

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)

2018

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 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FREE CLINIC OF SIMI VALLEY		D Employer identification number 23-7108154
	Doing business as		E Telephone number (805) 522-3733
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2060 TAPO ST		G Gross receipts \$ 498,831.
	City or town, state or province, country, and ZIP or foreign postal code SIMI VALLEY, CA 93063-3417		
F Name and address of principal officer: FRED BAUERMEISTER 2060 TAPO ST, SIMI VALLEY, CA 93063		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 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: MEDICAL, DENTAL & COUNSELING SERVICES FOR THE GENERAL PUBLIC		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	141
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 236,383.	Current Year 376,398.
	9 Program service revenue (Part VIII, line 2g)	117,177.	122,047.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	482.	386.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-27,325.	-38,568.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	326,717.	460,263.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	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)	211,382.	225,414.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	7,500.	84,468.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 124,089.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	297,542.	162,541.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	516,424.	472,423.
19 Revenue less expenses. Subtract line 18 from line 12	-189,707.	-12,160.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 703,795.	End of Year 691,635.
	21 Total liabilities (Part X, line 26)	143,138.	143,138.
	22 Net assets or fund balances. Subtract line 21 from line 20	560,657.	548,497.

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	Date	COPY	
	FRED BAUERMEISTER, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name MICHAEL P. FISCHER	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/> PTIN P00223947
	Firm's name ▶ MICHAEL P. FISCHER, C.P.A.	Firm's address ▶ 65 WEST EASY ST SUITE 205 SIMI VALLEY, CA 93065-6202	Firm's EIN ▶ 77-0165080	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 \$ 77,543. including grants of \$) (Revenue \$ 51,190.) MEDICAL & LEGAL SERVICES

4b (Code:) (Expenses \$ 60,150. including grants of \$) (Revenue \$ 18,222.) FAMILY COUNSELING SERVICES

4c (Code:) (Expenses \$ 163,341. including grants of \$) (Revenue \$ 52,635.) DENTAL SERVICES

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

4e Total program service expenses 301,034.

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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 22-38 contain various questions about grants, compensation, bond issues, and organizational transactions.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 1a-1c contain questions about Form 1096, Forms W-2G, and gaming winnings.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		11
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
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 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
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		7d
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?		X
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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
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	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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		
	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11a			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12a			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
12a			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16a			
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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 MPT DIRECTOR	1.00	X					0.	0.	0.	
(4) VINCENT DULCICH TREASURER	1.00	X					0.	0.	0.	
(5) POLLY VLASSIC DIRECTOR	1.00	X					0.	0.	0.	
(6) CURT WITEBY DIRECTOR	1.00	X					0.	0.	0.	
(7) MANE' BERBEL DIRECTOR	1.00	X					0.	0.	0.	
(8) TRACEY YOUNG DIRECTOR	1.00	X					0.	0.	0.	
(9) JILL HANEY SECRETARY	1.00	X					0.	0.	0.	
(10) MAGGIE KESTLY PRESIDENT	1.00			X			0.	0.	0.	
(11) REV. RON HYRCHUK PAST PRESIDENT	1.00			X			0.	0.	0.	
(12) KURT FREDRICKSON DIRECTOR	1.00			X			0.	0.	0.	
(13) KELLY ANN GAINES DIRECTOR	1.00			X			0.	0.	0.	
(14) JOHN LINDSEY VICE PRESIDENT	1.00			X			0.	0.	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					
		b	Membership dues				
		c	Fundraising events	208,195.			
		d	Related organizations				
		e	Government grants (contributions)	15,000.			
		f	All other contributions, gifts, grants, and similar amounts not included above	153,203.			
		g	Noncash contributions included in lines 1a-1f: \$				
		h	Total. Add lines 1a-1f	376,398.			
Program Service Revenue	2 a	PROGRAM SERVICE FEES					
		b					
		c					
		d					
		e					
		f	All other program service revenue				
		g	Total. Add lines 2a-2f	122,047.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		386.		386.	
	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 \$ 208,195. of contributions reported on line 1c). See Part IV, line 18	a	0.			
		b	Less: direct expenses	b	38,568.		
	c	Net income or (loss) from fundraising events		-38,568.		-38,568.	
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses	b			
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		460,263.	122,047.	0.	-38,182.	

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	128,703.	97,815.	16,731.	14,157.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	16,018.	12,174.	2,082.	1,762.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	26,389.	20,057.	3,430.	2,902.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	84,468.			84,468.
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.)	37,835.	37,567.	145.	123.
12 Advertising and promotion	1,661.	1,262.	216.	183.
13 Office expenses	7,922.	3,697.	632.	3,593.
14 Information technology				
15 Royalties				
16 Occupancy	24,792.	18,842.	3,223.	2,727.
17 Travel	1,839.		1,839.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,362.			3,362.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,504.	314.	4,190.	
23 Insurance	10,135.	7,702.	1,318.	1,115.
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 MEDICAL SUPPLIES	11,136.	11,136.		
b ASSISTANCE TO CLIENTS	8,933.	8,933.		
c TELEPHONE	6,902.	5,246.	897.	759.
d ONLINE MEDICAL RECORDS	3,720.	3,720.		
e All other expenses	13,411.	11,242.	2,107.	62.
25 Total functional expenses. Add lines 1 through 24e	472,423.	301,034.	47,300.	124,089.
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	54,457.	1	150,064.
	2	Savings and temporary cash investments	414,179.	2	277,703.
	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	79,892.		
		10a			
	b	Less: accumulated depreciation	53,062.	10b	
			18,121.	10c	26,830.
	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	217,038.	15	237,038.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	703,795.	16	691,635.	
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	143,138.	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	Total liabilities. Add lines 17 through 25	143,138.	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	560,657.	32	548,497.
33	Total net assets or fund balances	560,657.	33	548,497.	
34	Total liabilities and net assets/fund balances	703,795.	34	691,635.	

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	460,263.
2	Total expenses (must equal Part IX, column (A), line 25)	2	472,423.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,160.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	560,657.
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	548,497.

