

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

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



**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

Direct Deposit/Debit Report

Name: FREE CLINIC OF SIMI VALLEY

Employer Identification Number: 23-7108154

Unit	Form	Name of Financial Institution	Account Type	Routing Number	Account Number	Debit/Deposit Date	Amount
CA	199	UNION BANK OF CALIFORNIA	CHECKING	122000496	5030077123	DEBIT 11/14/19	10.

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

NOVEMBER 14, 2019

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

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2018  
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT  
SCHEDULE B, SCHEDULE OF CONTRIBUTORS  
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT  
SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT  
SCHEDULE O, SUPPLEMENTAL INFORMATION  
FORM 4562, DEPRECIATION AND AMORTIZATION  
FORM 8868, APPLICATION FOR AUTOMATIC FILING EXTENSION  
FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION  
CURRENT YEAR DEPRECIATION REPORT  
CURRENT YEAR STATE DEPRECIATION REPORT  
NEXT YEAR DEPRECIATION REPORT  
NEXT YEAR STATE DEPRECIATION REPORT  
CA 199, EXEMPT ORGANIZATION RETURN  
CA 3885 (199), CORPORATION DEPRECIATION/AMORTIZATION  
CA 8453-EO, E-FILE RETURN AUTHORIZATION FOR EXEMPT ORGS  
CA RRF-1, REGISTRATION/RENEWAL FEE REPORT

TAX PREPARATION FEE

MICHAEL P. FISCHER, C.P.A.  
65 WEST EASY ST STE#205  
SIMI VALLEY CA 93065-6202  
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NOVEMBER 14, 2019

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SIMI VALLEY, CA 93063-3417

DEAR FRED,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2018 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2018 FORM 990

2018 CALIFORNIA FORM 199

2018 CALIFORNIA FORM RRF-1

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

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

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

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

SINCERELY,

MICHAEL P. FISCHER  
C.P.A.

## Filing Instructions

**Prepared for:**

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

**Prepared by:**

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

2018 FORM 990

**ELECTRONIC FILING:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

2018 CALIFORNIA FORM 199

YOU HAVE A BALANCE DUE OF .....\$ 10.00

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

YOUR BALANCE DUE OF \$10.00 WILL BE AUTOMATICALLY WITHDRAWN FROM YOUR ACCOUNT ENDING IN 7123 NOVEMBER 14, 2019. REFER TO FORM 199 ON THE DIRECT DEPOSIT/DEBIT REPORT FOR COMPLETE ACCOUNT INFORMATION.

# Filing Instructions

**Prepared for:**

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

**Prepared by:**

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

2018 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF .....\$ 75.00

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

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

PLEASE MAIL ON OR BEFORE NOVEMBER 15, 2019.

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



Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_

# 2018

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**FREE CLINIC OF SIMI VALLEY**

**23-7108154**

Name and title of officer

**FRED BAUERMEISTER  
EXECUTIVE DIRECTOR**

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

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>460,263.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

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

**77441533915**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

Form **990**

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

OMB No. 1545-0047

**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](http://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>B</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	<b>C</b> Name of organization <b>FREE CLINIC OF SIMI VALLEY</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2060 TAPO ST</b> City or town, state or province, country, and ZIP or foreign postal code <b>SIMI VALLEY, CA 93063-3417</b> <b>F</b> Name and address of principal officer: <b>FRED BAUERMEISTER</b> <b>2060 TAPO ST, SIMI VALLEY, CA 93063</b>	<b>D</b> Employer identification number <b>23-7108154</b> <b>E</b> Telephone number <b>(805) 522-3733</b> <b>G</b> Gross receipts \$ <b>498,831.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.FREECLINICSV.COM</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1971</b>		<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>MEDICAL, DENTAL &amp; COUNSELING SERVICES FOR THE GENERAL PUBLIC</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>11</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>141</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 236,383.	<b>Current Year</b> 376,398.
<b>9</b>	Program service revenue (Part VIII, line 2g)	117,177.	122,047.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	482.	386.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-27,325.	-38,568.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	326,717.	460,263.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	211,382.	225,414.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	7,500.	84,468.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>124,089.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	297,542.	162,541.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	516,424.	472,423.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-189,707.	-12,160.
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 703,795.	<b>End of Year</b> 691,635.
<b>21</b>	Total liabilities (Part X, line 26)	143,138.	143,138.
<b>22</b>	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.

<b>Sign Here</b>	Signature of officer <b>FRED BAUERMEISTER, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHAEL P. FISCHER</b>	Preparer's signature Date
	Firm's name ▶ <b>MICHAEL P. FISCHER, C.P.A.</b> Firm's address ▶ <b>65 WEST EASY ST SUITE 205 SIMI VALLEY, CA 93065-6202</b>	Check if self-employed <input checked="" type="checkbox"/> PTIN <b>P00223947</b> Firm's EIN ▶ <b>77-0165080</b> 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
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X
<b>5</b> 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> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> 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> .....	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> 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> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</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> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> 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> .....	<b>17</b> X	
<b>18</b> 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> .....	<b>18</b>	X
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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> .....	<b>21</b>	X

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 11		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	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?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.			

