00	3,685.		3,685.	3,685.	0.
18	COMPUTER	071097SL	SL	5.00	1,193.		1,193.	1,193.	0.
19	COMPUTER SYSTEM	082198SL	SL	5.00	1,726.		1,726.	1,726.	0.
23	LASER PRINTER	042899SL	SL	5.00	429.		429.	429.	0.
37	HP COMPUTER	021705SL	SL	5.00	1,464.		1,464.	1,464.	0.
40	LCD PROJECTOR	042806SL	SL	5.00	751.		751.	751.	0.
43	PRINTER FOR COUNSELING	011310SL	SL	5.00	200.		200.	60.	40.
44	SCHREDDER FOR FRONT DESK	011310SL	SL	5.00	250.		250.	75.	50.
	* 990 PAGE 10 TOTAL OTHER				11,568.		11,568.	11,253.	90.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT				11,568.		11,568.	11,253.	90.
1	EQUIPMENT	061586PRE	PRE	5.00	1,826.		1,826.	1,826.	0.
2	EQUIPMENT	052589200DB	DB	5.00	1,696.		1,696.	1,696.	0.
3	EQUIPMENT	061489200DB	DB	5.00	304.		304.	304.	0.
4	EQUIPMENT	061689200DB	DB	5.00	606.		606.	606.	0.
5	EQUIPMENT	083189200DB	DB	5.00	688.		688.	688.	0.

- 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
	6FAX MACHINE	0422494200	DD	5.00	286.		286.	286.	0.
	7COPIER	050494200D	DD	5.00	778.		778.	778.	0.
	16OFFICE EQUIPMENT	0606966SL		5.00	352.		352.	352.	0.
	17VIDEO & MONITOR	0930966SL		5.00	402.		402.	402.	0.
	21PAGER REPLACEMENT	061699SL		5.00	409.		409.	409.	0.
	22NEW TELEPHONE SYSTEM	092099SL		5.00	1,233.		1,233.	1,233.	0.
	31POLAROID CAMERA	052101SL		5.00	546.		546.	546.	0.
	32NEW COPIER	120204SL		5.00	476.	238.	238.	238.	0.
	33DENTAL HANDPIECE	0722005SL		5.00	636.		636.	636.	0.
	34SCICAN STATIM AUTOCLAVE	072505SL		5.00	2,369.		2,369.	2,369.	0.
	35VIDEO EQUIPMENT	0722705SL		5.00	1,228.		1,228.	1,228.	0.
	PANASONIC VOICEMAIL EQUIPMENT&								
	41SOFTWARE	051507SL		7.00	602.		602.	387.	86.
	42ERG MACHINE	091109SL		5.00	2,287.	1,144.	1,143.	572.	229.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				16,724.	1,382.	15,342.	14,556.	315.
	* 990 PAGE 10 TOTAL - BUILDINGS				16,724.	1,382.	15,342.	14,556.	315.
	20AIR CONDITIONING SYSTEM	063098SL		39.00	3,550.		3,550.	1,232.	91.
	25LEASEHOLD IMPROVEMENTS	051101SL		39.00	367.		367.	96.	9.
	26LEASEHOLD IMPROVEMENTS(HAVC)	060401SL		39.00	3,947.		3,947.	1,065.	101.
	27LEASEHOLD IMPROVEMENTS(CARPETING)	060801SL		7.00	1,960.		1,960.	1,960.	0.
	LEASEHOLD IMPROVEMENTS(LIGHTING								
	28(FIXTURES))	021401SL		39.00	662.		662.	185.	17.
	LEASEHOLD IMPROVEMENTS(NEW DOORS &								
	29LOCKS)	041001SL		39.00	598.		598.	161.	15.
	* 990 PAGE 10 TOTAL BUILDINGS				11,084.		11,084.	4,699.	233.
	* 990 PAGE 10 TOTAL -				11,084.		11,084.	4,699.	233.
	* GRAND TOTAL 990 PAGE 10 DEPR				49,867.	1,382.	48,485.	40,893.	718.