Part XII Financial Statements and Reporting

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

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	264,329.	713,002.	568,905.	353,560.	376,399.	2276195.
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	264,329.	713,002.	568,905.	353,560.	376,399.	2276195.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						2276195.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	264,329.	713,002.	568,905.	353,560.	376,399.	2276195.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	41.	182.	598.	482.	386.	1,689.
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						2277884.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	99.93	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.94	%
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:	\$		
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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 for the latest information.

OMB No. 1545-0047

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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	LIVINGSTON MEMORIAL 2801 TOWNSGATE ROAD SUITE 200 WESTLAKE VILLAGE, CA 91361	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	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.)
3	VENTURA COUNTY COMMUNITY FOUNDATION 1317 DEL NORTE RD. STE#150 CAMARILLO, CA 93010	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF SIMI VALLEY-COMMUNITY DEVELOPMENT BLOCK GRANT 2929 TAPO CANYON RD SIMI VALLEY, CA 93063	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DELTA DENTAL ONE DELTA DRIVE MECHANICSBURG, PA 17055	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CVS C/O NAFC 1800 DIAGONAL ROAD #600 ALEXANDRIA, VA 22314	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part 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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

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.	6,330.	4,754.
c Leasehold improvements				
d Equipment		17,176.	17,176.	0.
e Other		51,632.	29,556.	22,076.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,830.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	213,538.
(2) DUE FROM SIMI VALLEY COMMUNITY FUND	23,500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	
	237,038.

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)	
Total. (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 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 (add col. (a) through col. (c))	
		HEALTH EXPO (event type)	FRIENDS OF THE FREE CLI (event type)	1 (total number)		
Revenue	1	Gross receipts	56,619.	46,650.	104,926.	208,195.
	2	Less: Contributions	56,619.	46,650.	104,926.	208,195.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs			1,840.	1,840.
	7	Food and beverages			14,509.	14,509.
	8	Entertainment				
	9	Other direct expenses	17,264.	26.	4,929.	22,219.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				38,568.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-38,568.

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

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

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

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

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

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: NETZEL GRIGSBY ASSOCIATES, INC.

(I) ADDRESS OF FUNDRAISER:

6167 BRISTOL PARKWAY, SUITE 125, CULVER CITY, CA 90230

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 for the latest information.

OMB No. 1545-0047

2018

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

Name of the organization

FREE CLINIC OF SIMI VALLEY

Employer identification number

23-7108154

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

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

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

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

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

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

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

2018 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
51	MANAGEMENT AND GENERAL RITTER 107 EXAM	06/15/16	SL	5.00		HY17	750.				750.	225.		150.	375.
52	VACUUM & AIR COMPRESSOR FOR DENTAL CLINIC	03/08/17	SL	5.00		HY17	6,100.				6,100.	610.		1,220.	1,830.
53	DENTAL EQUIP-(2) SCHICK SENSORS & CONNECTION BOX	04/20/17	SL	5.00		HY17	7,236.				7,236.	724.		1,447.	2,171.
54	DENTAL SENSOR	08/07/18	SL	5.00		MQ19B	1,800.				1,800.	135.		135.	135.
55	(2) SCHICK CDR DIGITAL X-RAY SENSORS SIZE 2	11/07/18	SL	5.00		MQ19B	5,472.				5,472.	137.		137.	137.
56	CARDIO TECH GT-300 EKG RITTER 75 EVOLUTION	02/23/18	SL	5.00		MQ19B	1,638.				1,638.	287.		287.	287.
57	PROCEDURE CHAIR * 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL	05/30/18	SL	5.00		MQ19B	4,303.				4,303.	538.		538.	538.
8	FURNITURE & FIXTURES OFFICE FURNITURE	06/30/89	200DB	7.00		HY17	169.				169.	169.		0.	169.
9	OFFICE FURNITURE	07/21/92	SL	7.00		HY17	4,790.				4,790.	4,790.		0.	4,790.
10	WINDOW BLIND	08/11/92	SL	7.00		HY17	215.				215.	215.		0.	215.
11	CARPETING	08/25/92	SL	7.00		HY17	1,281.				1,281.	1,281.		0.	1,281.
15	OFFICE CABINETS	01/18/96	SL	7.00		HY17	1,319.				1,319.	1,319.		0.	1,319.
24	USED OFFICE FURNITURE SINK UNIT (2) CABINETS W/ 1.06" TOP (BLACK)	11/29/00	SL	7.00		MQ17	429.				429.	429.		0.	429.
30	FILE CABINET	06/15/01	SL	7.00		HY17	1,489.				1,489.	1,489.		0.	1,489.
36	FILE CABINET	08/24/05	SL	7.00		HY17	461.				461.	461.		0.	461.

828111 04-01-18

(D) - Asset disposed

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

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	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
38	FILE CABINET	06/23/06	SL	7.00		HY17	212.				212.	212.	0.	0.	212.
39	FILE CABINET	08/23/06	SL	7.00		HY17	126.				126.	126.	0.	0.	126.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						10,491.				10,491.	10,491.	0.	0.	10,491.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						37,790.				37,790.	12,050.	3,914.	3,914.	15,964.
45	PRINTER FOR COUNSELING	08/19/13	SL	5.00		HY17	452.			226.	226.	203.	23.	23.	226.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						452.			226.	226.	203.	23.	23.	226.
	OTHER														
12	COMPUTER EQUIPMENT	05/01/92	SL	5.00		HY17	250.				250.	250.	0.	0.	250.
13	COMPUTER EQUIPMENT	05/07/92	SL	5.00		HY17	1,620.				1,620.	1,620.	0.	0.	1,620.
14	COMPUTER EQUIPMENT	04/11/94	200DB	5.00		HY17	3,685.				3,685.	3,685.	0.	0.	3,685.
18	COMPUTER	07/10/97	SL	5.00		HY17	1,193.				1,193.	1,193.	0.	0.	1,193.
19	COMPUTER SYSTEM	08/21/98	SL	5.00		HY17	1,726.				1,726.	1,726.	0.	0.	1,726.
23	LASER PRINTER	04/28/99	SL	5.00		HY17	429.				429.	429.	0.	0.	429.
37	HP COMPUTER	02/17/05	SL	5.00		HY17	1,464.				1,464.	1,464.	0.	0.	1,464.
40	LCD PROJECTOR	04/28/06	SL	5.00		HY17	751.				751.	751.	0.	0.	751.
43	PRINTER FOR COUNSELING	01/13/10	SL	5.00		HY17	200.				200.	200.	0.	0.	200.
44	SHREDDER FOR FRONT DESK	01/13/10	SL	5.00		HY17	250.				250.	250.	0.	0.	250.