**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
<b>1a</b>	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.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	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
<b>3</b>	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	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</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).		
<b>16a</b>	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>b</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?		
<b>16b</b>			

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

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

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	208,195.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	15,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	153,203.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		376,398.				
	<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM SERVICE FEES	<b>Business Code</b> 624100	122,047.	122,047.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			122,047.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		386.			386.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 208,195. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		0.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	38,568.			
		<b>c</b> Net income or (loss) from fundraising events .....		-38,568.			-38,568.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> 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 <b>MEDICAL SUPPLIES</b>	11,136.	11,136.		
b <b>ASSISTANCE TO CLIENTS</b>	8,933.	8,933.		
c <b>TELEPHONE</b>	6,902.	5,246.	897.	759.
d <b>ONLINE MEDICAL RECORDS</b>	3,720.	3,720.		
e All other expenses	13,411.	11,242.	2,107.	62.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	472,423.	301,034.	47,300.	124,089.
26 <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	54,457.	<b>1</b>	150,064.
	<b>2</b> Savings and temporary cash investments .....	414,179.	<b>2</b>	277,703.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 79,892.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 53,062.	18,121.	<b>10c</b> 26,830.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		217,038.	<b>15</b> 237,038.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		703,795.	<b>16</b> 691,635.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		143,138.	<b>24</b> 143,138.
	<b>25</b> 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 .....			<b>25</b>
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....		143,138.	<b>26</b> 143,138.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....		<b>27</b>	
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....	0.	<b>30</b>	0.
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>31</b>	0.
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....	560,657.	<b>32</b>	548,497.
<b>33</b> Total net assets or fund balances .....	560,657.	<b>33</b>	548,497.	
<b>34</b> Total liabilities and net assets/fund balances .....	703,795.	<b>34</b>	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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2018)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://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 Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	264,329.	713,002.	568,905.	353,560.	376,399.	2276195.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	264,329.	713,002.	568,905.	353,560.	376,399.	2276195.
<b>5</b> 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) .....						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 .....	264,329.	713,002.	568,905.	353,560.	376,399.	2276195.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	41.	182.	598.	482.	386.	1,689.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						2277884.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.93 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	99.94 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

**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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> 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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> 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
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**FREE CLINIC OF SIMI VALLEY**

Employer identification number

**23-7108154**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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  <b>FREE CLINIC OF SIMI VALLEY</b>	Employer identification number  <b>23-7108154</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**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 .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2018

**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.
<b>Total.</b> 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	213,538.
(2) DUE FROM SIMI VALLEY COMMUNITY FUND	23,500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

DEPRECIATION VARIANCE

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

DEPRECIATION VARIANCE

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

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

Horizontal lines for supplemental information.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization

**FREE CLINIC OF SIMI VALLEY**

Employer identification number

**23-7108154**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NETZEL GRIGSBY ASSOCIATES, INC. - 6167 BRISTOL PARKWAY,	FUND RAISING CAMPAIGN FOR MULTI-SERVICES CENTER		X	45,600.	84,468.	-38,868.
<b>Total</b>				45,600.	84,468.	-38,868.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		HEALTH EXPO	FRIENDS OF THE FREE CLI	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(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			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

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



- 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:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%
- 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

**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

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

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

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

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

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

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

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

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
51	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 SENORS & 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.
55	(2) SCHICK CDR DIGITAL X-RAY SENSORS SIZE 2	11/07/18	SL	5.00		MQ19B	5,472.				5,472.			137.	137.
56	CARDIO TECH GT-300 EKG	02/23/18	SL	5.00		MQ19B	1,638.				1,638.			287.	287.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	05/30/18	SL	5.00		MQ19B	4,303.				4,303.			538.	538.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						27,299.				27,299.	1,559.		3,914.	5,473.
	FURNITURE & FIXTURES														
8	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	11/29/00	SL	7.00		MQ17	429.				429.	429.		0.	429.
30	SINK UNIT (2) CABINETS W/ 106" TOP(BLACK)	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.