2011 DEPRECIATION AND AMORTIZATION REPORT - CURRENT YEAR STATE - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Lim No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
80	OFFICE FURNITURE	063089200DB		7.00	16	169.			169.	169.		0.
90	OFFICE FURNITURE	072192SL		7.00	16	4,790.			4,790.	4,790.		0.
10	WINDOW BLIND	081192SL		7.00	16	215.			215.	215.		0.
11	CARPETTING	082592SL		7.00	16	1,281.			1,281.	1,281.		0.
15	OFFICE CABINETS USED OFFICE	011896SL		7.00	16	1,319.			1,319.	1,319.		0.
24	FURNITURE SINK UNIT (2)	112900SL		7.00	16	429.			429.	429.		0.
30	CABINETS w/ 106" TRO	061501SL		7.00	16	1,489.			1,489.	1,474.		0.
36	FILE CABINET	082405SL		7.00	16	461.			461.	363.		66.
38	FILE CABINET	062306SL		7.00	16	212.			212.	135.		30.
39	FILE CABINET	082306SL		7.00	16	126.			126.	81.		18.
12	COMPUTER EQUIPMENT	050192SL		5.00	16	250.			250.	250.		0.
13	COMPUTER EQUIPMENT	050792SL		5.00	16	1,620.			1,620.	1,620.		0.
14	COMPUTER EQUIPMENT	041194200DB		5.00	16	3,685.			3,685.	3,685.		0.
18	COMPUTER	071097SL		5.00	16	1,193.			1,193.	1,193.		0.
19	COMPUTER SYSTEM	082198SL		5.00	16	1,726.			1,726.	1,726.		0.
23	LASER PRINTER	042899SL		5.00	16	429.			429.	429.		0.
37	HP COMPUTER	021705SL		5.00	16	1,464.			1,464.	1,367.		0.
40	LCD PROJECTOR	042806SL		5.00	16	751.			751.	675.		50.

128192 05-01-11 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2011 DEPRECIATION AND AMORTIZATION REPORT
 - CURRENT YEAR STATE - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Use %	Unadjusted Cost Or Basis	Bus % Fac	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
43	PRINTER FOR COUNSELLING	011310SL		5.00	16	200.			200.	40.		40.
44	SCHREDDER FOR FRONT DESK	011310SL		5.00	16	250.			250.	50.		50.
1	EQUIPMENT	061586PRE		5.00	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	052589200DB5		5.00	16	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	061489200DB5		5.00	16	304.			304.	304.		0.
4	EQUIPMENT	061689200DB5		5.00	16	606.			606.	606.		0.
5	EQUIPMENT	083189200DB5		5.00	16	688.			688.	688.		0.
6	FAX MACHINE	042494200DB5		5.00	16	286.			286.	286.		0.
7	COPIER	050494200DB5		5.00	16	778.			778.	778.		0.
16	OFFICE EQUIPMENT	060696SL		5.00	16	352.			352.	352.		0.
17	VIDEO & MONITOR	093096SL		5.00	16	402.			402.	402.		0.
21	PAGER REPLACEMENT NEW TELEPHONE	061699SL		5.00	16	409.			409.	409.		0.
22	SYSTEM	092099SL		5.00	16	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101SL		5.00	16	546.			546.	546.		0.
32	NEW COPIER	120204SL		5.00	16	476.			476.	332.		0.
33	DENTAL HANDPIECE SCICAN STATIM	072005SL		5.00	16	636.			636.	636.		0.
34	AUTOCLAVE	072505SL		5.00	16	2,369.			2,369.	2,369.		0.
35	VIDEO EQUIPMENT	072705SL		5.00	16	1,228.			1,228.	1,228.		0.

2011 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
	PANASONIC VOICEMAIL											
41	EQUIPMENT & SOFTWARE	051507SL		7.00	16	602.			602.	301.		86.
42	KEG MACHINE	091109SL		5.00	16	2,287.			2,287.	609.		457.
20	AIR CONDITIONING SYSTEM	063098SL		39.00	16	3,550.			3,550.	1,141.		91.
25	LEASEHOLD IMPROVEMENTS	051101SL		39.00	16	367.			367.	87.		9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401SL		39.00	16	3,947.			3,947.	964.		101.
27	LEASEHOLD IMPROVEMENTS (CARPET)	060801SL		7.00	16	1,960.			1,960.	1,937.		0.
28	LEASEHOLD IMPROVEMENTS (LIGHT)	021401SL		39.00	16	662.			662.	168.		17.
29	LEASEHOLD IMPROVEMENTS (NEW DOOR)	041001SL		39.00	16	598.			598.	146.		15.
	TOTAL FORM 199 DEPRECIATION					49,867.			49,867.	40,335.	0.	1,030.
	TOTALS FOR CALIFORNIA					49,867.			49,867.	40,335.	0.	1,030.