828111 04-01-18

(D) - Asset disposed

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

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	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
47	LAPTOP & REFURBISHED COMPUTER TOWER	01/09/13	SL	5.00		HY17	450.			225.	225.	203.		22.	225.
	* 990 PAGE 10 TOTAL OTHER						12,018.			225.	11,793.	11,771.		22.	11,793.
	* 990 PAGE 10 TOTAL -						12,470.			451.	12,019.	11,974.		45.	12,019.
	MACHINERY & EQUIPMENT														
1	EQUIPMENT	06/15/86	PRE	5.00		HY16	1,826.				1,826.	1,826.		0.	1,826.
2	EQUIPMENT	05/25/89	200DE	5.00		HY17	1,696.				1,696.	1,696.		0.	1,696.
3	EQUIPMENT	06/14/89	200DE	5.00		HY17	304.				304.	304.		0.	304.
4	EQUIPMENT	06/16/89	200DE	5.00		HY17	606.				606.	606.		0.	606.
5	EQUIPMENT	08/31/89	200DE	5.00		HY17	688.				688.	688.		0.	688.
6	FAX MACHINE	04/24/94	200DE	5.00		HY17	286.				286.	286.		0.	286.
7	COPIER	05/04/94	200DE	5.00		HY17	778.				778.	778.		0.	778.
16	OFFICE EQUIPMENT	06/06/96	SL	5.00		HY17	352.				352.	352.		0.	352.
17	VIDEO & MONITOR	09/30/96	SL	5.00		HY17	402.				402.	402.		0.	402.
21	PAGER REPLACEMENT	06/16/99	SL	5.00		HY17	409.				409.	409.		0.	409.
22	NEW TELEPHONE SYSTEM	09/20/99	SL	5.00		HY17	1,233.				1,233.	1,233.		0.	1,233.
31	POLAROID CAMERA	05/21/01	SL	5.00		HY17	546.				546.	546.		0.	546.
32	NEW COPIER	12/02/04	SL	5.00		MQ17	476.			238.	238.	238.		0.	238.
33	DENTAL HANDPIECE	07/20/05	SL	5.00		HY17	636.				636.	636.		0.	636.

828111 04-01-18

(D) - Asset disposed

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

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Convention	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
34	SCICAN STATIM AUTOCLAVE	07/25/05	SL	5.00	HY17	2,369.				2,369.	2,369.		0.	2,369.
35	VIDEO EQUIPMENT	07/27/05	SL	5.00	HY17	1,228.				1,228.	1,228.		0.	1,228.
41	PANASONIC VOICEMAIL EQUIPMENT & SOFTWARE	05/15/07	SL	7.00	HY17	602.				602.	602.		0.	602.
42	EKG MACHINE	09/11/09	SL	5.00	HY17	2,287.			1,144.	1,143.	1,143.		0.	1,143.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					16,724.			1,382.	15,342.	15,342.		0.	15,342.
	OTHER													
46	URINE ANALYZER	12/13/13	SL	5.00	HY17	364.			182.	182.	162.		20.	182.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FREEZER	09/23/14	SL	5.00	HY17	230.				230.	161.		46.	207.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGERATOR	09/23/14	SL	5.00	HY17	705.				705.	494.		141.	635.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR CLINIC	04/08/15	SL	5.00	HY17	525.				525.	263.		105.	368.
	* 990 PAGE 10 TOTAL OTHER					1,824.			182.	1,642.	1,080.		312.	1,392.
	* 990 PAGE 10 TOTAL - BUILDINGS					18,548.			1,564.	16,984.	16,422.		312.	16,734.
20	AIR CONDITIONING SYSTEM	06/30/98	SL	39.00	MM17	3,550.				3,550.	1,778.		91.	1,869.
25	LEASEHOLD IMPROVEMENTS	05/11/01	SL	39.00	MM17	367.				367.	150.		9.	159.
26	LEASEHOLD IMPROVEMENTS (HAVC)	06/04/01	SL	39.00	MM17	3,947.				3,947.	1,671.		101.	1,772.
27	LEASEHOLD IMPROVEMENTS (CARPETING)	06/08/01	SL	7.00	HY17	1,960.				1,960.	1,960.		0.	1,960.
28	LEASEHOLD IMPROVEMENTS (LIGHTING FIXTURES)	02/14/01	SL	39.00	MM17	662.				662.	287.		17.	304.

828111 04-01-18

(D) - Asset disposed

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

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	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
29	LEASEHOLD IMPROVEMENTS (NEW DOORS & LOCKS)	04/10/01	SL	39.00		MM17	598.				598.	251.		15.	266.
	* 990 PAGE 10 TOTAL BUILDINGS						11,084.				11,084.	6,097.		233.	6,330.
	* 990 PAGE 10 TOTAL -						11,084.				11,084.	6,097.		233.	6,330.
	* GRAND TOTAL 990 PAGE 10 DEPR						79,892.			2,015.	77,877.	46,543.		4,504.	51,047.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						66,679.			2,015.	64,664.	46,543.			49,950.
	ACQUISITIONS						13,213.			0.	13,213.	0.			1,097.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						79,892.			2,015.	77,877.	46,543.			51,047.
	ENDING ACCUM DEPR											53,062.			
	ENDING BOOK VALUE											26,830.			

Depreciation and Amortization (Including Information on Listed Property) 990

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return: FREE CLINIC OF SIMI VALLEY; Business or activity to which this form relates: FORM 990 PAGE 10; Identifying number: 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) 1,000,000.
2 Total cost of section 179 property placed in service (see instructions)
3 Threshold cost of section 179 property before reduction in limitation 2,500,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions
6 (a) Description of property (b) Cost (business use only) (c) Elected cost
7 Listed property. Enter the amount from line 29
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7
9 Tentative deduction. Enter the smaller of line 5 or line 8
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12

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
15 Property subject to section 168(f)(1) election
16 Other depreciation (including ACRS)

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 2018 3,407.
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

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

Table with columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

Table with columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 12-year, 30-year, and 40-year class life.

