

Form **990**

**Return of Organization Exempt From Income Tax**

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

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2017 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**FREE CLINIC OF SIMI VALLEY**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**2060 TAPO ST**  
 City or town, state or province, country, and ZIP or foreign postal code  
**SIMI VALLEY, CA 93063-3417**

**D** Employer identification number  
**23-7108154**

**E** Telephone number  
**(805) 522-3733**

**G** Gross receipts \$ **354,042.**

**H(a)** Is this a group return for subordinates? .....  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.FREECLINICSV.COM**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1971** **M** State of legal domicile: **CA**

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>MEDICAL, DENTAL &amp; COUNSELING SERVICES FOR THE GENERAL PUBLIC</b>		
	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 2017 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	165
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 448,204.	Current Year 236,383.
	9	Program service revenue (Part VIII, line 2g)	120,701.	117,177.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	598.	482.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-18,958.	-27,325.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	550,545.	326,717.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	209,615.	211,382.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	7,500.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>37,476.</b>		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	150,058.	297,542.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	359,673.	516,424.
	19	Revenue less expenses. Subtract line 18 from line 12	190,872.	-189,707.
	20	Total assets (Part X, line 16)	Beginning of Current Year 750,364.	End of Year 703,795.
	21	Total liabilities (Part X, line 26)	0.	143,138.
22	Net assets or fund balances. Subtract line 21 from line 20	750,364.	560,657.	

**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** Date: \_\_\_\_\_

Type or print name and title

**Prepared By**

Print/Type preparer's name: **MICHAEL P. FISCHER** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  PTIN: **P00223947**

**Preparer Use Only**

Firm's name: **MICHAEL P. FISCHER, C.P.A.** Firm's EIN: **77-0165080**

Firm's address: **65 WEST EASY ST SUITE 205 SIMI VALLEY, CA 93065-6202** Phone no. **(805) 522-3771**

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 132,907. including grants of \$ ) (Revenue \$ 49,110.) MEDICAL & LEGAL SERVICES

4b (Code: ) (Expenses \$ 64,450. including grants of \$ ) (Revenue \$ 13,422.) FAMILY COUNSELING SERVICES

4c (Code: ) (Expenses \$ 236,929. including grants of \$ ) (Revenue \$ 54,645.) DENTAL SERVICES

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

4e Total program service expenses 434,286.

**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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, 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 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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 11b 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 74501		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 10		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
	<b>2a</b> 8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders		
	<b>11a</b>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	<b>12b</b>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.		
	<b>13a</b>		
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		
	<b>13b</b>		
c	Enter the amount of reserves on hand		
	<b>13c</b>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**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		X
b		
10b		
11a	X	
b		
11a	X	
12a	X	
b	X	
12b	X	
c		X
12c		X
13	X	
14	X	
15		
a	X	
b	X	
15a	X	
b	X	
15b	X	
16a		X
b		
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.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **FRED BAUERMEISTER - (805)522-3733**  
**2060 TAPO ST, SIMI VALLEY, CA 93063**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HARRY VANDYCK DIRECTOR	1.00	X					0.	0.	0.	
(2) FRED BAUERMEISTER EXECUTIVE DIRECTOR	40.00	X					80,693.	0.	0.	
(3) PHYLLIS WILSON, MA MFT DIRECTOR	1.00	X					0.	0.	0.	
(4) DON STURT DIRECTOR	1.00	X					0.	0.	0.	
(5) VINCENT DULCICH TREASURER	1.00	X					0.	0.	0.	
(6) POLLY VLASSIC DIRECTOR	1.00	X					0.	0.	0.	
(7) CURT WITEBY DIRECTOR	1.00	X					0.	0.	0.	
(8) MANE' BERBEL DIRECTOR	1.00	X					0.	0.	0.	
(9) DON ERICKSON DIRECTOR	1.00	X					0.	0.	0.	
(10) TRACEY YOUNG SECRETARY	1.00	X					0.	0.	0.	
(11) JILL HANEY DIRECTOR	1.00	X					0.	0.	0.	
(12) MAGGIE KESTLY PRESIDENT	1.00			X			0.	0.	0.	
(13) REV. RON HYRCHUK PAST PRESIDENT	1.00			X			0.	0.	0.	
(14) KURT FREDRICKSON DIRECTOR	1.00			X			0.	0.	0.	
(15) KELLY ANN GAINES DIRECTOR	1.00			X			0.	0.	0.	
(16) JOHN LINDSEY VICE PRESIDENT	1.00			X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b</b> Sub-total .....							80,693.	0.	0.	
<b>c</b> Total from continuation sheets to Part VII, Section A .....							0.	0.	0.	
<b>d</b> Total (add lines 1b and 1c) .....							80,693.	0.	0.	