2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
38	FILE CABINET	06/23/06	SL	7.00		HY17	212.				212.	212.		0.	212.
39	FILE CABINET	08/23/06	SL	7.00		HY17	126.				126.	126.		0.	126.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						10,491.				10,491.	10,491.		0.	10,491.
	* 990 PAGE 10 TOTAL -						37,790.				37,790.	12,050.		3,914.	15,964.
	MACHINERY & EQUIPMENT														
45	PRINTER FOR COUNSELING	08/19/13	SL	5.00		HY17	452.			226.	226.	203.		23.	226.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						452.			226.	226.	203.		23.	226.
	OTHER														
12	COMPUTER EQUIPMENT	05/01/92	SL	5.00		HY17	250.				250.	250.		0.	250.
13	COMPUTER EQUIPMENT	05/07/92	SL	5.00		HY17	1,620.				1,620.	1,620.		0.	1,620.
14	COMPUTER EQUIPMENT	04/11/94	200DB	5.00		HY17	3,685.				3,685.	3,685.		0.	3,685.
18	COMPUTER	07/10/97	SL	5.00		HY17	1,193.				1,193.	1,193.		0.	1,193.
19	COMPUTER SYSTEM	08/21/98	SL	5.00		HY17	1,726.				1,726.	1,726.		0.	1,726.
23	LASER PRINTER	04/28/99	SL	5.00		HY17	429.				429.	429.		0.	429.
37	HP COMPUTER	02/17/05	SL	5.00		HY17	1,464.				1,464.	1,464.		0.	1,464.
40	LCD PROJECTOR	04/28/06	SL	5.00		HY17	751.				751.	751.		0.	751.
43	PRINTER FOR COUNSELING	01/13/10	SL	5.00		HY17	200.				200.	200.		0.	200.
44	SHREDDER FOR FRONT DESK	01/13/10	SL	5.00		HY17	250.				250.	250.		0.	250.

2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
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	200DB	5.00		HY17	1,696.				1,696.	1,696.		0.	1,696.
3	EQUIPMENT	06/14/89	200DB	5.00		HY17	304.				304.	304.		0.	304.
4	EQUIPMENT	06/16/89	200DB	5.00		HY17	606.				606.	606.		0.	606.
5	EQUIPMENT	08/31/89	200DB	5.00		HY17	688.				688.	688.		0.	688.
6	FAX MACHINE	04/24/94	200DB	5.00		HY17	286.				286.	286.		0.	286.
7	COPIER	05/04/94	200DB	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		MO17	476.			238.	238.	238.		0.	238.
33	DENTAL HANDPIECE	07/20/05	SL	5.00		HY17	636.				636.	636.		0.	636.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
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 -					18,548.			1,564.	16,984.	16,422.		312.	16,734.
	BUILDINGS													
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 FIXTUR	02/14/01	SL	39.00	MM17	662.				662.	287.		17.	304.



2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
29	LEASEHOLD IMPROVEMENTS (NEW DOORS & LOCKS)	04/10/01	SL	39.00	MM	17	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

OMB No. 1545-0172

**2018**  
 Attachment  
 Sequence No. 179

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

**FREE CLINIC OF SIMI VALLEY**

**FORM 990 PAGE 10**

**23-7108154**

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

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

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

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

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

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	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 <input type="checkbox"/>		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		13,213.	5 YRS.	MQ	SL	1,097.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

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

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

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

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	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	23	

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
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

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.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use?
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2018 tax year:
43 Amortization of costs that began before your 2018 tax year
44 Total. Add amounts in column (f). See the instructions for where to report

# 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](http://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](http://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	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>FREE CLINIC OF SIMI VALLEY</b>	Employer identification number (EIN) or <b>23-7108154</b>
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. <b>C/O MICHAEL P FISCHER, CPA - 65 EASY ST SUITE 205</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SIMI VALLEY, CA 93065</b>	

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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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	061516	SL	5.00	17	750.			750.	225.		150.
52	COMPRESSOR FOR DENTAL EQUIP-(2)	030817	SL	5.00	17	6,100.			6,100.	610.		1,220.
53	SCHICK SENORS & CON	042017	SL	5.00	17	7,236.			7,236.	724.		1,447.
54	DENTAL SENSOR (2) SCHICK CDR	080718	SL	5.00	19B	1,800.			1,800.			135.
55	DIGITAL X-RAY SENSOR	110718	SL	5.00	19B	5,472.			5,472.			137.
56	CARDIO TECH GT-300 EKG	022318	SL	5.00	19B	1,638.			1,638.			287.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	053018	SL	5.00	19B	4,303.			4,303.			538.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GEN					27,299.		0.	27,299.	1,559.		3,914.
	FURNITURE & FIXTURES											
8	OFFICE FURNITURE	063089	200DB	7.00	17	169.			169.	169.		0.
9	OFFICE FURNITURE	072192	SL	7.00	17	4,790.			4,790.	4,790.		0.
10	WINDOW BLIND	081192	SL	7.00	17	215.			215.	215.		0.
11	CARPETING	082592	SL	7.00	17	1,281.			1,281.	1,281.		0.
15	OFFICE CABINETS USED OFFICE	011896	SL	7.00	17	1,319.			1,319.	1,319.		0.
24	FURNITURE	112900	SL	7.00	17	429.			429.	429.		0.
30	SINK UNIT (2) CABINETS W/ 106" TO	061501	SL	7.00	17	1,489.			1,489.	1,489.		0.
36	FILE CABINET	082405	SL	7.00	17	461.			461.	461.		0.