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28
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. 4,504.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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. Includes rows 25-29.

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 7 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

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. Includes rows 37-41.

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. Includes rows 42-44.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. FREE CLINIC OF SIMI VALLEY	Employer identification number (EIN) or 23-7108154
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O MICHAEL P FISCHER, CPA - 65 EASY ST SUITE 205	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SIMI VALLEY, CA 93065	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

FRED BAUERMEISTER

- The books are in the care of ▶ **2060 TAPO ST - SIMI VALLEY, CA 93063**
Telephone No. ▶ **(805) 522-3733** Fax No. ▶ **(805) 522-9576**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** or
▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2018 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.	225.		150.
52	COMPRESSOR FOR DENTAL EQUIP-(2)	030817SL		5.00	17	6,100.			6,100.	610.		1,220.
53	SCHICK SENORS & CON	042017SL		5.00	17	7,236.			7,236.	724.		1,447.
54	DENTAL SENSOR (2) SCHICK CDR	080718SL		5.00	19B	1,800.			1,800.			135.
55	DIGITAL X-RAY SENSOR	110718SL		5.00	19B	5,472.			5,472.			137.
56	EKG CARDIO TECH GT-300	022318SL		5.00	19B	1,638.			1,638.			287.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR * 990 PAGE 10 TOTAL	053018SL		5.00	19B	4,303.			4,303.			538.
	MANAGEMENT AND GEN FURNITURE & FIXTURES					27,299.		0.	27,299.	1,559.		3,914.
8	OFFICE FURNITURE	063089200DB		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	112900SL		7.00	17	429.			429.	429.		0.
30	SINK UNIT (2) 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.

2018 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
38	FILE CABINET	062306SL		7.00	17	212.			212.	212.		0.
39	FILE CABINET	082306SL		7.00	17	126.			126.	126.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					10,491.		0.	10,491.	10,491.		0.
	* 990 PAGE 10 TOTAL					37,790.		0.	37,790.	12,050.		3,914.
	MACHINERY & EQUIPMENT											
	PRINTER FOR											
45	COUNSELING	081913SL		5.00	17	452.		226.	226.	203.		23.
	* 990 PAGE 10 TOTAL					452.		226.	226.	203.		23.
	MACHINERY & EQUIPM											
	OTHER											
12	COMPUTER EQUIPMENT	050192SL		5.00	17	250.			250.	250.		0.
13	COMPUTER EQUIPMENT	050792SL		5.00	17	1,620.			1,620.	1,620.		0.
14	COMPUTER EQUIPMENT	041194200DB		5.00	17	3,685.			3,685.	3,685.		0.
18	COMPUTER	071097SL		5.00	17	1,193.			1,193.	1,193.		0.
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	042806SL		5.00	17	751.			751.	751.		0.
	PRINTER FOR											
43	COUNSELING	011310SL		5.00	17	200.			200.	200.		0.
	SHREDDER FOR FRONT											
44	DESK	011310SL		5.00	17	250.			250.	250.		0.

2018 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
47	LAPTOP & REFURBISHED COMPUTERS	010913SL		5.00	17	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	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	052589200DB		5.00	17	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	061489200DB		5.00	17	304.			304.	304.		0.
4	EQUIPMENT	061689200DB		5.00	17	606.			606.	606.		0.
5	EQUIPMENT	083189200DB		5.00	17	688.			688.	688.		0.
6	FAX MACHINE	042494200DB		5.00	17	286.			286.	286.		0.
7	COPIER	050494200DB		5.00	17	778.			778.	778.		0.
16	OFFICE EQUIPMENT	060696SL		5.00	17	352.			352.	352.		0.
17	VIDEO & MONITOR	093096SL		5.00	17	402.			402.	402.		0.
21	PAGER REPLACEMENT NEW TELEPHONE	061699SL		5.00	17	409.			409.	409.		0.
22	SYSTEM	092099SL		5.00	17	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101SL		5.00	17	546.			546.	546.		0.
32	NEW COPIER	120204SL		5.00	17	476.		238.	238.	238.		0.
33	DENTAL HANDPIECE	072005SL		5.00	17	636.			636.	636.		0.

2018 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
34	SCICAN STATIM AUTOCLAVE	072505SL		5.00	17	2,369.			2,369.	2,369.		0.
35	VIDEO EQUIPMENT PANASONIC VOICEMAIL	072705SL		5.00	17	1,228.			1,228.	1,228.		0.
41	EQUIPMENT & SOFTWARE	051507SL		7.00	17	602.			602.	602.		0.
42	EKG MACHINE	091109SL		5.00	17	2,287.		1,144.	1,143.	1,143.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					16,724.		1,382.	15,342.	15,342.		0.
	OTHER											
46	URINE ANALYZER	121313SL		5.00	17	364.		182.	182.	162.		20.
48	SPT ENERGY STAR 1.1	092314SL		5.00	17	230.			230.	161.		46.
49	FRIGIDAIRE 16.7 CF	092314SL		5.00	17	705.			705.	494.		141.
50	FREEZERLESS REFRIG EPSON EX5220 XGA3	040815SL		5.00	17	525.			525.	263.		105.
	* 990 PAGE 10 TOTAL					1,824.		182.	1,642.	1,080.		312.
	OTHER											
	* 990 PAGE 10 TOTAL					18,548.		1,564.	16,984.	16,422.		312.
	BUILDINGS											
20	AIR CONDITIONING SYSTEM	063098SL		39.00	17	3,550.			3,550.	1,778.		91.
25	LEASEHOLD IMPROVEMENTS	051101SL		39.00	17	367.			367.	150.		9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401SL		39.00	17	3,947.			3,947.	1,671.		101.
27	LEASEHOLD IMPROVEMENTS (CARPET)	060801SL		7.00	17	1,960.			1,960.	1,960.		0.
28	LEASEHOLD IMPROVEMENTS (LIGHTING)	021401SL		39.00	17	662.			662.	287.		17.