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

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	108,441.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	127,942.				
	g Noncash contributions included in lines 1a-1f: \$						
	<b>h Total. Add lines 1a-1f</b>		<b>236,383.</b>				
Program Service Revenue	2 a <b>PROGRAM SERVICE FEES</b>	Business Code 624100	117,177.	117,177.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>		<b>117,177.</b>				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		482.			482.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 108,441. of contributions reported on line 1c). See Part IV, line 18	a	0.				
		b Less: direct expenses	b	27,325.			
		<b>c Net income or (loss) from fundraising events</b>		<b>-27,325.</b>			<b>-27,325.</b>
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
<b>c Net income or (loss) from gaming activities</b>							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	<b>c Net income or (loss) from sales of inventory</b>						
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
<b>e Total. Add lines 11a-11d</b>							
<b>12 Total revenue. See instructions.</b>			<b>326,717.</b>	<b>117,177.</b>	<b>0.</b>	<b>-26,843.</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	80,693.	61,327.	10,490.	8,876.
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	115,668.	87,908.	15,037.	12,723.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,021.	11,416.	1,953.	1,652.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	19,490.	14,812.	2,534.	2,144.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	7,500.			7,500.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	35,697.	35,533.	89.	75.
12 Advertising and promotion	2,096.	1,593.	272.	231.
13 Office expenses	4,309.	3,275.	560.	474.
14 Information technology				
15 Royalties				
16 Occupancy	25,360.	19,273.	3,297.	2,790.
17 Travel	3,937.		3,937.	
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	2,135.	337.	1,798.	
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 <b>REFUND OF GRANT</b>	150,000.	150,000.		
b <b>ASSISTANCE TO CLIENTS</b>	12,183.	12,183.		
c <b>MEDICAL SUPPLIES</b>	11,736.	11,736.		
d <b>INSURANCE</b>	8,417.	6,397.	2,020.	
e All other expenses	22,182.	18,496.	2,675.	1,011.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	516,424.	434,286.	44,662.	37,476.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	72,814.	1	54,457.
	2	Savings and temporary cash investments	457,092.	2	414,179.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 66,679.		
	b	Less: accumulated depreciation	10b 48,558.	6,920.	10c 18,121.
	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	213,538.	15	217,038.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	750,364.	16	703,795.	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	143,138.
	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	<b>Total liabilities.</b> Add lines 17 through 25		0.	26 143,138.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds	0.	30	0.
	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds	750,364.	32	560,657.
	33	<b>Total net assets or fund balances</b>	750,364.	33	560,657.
34	<b>Total liabilities and net assets/fund balances</b>	750,364.	34	703,795.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	326,717.
2	Total expenses (must equal Part IX, column (A), line 25)	2	516,424.
3	Revenue less expenses. Subtract line 2 from line 1	3	-189,707.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	750,364.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	560,657.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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.		
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		

Form 990 (2017)

SCHEDULE A  
(Form 990 or 990-EZ)

Public Charity Status and Public Support  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

FREE CLINIC OF SIMI VALLEY

Employer identification number

23-7108154

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	292,696.	264,329.	713,002.	568,905.	353,560.	2192492.
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 .....	292,696.	264,329.	713,002.	568,905.	353,560.	2192492.
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 1, column (f) .....						
6 Public support. Subtract line 5 from line 4.						2192492.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4 .....	292,696.	264,329.	713,002.	568,905.	353,560.	2192492.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	46.	41.	182.	598.	482.	1,349.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 Total support. Add lines 7 through 10 .....						2193841.
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 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	99.94 %
15 Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	99.96 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.) .....						

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

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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			



**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

Employer identification number

**FREE CLINIC OF SIMI VALLEY**

**23-7108154**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2017)

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	BLUE SHIELD OF CALIFORNIA 50 BEALE STREET SAN FRANCISCO, CA 94105-1808	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KAISER PERMANENTE 5601 DE SOTO AVE WOODLAND HILLS, CA 91365	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LIVINGSTON MEMORIAL 2801 TOWNSGATE ROAD SUITE 200 WESTLAKE VILLAGE, CA 91361	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SWIFT MEMORIAL FOUNDATION 1317 DEL NORTE RD. STE#150 CAMARILLO, CA 93010	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CITY OF SIMI VALLEY-COMMUNITY DEVELOPMENT BLOCK GRANT 2929 TAPO CANYON RD SIMI VALLEY, CA 93063	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DELTA DENTAL ONE DELTA DRIVE MECHANICSBURG, PA 17055	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FREE CLINIC OF SIMI VALLEY</b>	Employer identification number <b>23-7108154</b>
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**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	<p><b>ROTARY CLUB FOUNDATION</b></p> <p>P.O. BOX 524</p> <p>SIMI VALLEY, CA 93062-0524</p>	\$ 11,824.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FREE CLINIC OF SIMI VALLEY</b>	Employer identification number <b>23-7108154</b>
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**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 <b>FREE CLINIC OF SIMI VALLEY</b>	Employer identification number <b>23-7108154</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

**FREE CLINIC OF SIMI VALLEY**

Employer identification number

**23-7108154**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		11,084.	6,097.	4,987.
c Leasehold improvements				
d Equipment		17,176.	17,153.	23.
e Other		38,419.	25,308.	13,111.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,121.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	193,538.
(2) DUE FROM SIMI VALLEY COMMUNITY FUND	23,500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 217,038.	

**Part X Other Liabilities.**

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	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 XIII.)	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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

1	Total expenses and losses per audited financial statements		1	
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 XIII.)	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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

DEPRECIATION VARIANCE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DEPRECIATION VARIANCE

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

**Part XIII** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		HEALTH EXPO (event type)	FRIENDS OF THE FREE CLI (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	53,454.	36,487.	18,500.	108,441.
	2	Less: Contributions	53,454.	36,487.	18,500.	108,441.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
	11	Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		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. Subtract line 7 from line 1, column (d)				

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

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







SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2017

Open to Public  
Inspection

Name of the organization

FREE CLINIC OF SIMI VALLEY

Employer identification number

23-7108154

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

COMMUNITY

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

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

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization <b>FREE CLINIC OF SIMI VALLEY</b>	Employer identification number <b>23-7108154</b>
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THE ORGANIZATION OR, IF THE PERSON REFUSES TO RESIGN, BECOME SUBJECT TO POSSIBLE REMOVAL IN ACCORDANCE WITH THE ORGANIZATIONS REMOVAL PROCEDURES. THE ORGANIZATION'S EMPLOYED EXECUTIVE DIRECTOR WILL MONITOR PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND DISCLOSE THEM TO THE CHAIRMAN OF THE BOARD OF DIRECTORS IN ORDER TO DEAL WITH POTENTIAL OR ACTUAL CONFLICTS, WHETHER DISCOVERED BEFORE OR AFTER THE TRANSACTION HAS OCCURRED.