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	062306	SL	7.00	17	212.			212.	212.		0.
39	FILE CABINET	082306	SL	7.00	17	126.			126.	126.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					10,491.		0.	10,491.	10,491.		0.
	* 990 PAGE 10 TOTAL -					37,790.		0.	37,790.	12,050.		3,914.
	MACHINERY & EQUIPMENT											
	PRINTER FOR COUNSELING											
45	COUNSELING	081913	SL	5.00	17	452.		226.	226.	203.		23.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					452.		226.	226.	203.		23.
	OTHER											
12	COMPUTER EQUIPMENT	050192	SL	5.00	17	250.			250.	250.		0.
13	COMPUTER EQUIPMENT	050792	SL	5.00	17	1,620.			1,620.	1,620.		0.
14	COMPUTER EQUIPMENT	041194	200DB	5.00	17	3,685.			3,685.	3,685.		0.
18	COMPUTER	071097	SL	5.00	17	1,193.			1,193.	1,193.		0.
19	COMPUTER SYSTEM	082198	SL	5.00	17	1,726.			1,726.	1,726.		0.
23	LASER PRINTER	042899	SL	5.00	17	429.			429.	429.		0.
37	HP COMPUTER	021705	SL	5.00	17	1,464.			1,464.	1,464.		0.
40	LCD PROJECTOR	042806	SL	5.00	17	751.			751.	751.		0.
	PRINTER FOR											
43	COUNSELING	011310	SL	5.00	17	200.			200.	200.		0.
	SHREDDER FOR FRONT											
44	DESK	011310	SL	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 COMPUTE	010913	SL	5.00	17	450.		225.	225.	203.		22.
	* 990 PAGE 10 TOTAL					12,018.		225.	11,793.	11,771.		22.
	OTHER					12,470.		451.	12,019.	11,974.		45.
	* 990 PAGE 10 TOTAL											
	- MACHINERY & EQUIPMENT											
1	EQUIPMENT	061586	PRE	5.00	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	052589	200DB	5.00	17	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	061489	200DB	5.00	17	304.			304.	304.		0.
4	EQUIPMENT	061689	200DB	5.00	17	606.			606.	606.		0.
5	EQUIPMENT	083189	200DB	5.00	17	688.			688.	688.		0.
6	FAX MACHINE	042494	200DB	5.00	17	286.			286.	286.		0.
7	COPIER	050494	200DB	5.00	17	778.			778.	778.		0.
16	OFFICE EQUIPMENT	060696	SL	5.00	17	352.			352.	352.		0.
17	VIDEO & MONITOR	093096	SL	5.00	17	402.			402.	402.		0.
21	PAGER REPLACEMENT	061699	SL	5.00	17	409.			409.	409.		0.
22	NEW TELEPHONE SYSTEM	092099	SL	5.00	17	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101	SL	5.00	17	546.			546.	546.		0.
32	NEW COPIER	120204	SL	5.00	17	476.		238.	238.	238.		0.
33	DENTAL HANDPIECE	072005	SL	5.00	17	636.			636.	636.		0.

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	072505	SL	5.00	17	2,369.			2,369.	2,369.		0.
35	VIDEO EQUIPMENT	072705	SL	5.00	17	1,228.			1,228.	1,228.		0.
41	PANASONIC VOICEMAIL EQUIPMENT& SOFTWARE	051507	SL	7.00	17	602.			602.	602.		0.
42	EKG MACHINE	091109	SL	5.00	17	2,287.		1,144.	1,143.	1,143.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					16,724.		1,382.	15,342.	15,342.		0.
	OTHER											
46	URINE ANALYZER	121313	SL	5.00	17	364.		182.	182.	162.		20.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE F	092314	SL	5.00	17	230.			230.	161.		46.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGE	092314	SL	5.00	17	705.			705.	494.		141.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR C	040815	SL	5.00	17	525.			525.	263.		105.
	* 990 PAGE 10 TOTAL OTHER					1,824.		182.	1,642.	1,080.		312.
	* 990 PAGE 10 TOTAL -					18,548.		1,564.	16,984.	16,422.		312.
	BUILDINGS											
20	AIR CONDITIONING SYSTEM	063098	SL	39.00	17	3,550.			3,550.	1,778.		91.
25	LEASEHOLD IMPROVEMENTS	051101	SL	39.00	17	367.			367.	150.		9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401	SL	39.00	17	3,947.			3,947.	1,671.		101.
27	LEASEHOLD IMPROVEMENTS (CARPET)	060801	SL	7.00	17	1,960.			1,960.	1,960.		0.
28	LEASEHOLD IMPROVEMENTS (LIGHTI	021401	SL	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)	04/10/01	SL	39.00	17	598.			598.	251.		15.
	* 990 PAGE 10 TOTAL BUILDINGS					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.		