2018 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
29	LEASEHOLD IMPROVEMENTS (NEW DOOR BUILDINGS)	04/10/15	SL	39.00	17	598.			598.	251.		15.
	* 990 PAGE 10 TOTAL					11,084.		0.	11,084.	6,097.		233.
	* 990 PAGE 10. TOTAL					11,084.		0.	11,084.	6,097.		233.
	* GRAND TOTAL 990 PAGE 10 DEPR					79,892.		2,015.	77,877.	46,543.		4,504.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					66,679.		2,015.	64,664.	46,543.		
	ACQUISITIONS					13,213.		0.	13,213.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					79,892.		2,015.	77,877.	46,543.		

828102 04-01-18 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2019 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
51	MANAGEMENT AND GENERAL RITTER 107 EXAM VACUUM & AIR COMPRESSOR FOR DENTAL CLINIC	061516SL		5.00	750.		750.	375.	150.
52	DENTAL EQUIP-(2) SCHICK SENSORS & CONNECTION BOX	030817SL		5.00	6,100.		6,100.	1,830.	1,220.
53	DENTAL SENSOR	042017SL		5.00	7,236.		7,236.	2,171.	1,447.
54	(2) SCHICK CDR DIGITAL X-RAY SENSORS SIZE 2	080718SL		5.00	1,800.		1,800.	135.	360.
55	CARDIO TECH GT-300 EKG	110718SL		5.00	5,472.		5,472.	137.	1,094.
56	RITTER 75 EVOLUTION PROCEDURE CHAIR	022318SL		5.00	1,638.		1,638.	287.	328.
57	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL FURNITURE & FIXTURES	053018SL		5.00	4,303.		4,303.	538.	861.
80	OFFICE FURNITURE				27,299.		27,299.	5,473.	5,460.
90	OFFICE FURNITURE	06308920DB		7.00	169.		169.	169.	0.
10	WINDOW BLIND	072192SL		7.00	4,790.		4,790.	4,790.	0.
11	CARPETING	081192SL		7.00	215.		215.	215.	0.
15	OFFICE CABINETS	082592SL		7.00	1,281.		1,281.	1,281.	0.
24	USED OFFICE FURNITURE SINK UNIT (2) CABINETS W/ 106"	011896SL		7.00	1,319.		1,319.	1,319.	0.
30	TOP(BLACK)	112900SL		7.00	429.		429.	429.	0.
36	FILE CABINET	061501SL		7.00	1,489.		1,489.	1,489.	0.
38	FILE CABINET	082405SL		7.00	461.		461.	461.	0.
39	FILE CABINET	062306SL		7.00	212.		212.	212.	0.
45	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES * 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT PRINTER FOR COUNSELING * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT OTHER	082306SL		7.00	126.		126.	126.	0.
12	COMPUTER EQUIPMENT				10,491.		10,491.	10,491.	0.
					37,790.		37,790.	15,964.	5,460.
					452.	226.	226.	226.	0.
					452.	226.	226.	226.	0.
					250.		250.	250.	0.

(D) - Asset disposed

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

2019 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
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.	1,464.	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.	225.	0.
	* 990 PAGE 10 TOTAL OTHER				12,018.	225.	11,793.	11,793.	0.
	* 990 PAGE 10 TOTAL -				12,470.	451.	12,019.	12,019.	0.
	MACHINERY & EQUIPMENT								
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.
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								

(D) - Asset disposed

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

2019 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
OTHER									
46	URINE ANALYZER	121313SL		5.00	364.	182.	182.	182.	0.
	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FREEZER	092314SL		5.00	230.		230.	207.	23.
48	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGERATOR	092314SL		5.00	705.		705.	635.	70.
49	EPSON EX5220 XGA3 LCD PROJECTOR FOR CLINIC	040815SL		5.00	525.		525.	368.	105.
	* 990 PAGE 10 TOTAL OTHER				1,824.	182.	1,642.	1,392.	198.
	* 990 PAGE 10 TOTAL - BUILDINGS				18,548.	1,564.	16,984.	16,734.	198.
20	AIR CONDITIONING SYSTEM	063098SL		39.00	3,550.		3,550.	1,869.	91.
25	LEASEHOLD IMPROVEMENTS	051101SL		39.00	367.		367.	159.	9.
26	LEASEHOLD IMPROVEMENTS(HAVC)	060401SL		39.00	3,947.		3,947.	1,772.	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.	304.	17.
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & LOCKS)	041001SL		39.00	598.		598.	266.	15.
	* 990 PAGE 10 TOTAL BUILDINGS				11,084.		11,084.	6,330.	233.
	* 990 PAGE 10 TOTAL -				11,084.		11,084.	6,330.	233.
	* GRAND TOTAL 990 PAGE 10 DEPR				79,892.	2,015.	77,877.	51,047.	5,891.

(D) - Asset disposed

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

2018 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.	238.		150.
52	COMPRESSOR FOR DENTAL EQUIP-(2).	030817SL		5.00	16	6,100.			6,100.	1,017.		1,220.
53	SCHICK SENORS & CON	042017SL		5.00	16	7,236.			7,236.	965.		1,447.
54	DENTAL SENSOR (2) SCHICK CDR	080718SL		5.00	16	1,800.			1,800.			150.
55	DIGITAL X-RAY SENSOR	110718SL		5.00	16	5,472.			5,472.			182.
56	CARDIO TECH GT-300 EKG	022318SL		5.00	16	1,638.			1,638.			273.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	053018SL		5.00	16	4,303.			4,303.			502.
8	OFFICE FURNITURE	063089200DB		7.00	16	169.			169.	169.		0.
9	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	112900SL		7.00	16	429.			429.	429.		0.
30	SINK UNIT (2) 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	082306SL		7.00	16	126.			126.	126.		0.
45	PRINTER FOR COUNSELING	081913SL		5.00	16	452.			452.	390.		62.