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

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

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

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

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

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

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
51	RITTER 107 EXAM	06/15/16	SL	5.00		HVL7	750.				750.	75.		150.	225.
	VACUUM & AIR COMPRESSOR FOR														
52	DENTAL CLINIC	03/08/17	SL	5.00		HVL9B	6,100.				6,100.			610.	610.
	DENTAL EQUIP-(2) SCHICK														
53	SENORS & CONNECTION BOX	04/20/17	SL	5.00		HVL9B	7,236.				7,236.			724.	724.
	* 990 PAGE 10 TOTAL														
	MANAGEMENT AND GENERAL						14,086.				14,086.	75.		1,484.	1,559.
	FURNITURE & FIXTURES														
8	OFFICE FURNITURE	06/30/89	200DB	7.00		HVL7	169.				169.	169.		0.	169.
9	OFFICE FURNITURE	07/21/92	SL	7.00		HVL7	4,790.				4,790.	4,790.		0.	4,790.
10	WINDOW BLIND	08/11/92	SL	7.00		HVL7	215.				215.	215.		0.	215.
11	CARPETING	08/25/92	SL	7.00		HVL7	1,281.				1,281.	1,281.		0.	1,281.
15	OFFICE CABINETS	01/18/96	SL	7.00		HVL7	1,319.				1,319.	1,319.		0.	1,319.
24	USED OFFICE FURNITURE	11/29/00	SL	7.00		MOI7	429.				429.	429.		0.	429.
	SINK UNIT (2) CABINETS W/														
30	106" TOP(BLACK)	06/15/01	SL	7.00		HVL7	1,489.				1,489.	1,489.		0.	1,489.
36	FILE CABINET	08/24/05	SL	7.00		HVL7	461.				461.	461.		0.	461.
38	FILE CABINET	06/23/06	SL	7.00		HVL7	212.				212.	212.		0.	212.
39	FILE CABINET	08/23/06	SL	7.00		HVL7	126.				126.	126.		0.	126.
	* 990 PAGE 10 TOTAL						10,491.				10,491.	10,491.		0.	10,491.
	FURNITURE & FIXTURES														
	* 990 PAGE 10 TOTAL -						24,577.				24,577.	10,566.		1,484.	12,050.

728111 04-01-17

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
45	PRINTER FOR COUNSELING	08/19/13	SL	5.00		HV17	452.			226.	226.	158.		45.	203.
	* 990 PAGE 10 TOTAL						452.			226.	226.	158.		45.	203.
	MACHINERY & EQUIPMENT														
	OTHER														
12	COMPUTER EQUIPMENT	05/01/92	SL	5.00		HV17	250.				250.	250.		0.	250.
13	COMPUTER EQUIPMENT	05/07/92	SL	5.00		HV17	1,620.				1,620.	1,620.		0.	1,620.
14	COMPUTER EQUIPMENT	04/11/94	200DB	5.00		HV17	3,685.				3,685.	3,685.		0.	3,685.
18	COMPUTER	07/10/97	SL	5.00		HV17	1,193.				1,193.	1,193.		0.	1,193.
19	COMPUTER SYSTEM	08/21/98	SL	5.00		HV17	1,726.				1,726.	1,726.		0.	1,726.
23	LASER PRINTER	04/28/99	SL	5.00		HV17	429.				429.	429.		0.	429.
37	HP COMPUTER	02/17/05	SL	5.00		HV17	1,464.				1,464.	1,464.		0.	1,464.
40	LCD PROJECTOR	04/28/06	SL	5.00		HV17	751.				751.	751.		0.	751.
43	PRINTER FOR COUNSELING	01/13/10	SL	5.00		HV17	200.				200.	200.		0.	200.
44	SHREDDER FOR FRONT DESK	01/13/10	SL	5.00		HV17	250.				250.	250.		0.	250.
	LAPTOP & REFORBISHED														
47	COMPUTER TOWER	01/09/13	SL	5.00		HV17	450.			225.	225.	158.		45.	203.
	* 990 PAGE 10 TOTAL OTHER						12,018.			225.	11,793.	11,726.		45.	11,771.
	* 990 PAGE 10 TOTAL -						12,470.			451.	12,019.	11,884.		90.	11,974.
	MACHINERY & EQUIPMENT														