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
	MANAGEMENT AND GENERAL								
51	RITTER 107 EXAM VACUUM & AIR COMPRESSOR FOR DENTAL CLINIC	061516	SL	5.00	750.		750.	375.	150.
52	DENTAL EQUIP-(2) SCHICK SENORS & CONNECTION BOX	030817	SL	5.00	6,100.		6,100.	1,830.	1,220.
53	DENTAL SENSOR	042017	SL	5.00	7,236.		7,236.	2,171.	1,447.
54	(2) SCHICK CDR DIGITAL X-RAY SENSORS SIZE 2	080718	SL	5.00	1,800.		1,800.	135.	360.
55	CARDIO TECH GT-300 EKG	110718	SL	5.00	5,472.		5,472.	137.	1,094.
56	RITTER 75 EVOLUTION PROCEDURE CHAIR	022318	SL	5.00	1,638.		1,638.	287.	328.
57	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL	053018	SL	5.00	4,303.		4,303.	538.	861.
					27,299.		27,299.	5,473.	5,460.
	FURNITURE & FIXTURES								
8	OFFICE FURNITURE	063089	200DB	7.00	169.		169.	169.	0.
9	OFFICE FURNITURE	072192	SL	7.00	4,790.		4,790.	4,790.	0.
10	WINDOW BLIND	081192	SL	7.00	215.		215.	215.	0.
11	CARPETING	082592	SL	7.00	1,281.		1,281.	1,281.	0.
15	OFFICE CABINETS	011896	SL	7.00	1,319.		1,319.	1,319.	0.
24	USED OFFICE FURNITURE	112900	SL	7.00	429.		429.	429.	0.
	SINK UNIT (2) CABINETS W/ 106" TOP(BLACK)	061501	SL	7.00	1,489.		1,489.	1,489.	0.
36	FILE CABINET	082405	SL	7.00	461.		461.	461.	0.
38	FILE CABINET	062306	SL	7.00	212.		212.	212.	0.
39	FILE CABINET	082306	SL	7.00	126.		126.	126.	0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				10,491.		10,491.	10,491.	0.
	* 990 PAGE 10 TOTAL -				37,790.		37,790.	15,964.	5,460.
	MACHINERY & EQUIPMENT								
45	PRINTER FOR COUNSELING	081913	SL	5.00	452.	226.	226.	226.	0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				452.	226.	226.	226.	0.
	OTHER								
12	COMPUTER EQUIPMENT	050192	SL	5.00	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	050792	SL	5.00	1,620.		1,620.	1,620.	0.
14	COMPUTER EQUIPMENT	041194	200DB	5.00	3,685.		3,685.	3,685.	0.
18	COMPUTER	071097	SL	5.00	1,193.		1,193.	1,193.	0.
19	COMPUTER SYSTEM	082198	SL	5.00	1,726.		1,726.	1,726.	0.
23	LASER PRINTER	042899	SL	5.00	429.		429.	429.	0.
37	HP COMPUTER	021705	SL	5.00	1,464.		1,464.	1,464.	0.
40	LCD PROJECTOR	042806	SL	5.00	751.		751.	751.	0.
43	PRINTER FOR COUNSELING	011310	SL	5.00	200.		200.	200.	0.
44	SHREDDER FOR FRONT DESK	011310	SL	5.00	250.		250.	250.	0.
47	LAPTOP & REFURBISHED COMPUTER TOWER	010913	SL	5.00	450.	225.	225.	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	061586	PRE	5.00	1,826.		1,826.	1,826.	0.
2	EQUIPMENT	052589	200DB	5.00	1,696.		1,696.	1,696.	0.
3	EQUIPMENT	061489	200DB	5.00	304.		304.	304.	0.
4	EQUIPMENT	061689	200DB	5.00	606.		606.	606.	0.
5	EQUIPMENT	083189	200DB	5.00	688.		688.	688.	0.
6	FAX MACHINE	042494	200DB	5.00	286.		286.	286.	0.
7	COPIER	050494	200DB	5.00	778.		778.	778.	0.
16	OFFICE EQUIPMENT	060696	SL	5.00	352.		352.	352.	0.
17	VIDEO & MONITOR	093096	SL	5.00	402.		402.	402.	0.
21	PAGER REPLACEMENT	061699	SL	5.00	409.		409.	409.	0.
22	NEW TELEPHONE SYSTEM	092099	SL	5.00	1,233.		1,233.	1,233.	0.
31	POLAROID CAMERA	052101	SL	5.00	546.		546.	546.	0.
32	NEW COPIER	120204	SL	5.00	476.	238.	238.	238.	0.
33	DENTAL HANDPIECE	072005	SL	5.00	636.		636.	636.	0.
34	SCICAN STATIM AUTOCLAVE	072505	SL	5.00	2,369.		2,369.	2,369.	0.
35	VIDEO EQUIPMENT	072705	SL	5.00	1,228.		1,228.	1,228.	0.
	PANASONIC VOICEMAIL EQUIPMENT&								
41	SOFTWARE	051507	SL	7.00	602.		602.	602.	0.
42	EKG MACHINE	091109	SL	5.00	2,287.	1,144.	1,143.	1,143.	0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				16,724.	1,382.	15,342.	15,342.	0.