2018 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
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	041194200DB5		5.00	16	3,685.			3,685.	3,685.		0.
18	COMPUTER	071097SL		5.00	16	1,193.			1,193.	1,193.		0.
19	COMPUTER SYSTEM	082198SL		5.00	16	1,726.			1,726.	1,726.		0.
23	LASER PRINTER	042899SL		5.00	16	429.			429.	429.		0.
37	HP COMPUTER	021705SL		5.00	16	1,464.			1,464.	1,367.		0.
40	LCD PROJECTOR PRINTER FOR	042806SL		5.00	16	751.			751.	725.		0.
43	COUNSELING SHREDDER FOR FRONT	011310SL		5.00	16	200.			200.	200.		0.
44	DESK LAPTOP &	011310SL		5.00	16	250.			250.	250.		0.
47	REFURBISHED COMPUTER	010913SL		5.00	16	450.			450.	450.		0.
1	EQUIPMENT	061586PRE		5.00	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	052589200DB5		5.00	16	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	061489200DB5		5.00	16	304.			304.	304.		0.
4	EQUIPMENT	061689200DB5		5.00	16	606.			606.	606.		0.
5	EQUIPMENT	083189200DB5		5.00	16	688.			688.	688.		0.
6	FAX MACHINE	042494200DB5		5.00	16	286.			286.	286.		0.
7	COPIER	050494200DB5		5.00	16	778.			778.	778.		0.

2018 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
16	OFFICE EQUIPMENT	060696SL		5.00	16	352.			352.	352.		0.
17	VIDEO & MONITOR	093096SL		5.00	16	402.			402.	402.		0.
21	PAGER REPLACEMENT NEW TELEPHONE	061699SL		5.00	16	409.			409.	409.		0.
22	SYSTEM	092099SL		5.00	16	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101SL		5.00	16	546.			546.	546.		0.
32	NEW COPIER	120204SL		5.00	16	476.			476.	332.		0.
33	DENTAL HANDPIECE SCICAN STATIM	072005SL		5.00	16	636.			636.	636.		0.
34	AUTOCLAVE	072505SL		5.00	16	2,369.			2,369.	2,369.		0.
35	VIDEO EQUIPMENT PANASONIC VOICEMAIL	072705SL		5.00	16	1,228.			1,228.	1,228.		0.
41	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 SPT ENERGY STAR 1.1	121313SL		5.00	16	364.			364.	298.		66.
48	CF UPRIGHT WHITE F FRIGIDAIRE 16.7 CF	092314SL		5.00	16	230.			230.	150.		46.
49	FREEZERLESS REFRIGERATOR EPSON EX5220 XG3	092314SL		5.00	16	705.			705.	458.		141.
50	LCD PROJECTOR FOR AIR CONDITIONING	040815SL		5.00	16	525.			525.	289.		105.
20	SYSTEM LEASEHOLD	063098SL		39.00	16	3,550.			3,550.	1,778.		91.
25	IMPROVEMENTS LEASEHOLD	051101SL		39.00	16	367.			367.	150.		9.
26	IMPROVEMENTS (HAVC)	060401SL		39.00	16	3,947.			3,947.	1,671.		101.

82B102 04-01-18 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2018 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
27	LEASEHOLD IMPROVEMENTS (CARPET)	060801SL		7.00	16	1,960.			1,960.	1,937.		0.
28	LEASEHOLD IMPROVEMENTS (LIGHTING)	021401SL		39.00	16	662.			662.	287.		17.
29	LEASEHOLD IMPROVEMENTS (NEW DOOR)	041001SL		39.00	16	598.			598.	251.		15.
	TOTAL FORM 199 DEPRECIATION					79,892.			79,892.	48,816.	0.	4,577.
	TOTALS FOR CALIFORNIA					79,892.			79,892.	48,816.	0.	4,577.

2019 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR STATE - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
51	RITTER 107 EXAM	061516SL		5.00	750.		750.	388.	150.
52	VACUUM & AIR COMPRESSOR FOR DENTAL	030817SL		5.00	6,100.		6,100.	2,237.	1,220.
53	DENTAL EQUIP-(2) SCHICK SENORS & CON	042017SL		5.00	7,236.		7,236.	2,412.	1,447.
54	DENTAL SENSOR	080718SL		5.00	1,800.		1,800.	150.	360.
55	(2) SCHICK CDR DIGITAL X-RAY SENSORS	110718SL		5.00	5,472.		5,472.	182.	1,094.
56	CARDIO TECH GT-300 EKG	022318SL		5.00	1,638.		1,638.	273.	328.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	053018SL		5.00	4,303.		4,303.	502.	861.
80	OFFICE FURNITURE	063089200DB		7.00	169.		169.	169.	0.
90	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.	452.	0.
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.
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	052589200DB		5.00	1,696.		1,696.	1,696.	0.
3	EQUIPMENT	061489200DB		5.00	304.		304.	304.	0.
4	EQUIPMENT	061689200DB		5.00	606.		606.	606.	0.
5	EQUIPMENT	083189200DB		5.00	688.		688.	688.	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
6	FAX MACHINE	042494	200DB	5.00	286.		286.	286.	0.
7	COPIER	050494	200DB	5.00	778.		778.	778.	0.
16	OFFICE EQUIPMENT	060696	SL	5.00	352.		352.	352.	0.
17	VIDEO & MONITOR	093096	SL	5.00	402.		402.	402.	0.
21	PAGER REPLACEMENT	061699	SL	5.00	409.		409.	409.	0.
22	NEW TELEPHONE SYSTEM	092099	SL	5.00	1,233.		1,233.	1,233.	0.
31	POLAROID CAMERA	052101	SL	5.00	546.		546.	546.	0.
32	NEW COPIER	120204	SL	5.00	476.		476.	332.	0.
33	DENTAL HANDPIECE	072005	SL	5.00	636.		636.	636.	0.
34	SCICAN STATIM AUTOCLAVE	072505	SL	5.00	2,369.		2,369.	2,369.	0.
35	VIDEO EQUIPMENT	072705	SL	5.00	1,228.		1,228.	1,228.	0.
41	PANASONIC VOICEMAIL EQUIPMENT & SOFTWARE	051507	SL	7.00	602.		602.	588.	0.
42	EKG MACHINE	091109	SL	5.00	2,287.		2,287.	2,287.	0.
46	URINE ANALYZER	121313	SL	5.00	364.		364.	364.	0.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE	092314	SL	5.00	230.		230.	196.	34.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIG	092314	SL	5.00	705.		705.	599.	106.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR	040815	SL	5.00	525.		525.	394.	105.
20	AIR CONDITIONING SYSTEM	063098	SL	39.00	3,550.		3,550.	1,869.	91.
25	LEASEHOLD IMPROVEMENTS	051101	SL	39.00	367.		367.	159.	9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401	SL	39.00	3,947.		3,947.	1,772.	101.
27	LEASEHOLD IMPROVEMENTS (CARPETING)	060801	SL	7.00	1,960.		1,960.	1,937.	0.
28	LEASEHOLD IMPROVEMENTS (LIGHTING FIXTURES)	021401	SL	39.00	662.		662.	304.	17.
29	LEASEHOLD IMPROVEMENTS (NEW DOORS & L	041001	SL	39.00	598.		598.	266.	15.
	TOTAL FORM 199 DEPRECIATION				79,892.		79,892.	53,393.	5,938.
	TOTALS FOR CALIFORNIA				79,892.		79,892.	53,393.	5,938.