728111 04-01-17

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	EQUIPMENT	06/15/86	PRE	5.00		HVL6	1,826.				1,826.	1,826.	0.	0.	1,826.
2	EQUIPMENT	05/25/89	200DE	5.00		HVL7	1,696.				1,696.	1,696.	0.	0.	1,696.
3	EQUIPMENT	06/14/89	200DE	5.00		HVL7	304.				304.	304.	0.	0.	304.
4	EQUIPMENT	06/16/89	200DE	5.00		HVL7	606.				606.	606.	0.	0.	606.
5	EQUIPMENT	08/31/89	200DE	5.00		HVL7	688.				688.	688.	0.	0.	688.
6	PAX MACHINE	04/24/94	200DE	5.00		HVL7	286.				286.	286.	0.	0.	286.
7	COPIER	05/04/94	200DE	5.00		HVL7	778.				778.	778.	0.	0.	778.
16	OFFICE EQUIPMENT	06/06/96	SL	5.00		HVL7	352.				352.	352.	0.	0.	352.
17	VIDEO & MONITOR	09/30/96	SL	5.00		HVL7	402.				402.	402.	0.	0.	402.
21	PAGER REPLACEMENT	06/16/99	SL	5.00		HVL7	409.				409.	409.	0.	0.	409.
22	NEW TELEPHONE SYSTEM	09/20/99	SL	5.00		HVL7	1,233.				1,233.	1,233.	0.	0.	1,233.
31	POLAROID CAMERA	05/21/01	SL	5.00		HVL7	546.				546.	546.	0.	0.	546.
32	NEW COPIER	12/02/04	SL	5.00		MQL7	475.			238.	238.	238.	0.	0.	238.
33	DENTAL HANDPIECE	07/20/05	SL	5.00		HVL7	636.				636.	636.	0.	0.	636.
34	SCICAN STATIM AUTOCLAVE	07/25/05	SL	5.00		HVL7	2,369.				2,369.	2,369.	0.	0.	2,369.
35	VIDEO EQUIPMENT	07/27/05	SL	5.00		HVL7	1,228.				1,228.	1,228.	0.	0.	1,228.
41	PANASONIC VOICEMAIL EQUIPMENT & SOFTWARE	05/15/07	SL	7.00		HVL7	602.				602.	602.	0.	0.	602.
42	EKG MACHINE	09/11/09	SL	5.00		HVL7	2,287.			1,144.	1,143.	1,143.	0.	0.	1,143.

728111 04-01-17

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL						16,724.			1,382.	15,342.	15,342.		0.	15,342.
	MACHINERY & EQUIPMENT														
	OTHER														
46	URINE ANALYZER	12/13/13	SL	5.00		HXL7	364.			182.	182.	126.	36.	36.	162.
	SPT ENERGY STAR 1.1 CF														
48	UPRIGHT WHITE FREEZER	09/23/14	SL	5.00		HXL7	230.			230.	230.	115.	46.	46.	161.
	FRIGIDAIRE 16.7 CF														
49	FREEZERLESS REFRIGERATOR	09/23/14	SL	5.00		HXL7	705.			705.	705.	353.	141.	141.	494.
	EPSON EX5220 XGA3 LCD														
50	PROJECTOR FOR CLINIC	04/08/15	SL	5.00		HXL7	525.			525.	525.	158.	105.	105.	263.
	* 990 PAGE 10 TOTAL OTHER						1,824.			182.	1,642.	752.	328.	328.	1,080.
	* 990 PAGE 10 TOTAL -						18,548.			1,564.	16,984.	16,094.	328.	328.	16,422.
	BUILDINGS														
20	AIR CONDITIONING SYSTEM	06/30/98	SL	39.00		MM17	3,550.				3,550.	1,687.	91.	91.	1,778.
	LEASEHOLD IMPROVEMENTS														
25	LEASEHOLD IMPROVEMENTS	05/11/01	SL	39.00		MM17	367.				367.	141.	9.	9.	150.
	LEASEHOLD IMPROVEMENTS(HAVC)														
26	LEASEHOLD IMPROVEMENTS(HAVC)	06/04/01	SL	39.00		MM17	3,947.				3,947.	1,570.	101.	101.	1,671.
	LEASEHOLD														
27	IMPROVEMENTS(CARPETING)	06/08/01	SL	7.00		HXL7	1,960.				1,960.	1,960.	0.	0.	1,960.
	LEASEHOLD														
28	IMPROVEMENTS(LIGHTING FIXTURE)	02/14/01	SL	39.00		MM17	662.				662.	270.	17.	17.	287.
	LEASEHOLD IMPROVEMENTS(NEW)														
29	DOORS & LOCKS	04/10/01	SL	39.00		MM17	598.				598.	236.	15.	15.	251.
	* 990 PAGE 10 TOTAL						11,084.				11,084.	5,864.	233.	233.	6,097.
	BUILDINGS														
	* 990 PAGE 10 TOTAL -						11,084.				11,084.	5,864.	233.	233.	6,097.
	* GRAND TOTAL 990 PAGE 10						66,679.			2,015.	64,664.	44,408.	2,135.	2,135.	46,543.
	DEPR														

728111 04-01-17

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
	CURRENT YEAR ACTIVITY															
	BEGINNING BALANCE						53,343.			2,015.	51,328.	44,408.			45,203.	
	ACQUISITIONS						13,336.			0.	13,336.	0.			1,334.	
	DISPOSITIONS						0.			0.	0.	0.			0.	
	ENDING BALANCE						66,679.			2,015.	64,664.	44,408.			46,543.	
	ENDING ACCUM DEPR											48,558.				
	ENDING BOOK VALUE											18,121.				

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**FREE CLINIC OF SIMI VALLEY**

**FORM 990 PAGE 10**

**23-7108154**

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

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

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

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	801.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		13,336.	5 YRS.	HY	SL	1,334.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,135.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

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

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

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

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

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

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

Table with 9 columns for property used more than 50% in a qualified business use.

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

Table with 9 columns for property used 50% or less in a qualified business use.

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

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

Section B - Information on Use of Vehicles

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

Table with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows 30-36 include questions about business/investment miles, commuting miles, personal use, and availability.

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

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

Table with 2 columns: Yes, No. Rows 37-41 include questions about written policies, personal use, and requirements for demonstration use.

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

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2017 tax year:

Table with 6 columns for amortization of costs that begins during the 2017 tax year.