- 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	06/30/89	200DB	7.00	169.		169.	169.	0.
9	OFFICE FURNITURE	07/21/92	SL	7.00	4,790.		4,790.	4,790.	0.
10	WINDOW BLIND	08/11/92	SL	7.00	215.		215.	215.	0.
11	CARPETING	08/25/92	SL	7.00	1,281.		1,281.	1,281.	0.
15	OFFICE CABINETS	01/18/96	SL	7.00	1,319.		1,319.	1,319.	0.
24	USED OFFICE FURNITURE	11/29/00	SL	7.00	429.		429.	429.	0.
30	SINK UNIT (2) CABINETS W/ 106" TOP	06/15/01	SL	7.00	1,489.		1,489.	1,474.	0.
36	FILE CABINET	08/24/05	SL	7.00	461.		461.	429.	32.
38	FILE CABINET	06/23/06	SL	7.00	212.		212.	165.	30.
39	FILE CABINET	08/23/06	SL	7.00	126.		126.	99.	18.
12	COMPUTER EQUIPMENT	05/01/92	SL	5.00	250.		250.	250.	0.
13	COMPUTER EQUIPMENT	05/07/92	SL	5.00	1,620.		1,620.	1,620.	0.
14	COMPUTER EQUIPMENT	04/11/94	200DB	5.00	3,685.		3,685.	3,685.	0.
18	COMPUTER	07/10/97	SL	5.00	1,193.		1,193.	1,193.	0.
19	COMPUTER SYSTEM	08/21/98	SL	5.00	1,726.		1,726.	1,726.	0.
23	LASER PRINTER	04/28/99	SL	5.00	429.		429.	429.	0.
37	HP COMPUTER	02/17/05	SL	5.00	1,464.		1,464.	1,367.	0.
40	LCD PROJECTOR	04/28/06	SL	5.00	751.		751.	725.	0.
43	PRINTER FOR COUNSELING	01/13/08	SL	5.00	200.		200.	80.	40.
44	SCHREDDER FOR FRONT DESK	01/13/08	SL	5.00	250.		250.	100.	50.
1	EQUIPMENT	06/15/86	PRE	5.00	1,826.		1,826.	1,826.	0.
2	EQUIPMENT	05/25/89	200DB	5.00	1,696.		1,696.	1,696.	0.
3	EQUIPMENT	06/14/89	200DB	5.00	304.		304.	304.	0.
4	EQUIPMENT	06/16/89	200DB	5.00	606.		606.	606.	0.
5	EQUIPMENT	08/31/89	200DB	5.00	688.		688.	688.	0.
6	FAX MACHINE	04/24/94	200DB	5.00	286.		286.	286.	0.
7	COPIER	05/04/94	200DB	5.00	778.		778.	778.	0.
16	OFFICE EQUIPMENT	06/06/96	SL	5.00	352.		352.	352.	0.
17	VIDEO & MONITOR	09/30/96	SL	5.00	402.		402.	402.	0.
21	PAGER REPLACEMENT	06/16/99	SL	5.00	409.		409.	409.	0.
22	NEW TELEPHONE SYSTEM	09/20/99	SL	5.00	1,233.		1,233.	1,233.	0.
31	POLAROID CAMERA	05/21/01	SL	5.00	546.		546.	546.	0.
32	NEW COPIER	12/02/04	SL	5.00	476.		476.	332.	0.
33	DENTAL HANDPIECE	07/20/05	SL	5.00	636.		636.	636.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
34	SCICAN STATIM AUTOCLAVE	07/25/05	SL	5.00	2,369.		2,369.	2,369.	0.
35	VIDEO EQUIPMENT	07/27/05	SL	5.00	1,228.		1,228.	1,228.	0.
41	PANASONIC VOICEMAIL EQUIPMENT & SOFTWARE	05/15/07	SL	7.00	602.		602.	387.	86.
42	ERG MACHINE	09/11/09	SL	5.00	2,287.		2,287.	1,066.	457.
20	AIR CONDITIONING SYSTEM	06/30/98	SL	39.00	3,550.		3,550.	1,232.	91.
25	LEASEHOLD IMPROVEMENTS	05/11/01	SL	39.00	367.		367.	96.	9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	06/04/01	SL	39.00	3,947.		3,947.	1,065.	101.
27	LEASEHOLD IMPROVEMENTS (CARPETING)	06/08/01	SL	7.00	1,960.		1,960.	1,937.	0.
28	LEASEHOLD IMPROVEMENTS (LIGHTING FIXTURES)	02/14/01	SL	39.00	662.		662.	185.	17.
29	LEASEHOLD IMPROVEMENTS (NEW DOORS & LOCKS)	10/41/00	SL	39.00	598.		598.	161.	15.
	TOTAL FORM 199 DEPRECIATION				49,867.		49,867.	41,365.	946.
	TOTALS FOR CALIFORNIA				49,867.		49,867.	41,365.	946.