(D) - Asset disposed

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

California Exempt Organization
Annual Information Return

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **FREE CLINIC OF SIMI VALLEY**
Additional information. See instructions.

California corporation number: **0668074**

FEIN: **23-7108154**

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

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

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

A First Return Yes No

B Amended Return Yes No

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

D Final Information Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized

Enter date: (mm/dd/yyyy) _____

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

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

G Is this a group filing? See instructions Yes No

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

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

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

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

L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required

M Is the organization a Limited Liability Company? Yes No

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

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

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

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	122,433	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	376,398	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	498,831	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	498,831	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	511,064	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-12,233	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	10	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00

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

Sign Here

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

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

Paid Preparer's Use Only

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

Firm's FEIN: **77-0165080**
Telephone: **(805) 522-3771**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

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

828951 12-12-18

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1		00		
	2	Interest	2	386	00		
	3	Dividends	3		00		
	4	Gross rents	4		00		
	5	Gross royalties	5		00		
	6	Gross amount received from sale of assets (See Instructions)	6		00		
	7	Other income	7	SEE STATEMENT 2	122,047	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8		122,433	00	
	9	Contributions, gifts, grants, and similar amounts paid	9			00	
	10	Disbursements to or for members	10			00	
	11	Compensation of officers, directors, and trustees	11	SEE STATEMENT 3	80,693	00	
	12	Other salaries and wages	12		128,703	00	
	Expenses and Disbursements	13	Interest	13		00	
		14	Taxes	14	16,018	00	
		15	Rents	15	24,792	00	
		16	Depreciation and depletion (See instructions)	16	4,577	00	
		17	Other Expenses and Disbursements	17	SEE STATEMENT 4	256,281	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18		511,064	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

	(a)	(b)	(c)	(d)
Assets				
1 Cash		468,636		427,767
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	66,679		79,892	
b Less accumulated depreciation	(48,558)	18,121	(53,062)	26,830
11 Land				
12 Other assets	STMT 5	217,038		237,038
13 Total assets		703,795		691,635
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities	STMT 6	143,138		143,138
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		560,657		548,497
22 Total liabilities and net worth		703,795		691,635

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	-12,160	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	STMT 7 73
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	73
4 Income not recorded on books this year		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return		Subtract line 9 from line 6	-12,233
6 Total. Add line 1 through line 5	-12,160		

CA 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
LIVINGSTON MEMORIAL	2801 TOWNSGATE ROAD SUITE 200 WESTLAKE VILLAGE, CA 91361	04/27/18	20,000.
SWIFT MEMORIAL FOUNDATION	1317 DEL NORTE RD. STE#150 CAMARILLO, CA 93010	07/27/18	8,000.
VENTURA COUNTY COMMUNITY FOUNDATION	1317 DEL NORTE RD. STE#150 CAMARILLO, CA 93010	11/30/18	25,000.
CITY OF SIMI VALLEY-COMMUNITY DEVELOPMENT BLOCK GRANT	2929 TAPO CANYON RD SIMI VALLEY, CA 93063	09/07/18	15,000.
ROTARY CLUB SUNRISE	P.O. BOX 11 SIMI VALLEY, CA 93063	10/19/18	7,000.
DELTA DENTAL	ONE DELTA DRIVE MECHANICSBURG, PA 17055	10/16/18	15,000.
ROTARY CLUB FOUNDATION	P.O. BOX 524 SIMI VALLEY, CA 93062-0524	07/27/18	5,093.
CVS	C/O NAFC 1800 DIAGONAL ROAD #600 ALEXANDRIA, VA 22314	01/12/18	20,000.
JOHN & KAREN LINDSEY	12416 WILLOW HILL DR MOORPARK, CA 93021	11/30/18	5,000.
ROTARY CLUB OF SIMI INC	P.O. BOX 524 SIMI VALLEY, CA 93063-0524	06/15/18	5,000.
TOTAL INCLUDED ON LINE 3			125,093.

CA 199 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
PROGRAM SERVICE FEES	122,047.
TOTAL TO FORM 199, PART II, LINE 7	122,047.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
HARRY VANDYCK 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.
FRED BAUERMEISTER 2060 TAPO ST SIMI VALLEY, CA 93063-3417	EXECUTIVE DIRECTOR 40.00	80,693.
PHYLLIS WILSON, MA MFT 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.
VINCENT DULCICH 2060 TAPO ST SIMI VALLEY, CA 93063-3417	TREASURER 1.00	0.
POLLY VLASSIC 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.
CURT WITEBY 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.
MANE' BERBEL 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.
TRACEY YOUNG 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.
JILL HANEY 2060 TAPO ST SIMI VALLEY, CA 93063-3417	SECRETARY 1.00	0.
MAGGIE KESTLY 2060 TAPO ST SIMI VALLEY, CA 93063-3417	PRESIDENT 1.00	0.
REV. RON HYRCHUK 2060 TAPO ST SIMI VALLEY, CA 93063-3417	PAST PRESIDENT 1.00	0.

FREE CLINIC OF SIMI VALLEY

23-7108154

KURT FREDRICKSON 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.
KELLY ANN GAINES 2060 TAPO ST SIMI VALLEY, CA 93063-3417	DIRECTOR 1.00	0.
JOHN LINDSEY 2060 TAPO ST SIMI VALLEY, CA 93063-3417	VICE PRESIDENT 1.00	0.