43 Amortization of costs that began before your 2017 tax year 43

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

2017 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MANAGEMENT AND GENERAL											
51	RITTER 107 EXAM VACUUM & AIR	061516SL		5.00	17	750.			750.	75.		150.
52	COMPRESSOR FOR DENTAL EQUIP-(2)	030817SL		5.00	19B	6,100.			6,100.			610.
53	SCHICK SENORS & CON * 990 PAGE 10 TOTAL	042017SL		5.00	19B	7,236.			7,236.			724.
	MANAGEMENT AND GEN FURNITURE & FIXTURES					14,086.		0.	14,086.	75.		1,484.
8	OFFICE FURNITURE	06308920DB		7.00	17	169.			169.	169.		0.
9	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" TO	061501SL		7.00	17	1,489.			1,489.	1,489.		0.
36	FILE CABINET	082405SL		7.00	17	461.			461.	461.		0.
38	FILE CABINET	062306SL		7.00	17	212.			212.	212.		0.
39	FILE CABINET * 990 PAGE 10 TOTAL	082306SL		7.00	17	126.			126.	126.		0.
	FURNITURE & FIXTUR * 990 PAGE 10 TOTAL					10,491.		0.	10,491.	10,491.		0.
						24,577.		0.	24,577.	10,566.		1,484.

2017 DEPRECIATION AND AMORTIZATION REPORT  
 - CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
45	MACHINERY & EQUIPMENT PRINTER FOR COUNSELING * 990 PAGE 10 TOTAL	081913SL		5.00	17	452.		226.	226.	158.		45.
	MACHINERY & EQUIPM OTHER					452.		226.	226.	158.		45.
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.
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.	751.		0.
43	COUNSELING SHREDDER FOR FRONT	011310SL		5.00	17	200.			200.	200.		0.
44	DESK LAPTOP &	011310SL		5.00	17	250.			250.	250.		0.
47	REFURBISHED COMPUTE * 990 PAGE 10 TOTAL	010913SL		5.00	17	450.		225.	225.	158.		45.
	OTHER * 990 PAGE 10 TOTAL					12,018.		225.	11,793.	11,726.		45.
	MACHINERY & EQUIPMENT					12,470.		451.	12,019.	11,884.		90.

2017 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	EQUIPMENT	061586	PRE	5.00	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	052589	200DB	5.00	17	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	061489	200DB	5.00	17	304.			304.	304.		0.
4	EQUIPMENT	061689	200DB	5.00	17	606.			606.	606.		0.
5	EQUIPMENT	083189	200DB	5.00	17	688.			688.	688.		0.
6	FAX MACHINE	042494	200DB	5.00	17	286.			286.	286.		0.
7	COPIER	050494	200DB	5.00	17	778.			778.	778.		0.
16	OFFICE EQUIPMENT	060696	SL	5.00	17	352.			352.	352.		0.
17	VIDEO & MONITOR	093096	SL	5.00	17	402.			402.	402.		0.
21	PAGER REPLACEMENT NEW TELEPHONE	061699	SL	5.00	17	409.			409.	409.		0.
22	SYSTEM	092099	SL	5.00	17	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101	SL	5.00	17	546.			546.	546.		0.
32	NEW COPIER	120204	SL	5.00	17	476.		238.	238.	238.		0.
33	DENTAL HANDPIECE SCICAN STATIM	072005	SL	5.00	17	636.			636.	636.		0.
34	AUTOCLAVE	072505	SL	5.00	17	2,369.			2,369.	2,369.		0.
35	VIDEO EQUIPMENT PANASONIC VOICEMAIL	072705	SL	5.00	17	1,228.			1,228.	1,228.		0.
41	EQUIPMENT & SOFTWARE	051507	SL	7.00	17	602.			602.	602.		0.
42	EKG MACHINE	091109	SL	5.00	17	2,287.		1,144.	1,143.	1,143.		0.

2017 DEPRECIATION AND AMORTIZATION REPORT  
 - CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL					16,724.		1,382.	15,342.	15,342.		0.
	MACHINERY & EQUIPM											
	OTHER											
46	URINE ANALYZER	121313SL		5.00	17	364.		182.	182.	126.		36.
	SPT ENERGY STAR 1.1											
48	CF UPRIGHT WHITE F	092314SL		5.00	17	230.			230.	115.		46.
	FRIGIDAIRE 16.7 CF											
49	FREEZERLESS REFRIG	092314SL		5.00	17	705.			705.	353.		141.
	EPSON EX5220 XGA3											
50	LCD PROJECTOR FOR C	040815SL		5.00	17	525.			525.	158.		105.
	* 990 PAGE 10 TOTAL					1,824.		182.	1,642.	752.		328.
	OTHER											
	* 990 PAGE 10 TOTAL					18,548.		1,564.	16,984.	16,094.		328.
	BUILDINGS											
	AIR CONDITIONING											
20	SYSTEM	063098SL		39.00	17	3,550.			3,550.	1,687.		91.
	LEASEHOLD											
25	IMPROVEMENTS	051101SL		39.00	17	367.			367.	141.		9.
	LEASEHOLD											
26	IMPROVEMENTS (HAVC)	060401SL		39.00	17	3,947.			3,947.	1,570.		101.
	LEASEHOLD											
27	IMPROVEMENTS (CARPET)	060801SL		7.00	17	1,960.			1,960.	1,960.		0.
	LEASEHOLD											
28	IMPROVEMENTS (LIGHTI	021401SL		39.00	17	662.			662.	270.		17.
	LEASEHOLD											
29	IMPROVEMENTS (NEW DO	041001SL		39.00	17	598.			598.	236.		15.
	* 990 PAGE 10 TOTAL					11,084.		0.	11,084.	5,864.		233.
	BUILDINGS											
	* 990 PAGE 10 TOTAL					11,084.		0.	11,084.	5,864.		233.
	* GRAND TOTAL 990					66,679.		2,015.	64,664.	44,408.		2,135.
	PAGE 10 DEPR											

**2017 DEPRECIATION AND AMORTIZATION REPORT**  
**- CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY**

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	<b>CURRENT YEAR ACTIVITY</b>											
	BEGINNING BALANCE					53,343.		2,015.	51,328.	44,408.		
	ACQUISITIONS					13,336.		0.	13,336.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					66,679.		2,015.	64,664.	44,408.		