(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	121313	SL	5.00	364.	182.	182.	182.	0.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FREEZER	092314	SL	5.00	230.		230.	207.	23.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGERATOR	092314	SL	5.00	705.		705.	635.	70.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR CLINIC	040815	SL	5.00	525.		525.	368.	105.
	* 990 PAGE 10 TOTAL OTHER				1,824.	182.	1,642.	1,392.	198.
	* 990 PAGE 10 TOTAL -				18,548.	1,564.	16,984.	16,734.	198.
	BUILDINGS								
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.	1,960.	0.
28	LEASEHOLD IMPROVEMENTS(LIGHTING FIXTURES))	021401	SL	39.00	662.		662.	304.	17.
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & LOCKS)	041001	SL	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	061516	SL	5.00	16	750.			750.	238.		150.
52	COMPRESSOR FOR DENTAL EQUIP-(2)	030817	SL	5.00	16	6,100.			6,100.	1,017.		1,220.
53	SCHICK SENORS & CON	042017	SL	5.00	16	7,236.			7,236.	965.		1,447.
54	DENTAL SENSOR (2) SCHICK CDR	080718	SL	5.00	16	1,800.			1,800.			150.
55	DIGITAL X-RAY SENSOR CARDIO TECH GT-300	110718	SL	5.00	16	5,472.			5,472.			182.
56	EKG	022318	SL	5.00	16	1,638.			1,638.			273.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	053018	SL	5.00	16	4,303.			4,303.			502.
8	OFFICE FURNITURE	063089200	DB	7.00	16	169.			169.	169.		0.
9	OFFICE FURNITURE	072192	SL	7.00	16	4,790.			4,790.	4,790.		0.
10	WINDOW BLIND	081192	SL	7.00	16	215.			215.	215.		0.
11	CARPETING	082592	SL	7.00	16	1,281.			1,281.	1,281.		0.
15	OFFICE CABINETS USED OFFICE	011896	SL	7.00	16	1,319.			1,319.	1,319.		0.
24	FURNITURE SINK UNIT (2)	112900	SL	7.00	16	429.			429.	429.		0.
30	CABINETS W/ 106" TO	061501	SL	7.00	16	1,489.			1,489.	1,474.		0.
36	FILE CABINET	082405	SL	7.00	16	461.			461.	461.		0.
38	FILE CABINET	062306	SL	7.00	16	212.			212.	212.		0.
39	FILE CABINET PRINTER FOR	082306	SL	7.00	16	126.			126.	126.		0.
45	COUNSELING	081913	SL	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	050192	SL	5.00	16	250.			250.	250.		0.
13	COMPUTER EQUIPMENT	050792	SL	5.00	16	1,620.			1,620.	1,620.		0.
14	COMPUTER EQUIPMENT	041194	200DB	5.00	16	3,685.			3,685.	3,685.		0.
18	COMPUTER	071097	SL	5.00	16	1,193.			1,193.	1,193.		0.
19	COMPUTER SYSTEM	082198	SL	5.00	16	1,726.			1,726.	1,726.		0.
23	LASER PRINTER	042899	SL	5.00	16	429.			429.	429.		0.
37	HP COMPUTER	021705	SL	5.00	16	1,464.			1,464.	1,367.		0.
40	LCD PROJECTOR	042806	SL	5.00	16	751.			751.	725.		0.
43	PRINTER FOR COUNSELING	011310	SL	5.00	16	200.			200.	200.		0.
44	SHREDDER FOR FRONT DESK	011310	SL	5.00	16	250.			250.	250.		0.
47	LAPTOP & REFURBISHED COMPUTE	010913	SL	5.00	16	450.			450.	450.		0.
1	EQUIPMENT	061586	PRE	5.00	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	052589	200DB	5.00	16	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	061489	200DB	5.00	16	304.			304.	304.		0.
4	EQUIPMENT	061689	200DB	5.00	16	606.			606.	606.		0.
5	EQUIPMENT	083189	200DB	5.00	16	688.			688.	688.		0.
6	FAX MACHINE	042494	200DB	5.00	16	286.			286.	286.		0.
7	COPIER	050494	200DB	5.00	16	778.			778.	778.		0.