TOTAL TO FORM 199, PART II, LINE 11 80,693.

CA 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
MEDICAL SUPPLIES	11,136.
ASSISTANCE TO CLIENTS	8,933.
TELEPHONE	6,902.
ONLINE MEDICAL RECORDS	3,720.
DIRECT EXPENSES OF FUNDRAISING EVENTS	38,568.
ACCOUNTING FEES	26,389.
PROFESSIONAL FUNDRAISING FEES	84,468.
OTHER PROFESSIONAL FEES	37,835.
ADVERTISING AND PROMOTION	1,661.
OFFICE EXPENSES	7,922.
TRAVEL	1,839.
CONFERENCES AND CONVENTIONS	3,362.
INSURANCE	10,135.
ALL OTHER EXPENSES	13,411.
TOTAL TO FORM 199, PART II, LINE 17	256,281.

CA 199 OTHER ASSETS STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID RENT	0.	0.
CONSTRUCTION IN PROGRESS	193,538.	213,538.
DUE FROM SIMI VALLEY COMMUNITY FUND	23,500.	23,500.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	217,038.	237,038.

CA 199	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNSECURED NOTES AND LOANS PAYABLE	143,138.	143,138.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	143,138.	143,138.	

CA 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT	7
DESCRIPTION		AMOUNT	
DEPRECIATION		73.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8		73.	

CA 3885

DEPRECIATION

STATEMENT 8

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

24	USED OFFICE FURNITURE						
	11/29/00	429.	429.	SL	7.00	0.	
25	LEASEHOLD IMPROVEMENTS						
	05/11/01	367.	150.	SL	39.00	9.	
26	LEASEHOLD IMPROVEMENTS(HAVC)						
	06/04/01	3,947.	1,671.	SL	39.00	101.	
27	LEASEHOLD IMPROVEMENTS(CARPETING)						
	06/08/01	1,960.	1,937.	SL	7.00	0.	
28	LEASEHOLD IMPROVEMENTS(LIGHTING FIXTURES))						
	02/14/01	662.	287.	SL	39.00	17.	
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & LOCKS)						
	04/10/01	598.	251.	SL	39.00	15.	
30	SINK UNIT (2) CABINETS W/ 106" TOP(BLACK)						
	06/15/01	1,489.	1,474.	SL	7.00	0.	
31	POLAROID CAMERA						
	05/21/01	546.	546.	SL	5.00	0.	
32	NEW COPIER						
	12/02/04	476.	332.	SL	5.00	0.	
33	DENTAL HANDPIECE						
	07/20/05	636.	636.	SL	5.00	0.	
34	SCICAN STATIM AUTOCLAVE						
	07/25/05	2,369.	2,369.	SL	5.00	0.	
35	VIDEO EQUIPMENT.						
	07/27/05	1,228.	1,228.	SL	5.00	0.	
36	FILE CABINET						
	08/24/05	461.	461.	SL	7.00	0.	
37	HP COMPUTER						
	02/17/05	1,464.	1,367.	SL	5.00	0.	
38	FILE CABINET						
	06/23/06	212.	212.	SL	7.00	0.	
39	FILE CABINET						
	08/23/06	126.	126.	SL	7.00	0.	
40	LCD PROJECTOR						
	04/28/06	751.	725.	SL	5.00	0.	
41	PANASONIC VOICEMAIL EQUIPMENT& SOFTWARE						
	05/15/07	602.	588.	SL	7.00	0.	
42	EKG MACHINE						
	09/11/09	2,287.	2,287.	SL	5.00	0.	
43	PRINTER FOR COUNSELING						
	01/13/10	200.	200.	SL	5.00	0.	
44	SHREDDER FOR FRONT DESK						
	01/13/10	250.	250.	SL	5.00	0.	
45	PRINTER FOR COUNSELING						
	08/19/13	452.	390.	SL	5.00	62.	
46	URINE ANALYZER						
	12/13/13	364.	298.	SL	5.00	66.	
47	LAPTOP & REFURBISHED COMPUTER TOWER						
	01/09/13	450.	450.	SL	5.00	0.	
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FREEZER						
	09/23/14	230.	150.	SL	5.00	46.	
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGERATOR						
	09/23/14	705.	458.	SL	5.00	141.	
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR CLINIC						
	04/08/15	525.	289.	SL	5.00	105.	

FREE CLINIC OF SIMI VALLEY

23-7108154

51 RITTER 107 EXAM	06/15/16	750.	238. SL	5.00	150.
52 VACUUM & AIR COMPRESSOR FOR DENTAL CLINIC	03/08/17	6,100.	1,017. SL	5.00	1,220.
53 DENTAL EQUIP-(2) SCHICK SENORS & CONNECTION BOX	04/20/17	7,236.	965. SL	5.00	1,447.
54 DENTAL SENSOR	08/07/18	1,800.	SL	5.00	150.
55 (2) SCHICK CDR DIGITAL X-RAY SENSORS SIZE 2	11/07/18	5,472.	SL	5.00	182.
56 CARDIO TECH GT-300 EKG	02/23/18	1,638.	SL	5.00	273.
57 RITTER 75 EVOLUTION PROCEDURE CHAIR	05/30/18	4,303.	SL	5.00	502.

TOTAL TO FORM 3885

79,892. 48,816.

4,577.

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

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

Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 14834 FREE CLINIC OF SIMI VALLEY <small>Name of Organization</small> 2060 TAPO ST <small>Address (Number and Street)</small> SIMI VALLEY, CA 93063-3417 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. D-0668074 Federal Employer I.D. No. 23-7108154
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2018 ending 12/31/2018) list:
 Gross annual revenue \$ 460,263 Total assets \$ 691,635

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. STMT 9	X	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

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

Organization's e-mail address **FRED@FREECLINICSV.COM**

COPY

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

FRED BAUERMEISTER

EXECUTIVE DIRECTOR

Signature of authorized officer

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING PROFESSIONAL
FUND-RAISING SERVICES
PART B, LINE 5

STATEMENT 9

PROFESSIONAL FUND RAISING SERVICES TO RAISE FUNDS FOR THE CLINIC'S
MULTI-SERVICES CENTER.