728102 04-01-17 (D) - Asset disposed • ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction



- 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
51	MANAGEMENT AND GENERAL RITTER 107 EXAM	061516SL		5.00	750.		750.	225.	150.
52	VACUUM & AIR COMPRESSOR FOR DENTAL CLINIC	030817SL		5.00	6,100.		6,100.	610.	1,220.
53	DENTAL EQUIP-(2) SCHICK SENORS & CONNECTION BOX	042017SL		5.00	7,236.		7,236.	724.	1,447.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL				14,086.		14,086.	1,559.	2,817.
8	FURNITURE & FIXTURES	063089200DB		7.00	169.		169.	169.	0.
9	OFFICE FURNITURE	072192SL		7.00	4,790.		4,790.	4,790.	0.
10	OFFICE FURNITURE	081192SL		7.00	215.		215.	215.	0.
11	WINDOW BLIND	082592SL		7.00	1,281.		1,281.	1,281.	0.
15	CARPETING	011896SL		7.00	1,319.		1,319.	1,319.	0.
24	OFFICE CABINETS	112900SL		7.00	429.		429.	429.	0.
24	USED OFFICE FURNITURE								
	SINK UNIT (2) CABINETS W/ 106"								
30	TOP(BLACK)	061501SL		7.00	1,489.		1,489.	1,489.	0.
36	FILE CABINET	082405SL		7.00	461.		461.	461.	0.
38	FILE CABINET	062306SL		7.00	212.		212.	212.	0.
39	FILE CABINET	082306SL		7.00	126.		126.	126.	0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				10,491.		10,491.	10,491.	0.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT				24,577.		24,577.	12,050.	2,817.
45	PRINTER FOR COUNSELING	081913SL		5.00	452.	226.	226.	203.	23.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				452.	226.	226.	203.	23.
	OTHER								
12	COMPUTER EQUIPMENT	050192SL		5.00	250.		250.	250.	0.
13	COMPUTER EQUIPMENT	050792SL		5.00	1,620.		1,620.	1,620.	0.
14	COMPUTER EQUIPMENT	041194200DB		5.00	3,685.		3,685.	3,685.	0.
18	COMPUTER	071097SL		5.00	1,193.		1,193.	1,193.	0.
19	COMPUTER SYSTEM	082198SL		5.00	1,726.		1,726.	1,726.	0.
23	LASER PRINTER	042899SL		5.00	429.		429.	429.	0.

(D) - Asset disposed

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

- 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
37	HP COMPUTER	021705SL		5.00	1,464.		1,464.	1,464.	0.
40	LCD PROJECTOR	042806SL		5.00	751.		751.	751.	0.
43	PRINTER FOR COUNSELING	011310SL		5.00	200.		200.	200.	0.
44	SHREDDER FOR FRONT DESK	011310SL		5.00	250.		250.	250.	0.
47	LAPTOP & REFURBISHED COMPUTER TOWER	010913SL		5.00	450.	225.	225.	203.	22.
	* 990 PAGE 10 TOTAL OTHER				12,018.	225.	11,793.	11,771.	22.
	* 990 PAGE 10 TOTAL -				12,470.	451.	12,019.	11,974.	45.
	MACHINERY & EQUIPMENT								
1	EQUIPMENT	061586PRE		5.00	1,826.		1,826.	1,826.	0.
2	EQUIPMENT	052589200DB5		5.00	1,696.		1,696.	1,696.	0.
3	EQUIPMENT	061489200DB5		5.00	304.		304.	304.	0.
4	EQUIPMENT	061689200DB5		5.00	606.		606.	606.	0.
5	EQUIPMENT	083189200DB5		5.00	688.		688.	688.	0.
6	FAX MACHINE	042494200DB5		5.00	286.		286.	286.	0.
7	COPIER	050494200DB5		5.00	778.		778.	778.	0.
16	OFFICE EQUIPMENT	060696SL		5.00	352.		352.	352.	0.
17	VIDEO & MONITOR	093096SL		5.00	402.		402.	402.	0.
21	PAGER REPLACEMENT	061699SL		5.00	409.		409.	409.	0.
22	NEW TELEPHONE SYSTEM	092099SL		5.00	1,233.		1,233.	1,233.	0.
31	POLAROID CAMERA	052101SL		5.00	546.		546.	546.	0.
32	NEW COPIER	120204SL		5.00	476.	238.	238.	238.	0.
33	DENTAL HANDPIECE	072005SL		5.00	636.		636.	636.	0.
34	SCICAN STATIM AUTOCLAVE	072505SL		5.00	2,369.		2,369.	2,369.	0.
35	VIDEO EQUIPMENT	072705SL		5.00	1,228.		1,228.	1,228.	0.
	PANASONIC VOICEMAIL EQUIPMENT&								
41	SOFTWARE	051507SL		7.00	602.		602.	602.	0.
42	EKG MACHINE	091109SL		5.00	2,287.	1,144.	1,143.	1,143.	0.
	* 990 PAGE 10 TOTAL MACHINERY &				16,724.	1,382.	15,342.	15,342.	0.
	EQUIPMENT								
	OTHER								
46	URINE ANALYZER	121313SL		5.00	364.	182.	182.	162.	20.
	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE								
48	FREEZER	092314SL		5.00	230.		230.	161.	46.