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	060696	SL	5.00	16	352.			352.	352.		0.
17	VIDEO & MONITOR	093096	SL	5.00	16	402.			402.	402.		0.
21	PAGER REPLACEMENT	061699	SL	5.00	16	409.			409.	409.		0.
22	NEW TELEPHONE SYSTEM	092099	SL	5.00	16	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101	SL	5.00	16	546.			546.	546.		0.
32	NEW COPIER	120204	SL	5.00	16	476.			476.	332.		0.
33	DENTAL HANDPIECE	072005	SL	5.00	16	636.			636.	636.		0.
34	SCICAN STATIM AUTOCLAVE	072505	SL	5.00	16	2,369.			2,369.	2,369.		0.
35	VIDEO EQUIPMENT	072705	SL	5.00	16	1,228.			1,228.	1,228.		0.
41	PANASONIC VOICEMAIL EQUIPMENT& SOFTWARE	051507	SL	7.00	16	602.			602.	588.		0.
42	EKG MACHINE	091109	SL	5.00	16	2,287.			2,287.	2,287.		0.
46	URINE ANALYZER	121313	SL	5.00	16	364.			364.	298.		66.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE F	092314	SL	5.00	16	230.			230.	150.		46.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGE	092314	SL	5.00	16	705.			705.	458.		141.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR C	040815	SL	5.00	16	525.			525.	289.		105.
20	AIR CONDITIONING SYSTEM	063098	SL	39.00	16	3,550.			3,550.	1,778.		91.
25	LEASEHOLD IMPROVEMENTS	051101	SL	39.00	16	367.			367.	150.		9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401	SL	39.00	16	3,947.			3,947.	1,671.		101.

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)	060801	SL	7.00	16	1,960.			1,960.	1,937.		0.
28	LEASEHOLD IMPROVEMENTS (LIGHTING)	021401	SL	39.00	16	662.			662.	287.		17.
29	LEASEHOLD IMPROVEMENTS (NEW DOOR)	041001	SL	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	061516	SL	5.00	750.		750.	388.	150.
52	VACUUM & AIR COMPRESSOR FOR DENTAL C	030817	SL	5.00	6,100.		6,100.	2,237.	1,220.
53	DENTAL EQUIP-(2) SCHICK SENORS & CON	042017	SL	5.00	7,236.		7,236.	2,412.	1,447.
54	DENTAL SENSOR	080718	SL	5.00	1,800.		1,800.	150.	360.
55	(2) SCHICK CDR DIGITAL X-RAY SENSORS	110718	SL	5.00	5,472.		5,472.	182.	1,094.
56	CARDIO TECH GT-300 EKG	022318	SL	5.00	1,638.		1,638.	273.	328.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	053018	SL	5.00	4,303.		4,303.	502.	861.
8	OFFICE FURNITURE	063089	200DB	7.00	169.		169.	169.	0.
9	OFFICE FURNITURE	072192	SL	7.00	4,790.		4,790.	4,790.	0.
10	WINDOW BLIND	081192	SL	7.00	215.		215.	215.	0.
11	CARPETING	082592	SL	7.00	1,281.		1,281.	1,281.	0.
15	OFFICE CABINETS	011896	SL	7.00	1,319.		1,319.	1,319.	0.
24	USED OFFICE FURNITURE	112900	SL	7.00	429.		429.	429.	0.
30	SINK UNIT (2) CABINETS W/ 106" TOP(B	061501	SL	7.00	1,489.		1,489.	1,474.	0.
36	FILE CABINET	082405	SL	7.00	461.		461.	461.	0.
38	FILE CABINET	062306	SL	7.00	212.		212.	212.	0.
39	FILE CABINET	082306	SL	7.00	126.		126.	126.	0.
45	PRINTER FOR COUNSELING	081913	SL	5.00	452.		452.	452.	0.
12	COMPUTER EQUIPMENT	050192	SL	5.00	250.		250.	250.	0.
13	COMPUTER EQUIPMENT	050792	SL	5.00	1,620.		1,620.	1,620.	0.
14	COMPUTER EQUIPMENT	041194	200DB	5.00	3,685.		3,685.	3,685.	0.
18	COMPUTER	071097	SL	5.00	1,193.		1,193.	1,193.	0.
19	COMPUTER SYSTEM	082198	SL	5.00	1,726.		1,726.	1,726.	0.
23	LASER PRINTER	042899	SL	5.00	429.		429.	429.	0.
37	HP COMPUTER	021705	SL	5.00	1,464.		1,464.	1,367.	0.
40	LCD PROJECTOR	042806	SL	5.00	751.		751.	725.	0.
43	PRINTER FOR COUNSELING	011310	SL	5.00	200.		200.	200.	0.
44	SHREDDER FOR FRONT DESK	011310	SL	5.00	250.		250.	250.	0.
47	LAPTOP & REFURBISHED COMPUTER TOWER	010913	SL	5.00	450.		450.	450.	0.
1	EQUIPMENT	061586	PRE	5.00	1,826.		1,826.	1,826.	0.
2	EQUIPMENT	052589	200DB	5.00	1,696.		1,696.	1,696.	0.
3	EQUIPMENT	061489	200DB	5.00	304.		304.	304.	0.
4	EQUIPMENT	061689	200DB	5.00	606.		606.	606.	0.
5	EQUIPMENT	083189	200DB	5.00	688.		688.	688.	0.