(D) - Asset disposed

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

2018 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGERATOR	092314SL		5.00	705.		705.	494.	141.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR CLINIC	040815SL		5.00	525.		525.	263.	105.
	* 990 PAGE 10 TOTAL OTHER				1,824.	182.	1,642.	1,080.	312.
	* 990 PAGE 10 TOTAL - BUILDINGS				18,548.	1,564.	16,984.	16,422.	312.
20	AIR CONDITIONING SYSTEM	063098SL		39.00	3,550.		3,550.	1,778.	91.
25	LEASEHOLD IMPROVEMENTS	051101SL		39.00	367.		367.	150.	9.
26	LEASEHOLD IMPROVEMENTS(HAVC)	060401SL		39.00	3,947.		3,947.	1,671.	101.
27	LEASEHOLD IMPROVEMENTS(CARPETING)	060801SL		7.00	1,960.		1,960.	1,960.	0.
28	LEASEHOLD IMPROVEMENTS(LIGHTING FIXTURES))	021401SL		39.00	662.		662.	287.	17.
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & LOCKS)	041001SL		39.00	598.		598.	251.	15.
	* 990 PAGE 10 TOTAL BUILDINGS				11,084.		11,084.	6,097.	233.
	* 990 PAGE 10 TOTAL -				11,084.		11,084.	6,097.	233.
	* GRAND TOTAL 990 PAGE 10 DEPR				66,679.	2,015.	64,664.	46,543.	3,407.

(D) - Asset disposed

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

2017 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
51	RITTER 107 EXAM VACUUM & AIR	061516SL		5.00	16	750.			750.	88.		150.
52	COMPRESSOR FOR DENTAL EQUIP-(2)	030817SL		5.00	16	6,100.			6,100.			1,017.
53	SCHICK SENORS & CON	042017SL		5.00	16	7,236.			7,236.			965.
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	CARPETING	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" TO	061501SL		7.00	16	1,489.			1,489.	1,474.		0.
36	FILE CABINET	082405SL		7.00	16	461.			461.	461.		0.
38	FILE CABINET	062306SL		7.00	16	212.			212.	212.		0.
39	FILE CABINET PRINTER FOR	082306SL		7.00	16	126.			126.	126.		0.
45	COUNSELING	081913SL		5.00	16	452.			452.	300.		90.
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.

2017 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
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 PRINTER FOR	042806SL		5.00	16	751.			751.	725.		0.
43	COUNSELING	011310SL		5.00	16	200.			200.	200.		0.
44	SHREDDER FOR FRONT DESK	011310SL		5.00	16	250.			250.	250.		0.
47	LAPTOP & REFURBISHED COMPUTE	010913SL		5.00	16	450.			450.	360.		90.
1	EQUIPMENT	061586PRE		5.00	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	052589200DB		5.00	16	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	061489200DB		5.00	16	304.			304.	304.		0.
4	EQUIPMENT	061689200DB		5.00	16	606.			606.	606.		0.
5	EQUIPMENT	083189200DB		5.00	16	688.			688.	688.		0.
6	FAX MACHINE	042494200DB		5.00	16	286.			286.	286.		0.
7	COPIER	050494200DB		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.

2017 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
31	POLAROID CAMERA	0521101SL		5.00	16	546.			546.	546.		0.
32	NEW COPIER	120204SL		5.00	16	476.			476.	332.		0.
33	DENTAL HANDPIECE	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.
41	PANASONIC VOICEMAIL EQUIPMENT & SOFTWARE	051507SL		7.00	16	602.			602.	588.		0.
42	EKG MACHINE	091109SL		5.00	16	2,287.			2,287.	2,287.		0.
46	URINE ANALYZER	121313SL		5.00	16	364.			364.	225.		73.
48	SPT ENERGY STAR 1.1 UPRIGHT WHITE FRIGIDAIRE 16.7 CF	092314SL		5.00	16	230.			230.	104.		46.
49	FREEZERLESS REFRIGERATOR	092314SL		5.00	16	705.			705.	317.		141.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR AIR CONDITIONING	040815SL		5.00	16	525.			525.	184.		105.
20	SYSTEM LEASEHOLD	063098SL		39.00	16	3,550.			3,550.	1,687.		91.
25	IMPROVEMENTS LEASEHOLD	051101SL		39.00	16	367.			367.	141.		9.
26	IMPROVEMENTS (HAVC) LEASEHOLD	060401SL		39.00	16	3,947.			3,947.	1,570.		101.
27	IMPROVEMENTS (CARPET) LEASEHOLD	060801SL		7.00	16	1,960.			1,960.	1,937.		0.
28	IMPROVEMENTS (LIGHTING) LEASEHOLD	1021401SL		39.00	16	662.			662.	270.		17.
29	IMPROVEMENTS (NEW DOOR) LEASEHOLD	041001SL		39.00	16	598.			598.	236.		15.
	TOTAL FORM 199 DEPRECIATION					66,679.			66,679.	45,906.	0.	2,910.

728102 04-01-17 (D) - Asset disposed \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2017 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
	TOTALS FOR CALIFORNIA					66,679.			66,679.	45,906.	0.	2,910.

728102 04-01-17 (D) - Asset disposed \* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- 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
51	RITTER 107 EXAM	061516SL		5.00	750.		750.	238.	150.
52	VACUUM & AIR COMPRESSOR FOR DENTAL C	030817SL		5.00	6,100.		6,100.	1,017.	1,220.
53	DENTAL EQUIP-(2) SCHICK SENORS & CON	042017SL		5.00	7,236.		7,236.	965.	1,447.
8	OFFICE FURNITURE	06308920DB		7.00	169.		169.	169.	0.
9	OFFICE FURNITURE	072192SL		7.00	4,790.		4,790.	4,790.	0.
10	WINDOW BLIND	081192SL		7.00	215.		215.	215.	0.
11	CARPETING	082592SL		7.00	1,281.		1,281.	1,281.	0.
15	OFFICE CABINETS	011896SL		7.00	1,319.		1,319.	1,319.	0.
24	USED OFFICE FURNITURE	112900SL		7.00	429.		429.	429.	0.
30	SINK UNIT (2) CABINETS W/ 106" TOP(B	061501SL		7.00	1,489.		1,489.	1,474.	0.
36	FILE CABINET	082405SL		7.00	461.		461.	461.	0.
38	FILE CABINET	062306SL		7.00	212.		212.	212.	0.
39	FILE CABINET	082306SL		7.00	126.		126.	126.	0.
45	PRINTER FOR COUNSELING	081913SL		5.00	452.		452.	390.	62.
12	COMPUTER EQUIPMENT	050192SL		5.00	250.		250.	250.	0.
13	COMPUTER EQUIPMENT	050792SL		5.00	1,620.		1,620.	1,620.	0.
14	COMPUTER EQUIPMENT	04119420DB		5.00	3,685.		3,685.	3,685.	0.
18	COMPUTER	071097SL		5.00	1,193.		1,193.	1,193.	0.
19	COMPUTER SYSTEM	082198SL		5.00	1,726.		1,726.	1,726.	0.
23	LASER PRINTER	042899SL		5.00	429.		429.	429.	0.
37	HP COMPUTER	021705SL		5.00	1,464.		1,464.	1,367.	0.
40	LCD PROJECTOR	042806SL		5.00	751.		751.	725.	0.
43	PRINTER FOR COUNSELING	011310SL		5.00	200.		200.	200.	0.
44	SHREDDER FOR FRONT DESK	011310SL		5.00	250.		250.	250.	0.
47	LAPTOP & REFURBISHED COMPUTER TOWER	010913SL		5.00	450.		450.	450.	0.
1	EQUIPMENT	061586PRE		5.00	1,826.		1,826.	1,826.	0.
2	EQUIPMENT	05258920DB		5.00	1,696.		1,696.	1,696.	0.
3	EQUIPMENT	06148920DB		5.00	304.		304.	304.	0.
4	EQUIPMENT	06168920DB		5.00	606.		606.	606.	0.
5	EQUIPMENT	08318920DB		5.00	688.		688.	688.	0.
6	FAX MACHINE	04249420DB		5.00	286.		286.	286.	0.
7	COPIER	05049420DB		5.00	778.		778.	778.	0.
16	OFFICE EQUIPMENT	060696SL		5.00	352.		352.	352.	0.
17	VIDEO & MONITOR	093096SL		5.00	402.		402.	402.	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
21	PAGER REPLACEMENT	061699SL		5.00	409.		409.	409.	0.
22	NEW TELEPHONE SYSTEM	092099SL		5.00	1,233.		1,233.	1,233.	0.
31	POLAROID CAMERA	052101SL		5.00	546.		546.	546.	0.
32	NEW COPIER	120204SL		5.00	476.		476.	332.	0.
33	DENTAL, HANDPIECE	072005SL		5.00	636.		636.	636.	0.
34	SCICAN STATIM AUTOCLAVE	072505SL		5.00	2,369.		2,369.	2,369.	0.
35	VIDEO EQUIPMENT	072705SL		5.00	1,228.		1,228.	1,228.	0.
41	PANASONIC VOICEMAIL EQUIPMENT& SOFTWARE	051507SL		7.00	602.		602.	588.	0.
42	EKG MACHINE	091109SL		5.00	2,287.		2,287.	2,287.	0.
46	URINE ANALYZER	121313SL		5.00	364.		364.	298.	66.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE	092314SL		5.00	230.		230.	150.	46.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIG	092314SL		5.00	705.		705.	458.	141.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR	040815SL		5.00	525.		525.	289.	105.
20	AIR CONDITIONING SYSTEM	063098SL		39.00	3,550.		3,550.	1,778.	91.
25	LEASEHOLD IMPROVEMENTS	051101SL		39.00	367.		367.	150.	9.
26	LEASEHOLD IMPROVEMENTS(HAVC)	060401SL		39.00	3,947.		3,947.	1,671.	101.
27	LEASEHOLD IMPROVEMENTS(CARPETING)	060801SL		7.00	1,960.		1,960.	1,937.	0.
28	LEASEHOLD IMPROVEMENTS(LIGHTING FIXTURE)	021401SL		39.00	662.		662.	287.	17.
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & LOCKS)	1041001SL		39.00	598.		598.	251.	15.
	TOTAL FORM 199 DEPRECIATION				66,679.		66,679.	48,816.	3,470.
	TOTALS FOR CALIFORNIA				66,679.		66,679.	48,816.	3,470.

(D) - Asset disposed

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