(D) - Asset disposed

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

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
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& SOFTW	051507	SL	7.00	602.		602.	588.	0.
42	EKG MACHINE	091109	SL	5.00	2,287.		2,287.	2,287.	0.
46	URINE ANALYZER	121313	SL	5.00	364.		364.	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 REFRI	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 FIXT	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/country: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

**A** First Return  Yes  No

**B** Amended Return  Yes  No

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

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

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

**F** Federal return filed? (1)  990T (2)  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 <b>STMT 1</b>	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	<b>Balance due.</b> 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**

**Paid Preparer's Use Only**  
Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  PTIN: **P00223947**  
Firm's name (or yours, if self-employed) and address: **MICHAEL P. FISCHER, C.P.A.  
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

<b>Receipts from Other Sources</b>	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	122,047	00
	8	<b>Total</b> 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	80,693	00
	12	Other salaries and wages	•	12	128,703	00
	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	256,281	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	511,064	00

<b>Schedule L Balance Sheet</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
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 <b>STMT 5</b>		217,038		237,038
13	<b>Total assets</b>		703,795		691,635
<b>Liabilities and net worth</b>					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities <b>STMT 6</b>		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	<b>Total liabilities and net worth</b>		703,795		691,635

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

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

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CA 199	OTHER INCOME	STATEMENT	2
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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.	

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		<u>80,693.</u>

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	<u>256,281.</u>

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	<u>217,038.</u>	<u>237,038.</u>

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.



**Corporation Depreciation and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 23-7108154

Corporation name

California corporation number

FREE CLINIC OF SIMI VALLEY

0668074

**Part I Election To Expense Certain Property Under IRC Section 179**

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12	13	

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

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	8	79,892.	48,816.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	4,577

**Part III Summary**

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	4,577
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	4,504
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	73

**Part IV Amortization**

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

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

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	<u>79,892.</u>	<u>48,816.</u>			<u>4,577.</u>

TAXABLE YEAR  
**2018**

**California e-file Return Authorization for Exempt Organizations**

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>FREE CLINIC OF SIMI VALLEY</b>	<b>23-7108154</b>

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<b>498,831</b>
2 Total gross income (Form 199, line 8)	2	<b>498,831</b>
3 Total expenses and disbursements (Form 199, line 9)	3	<b>511,064</b>

**Part II Settle Your Account Electronically for Taxable Year 2018**

4 <input checked="" type="checkbox"/> Electronic funds withdrawal	4a Amount	<b>10</b>	4b Withdrawal date (mm/dd/yyyy)	<b>11/14/2019</b>
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number	<b>122000496</b>
6 Account number	<b>5030077123</b>
7 Type of account:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings

**Part IV Declaration of Officer**

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**           \_\_\_\_\_           \_\_\_\_\_           **EXECUTIVE DIRECTOR**

Signature of officer      Date      Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

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

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

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

**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/](http://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 <u>14834</u>  <b>FREE CLINIC OF SIMI VALLEY</b> <small>Name of Organization</small>  <u>2060 TAPO ST</u> <small>Address (Number and Street)</small>  <u>SIMI VALLEY, CA 93063-3417</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>D-0668074</u>  Federal Employer I.D. No. <u>23-7108154</u>
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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. <span style="float:right"><b>STMT 9</b></span>	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. <span style="float:right"><b>SEE STATEMENT 10</b></span>	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

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.

<b>FRED BAUERMEISTER</b>	<b>EXECUTIVE DIRECTOR</b>
<small>Signature of authorized officer</small>	<small>Title</small>
<small>Printed Name</small>	<small>Date</small>

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CA RRF-1	INFORMATION REGARDING PROFESSIONAL FUND-RAISING SERVICES PART B, LINE 5	STATEMENT	9
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PROFESSIONAL FUND RAISING SERVICES TO RAISE FUNDS FOR THE CLINIC'S  
MULTI-SERVICES CENTER.

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CA RRF-1	INFORMATION REGARDING GOVERNMENT FUNDING	STATEMENT	10
	PART B, LINE 6		

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CITY OF SIMI VALLEY-COMMUNITY DEVELOPMENT BLOCK GRANT \$15,000  
2929 TAPO CANYON ROAD  
SIMI VALLEY, CA 93063