

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

FREE CLINIC OF SIMI VALLEY
2003 ROYAL AVENUE
SIMI VALLEY, CA 93065



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CLIENT'S COPY

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

November 3, 2022

FREE CLINIC OF SIMI VALLEY
2003 ROYAL AVENUE
SIMI VALLEY, CA 93065

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2021
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-TE, E-FILE SIGNATURE AUTHORIZATION
REVENUE PROCEDURE 2021-48, REVENUE PROCEDURE 2021-48
CURRENT YEAR DEPRECIATION REPORT
CURRENT YEAR STATE DEPRECIATION REPORT
NEXT YEAR DEPRECIATION REPORT
NEXT YEAR STATE DEPRECIATION REPORT
CA 199, EXEMPT ORGANIZATION RETURN
CA 3885 (199), CORPORATION DEPRECIATION/AMORTIZATION
CA 8453-EO, E-FILE RETURN AUTHORIZATION FOR EXEMPT ORGS
CA RRF-1, REGISTRATION/RENEWAL FEE REPORT

TAX PREPARATION FEE

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

NOVEMBER 3, 2022

FREE CLINIC OF SIMI VALLEY
2003 ROYAL AVENUE
SIMI VALLEY, CA 93065

DEAR FRED,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2021 FORM 990

2021 CALIFORNIA FORM 199

2021 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 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 SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

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

SINCERELY,

MICHAEL P. FISCHER
C.P.A.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer: FREE CLINIC OF SIMI VALLEY
Name and title of officer or person subject to tax: FRED BAUERMEISTER EXECUTIVE DIRECTOR
EIN or SSN: 23-7108154

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 10 rows (1a-10a) and 3 columns: Description, Amount, and Label. Includes items like Form 990, Form 990-EZ, Form 1120-POL, etc.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] 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 tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax 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 2021 electronically filed return 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

Filing Instructions

Prepared for:

FREE CLINIC OF SIMI VALLEY
2003 ROYAL AVENUE
SIMI VALLEY, CA 93065

Prepared by:

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

2021 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-TE 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.

2021 CALIFORNIA FORM 199

NO PAYMENT IS REQUIRED.

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.

Filing Instructions

Prepared for:

FREE CLINIC OF SIMI VALLEY
2003 ROYAL AVENUE
SIMI VALLEY, CA 93065

Prepared by:

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

2021 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF\$ 100.00

ENCLOSE A CHECK OR MONEY ORDER FOR \$100.00, PAYABLE TO DEPARTMENT OF JUSTICE.

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

PLEASE MAIL AS SOON AS POSSIBLE.

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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
Form 990-T (corporation)	07		

FRED BAUERMEISTER

- The books are in the care of ▶ **2003 ROYAL AVE - SIMI VALLEY, CA 93065**

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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

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

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

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FREE CLINIC OF SIMI VALLEY		D Employer identification number 23-7108154
	Doing business as		E Telephone number (805) 522-3733
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 804,777.
	2003 ROYAL AVENUE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code SIMI VALLEY, CA 93065		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: FRED BAUERMEISTER 2003 ROYAL AVENUE, SIMI VALLEY, CA 93065		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.FREECLINICSV.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1971	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MEDICAL, DENTAL, COUNSELING & LEGAL SERVICES FOR THE GENERAL PUBLIC
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 13
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 0
	6 Total number of volunteers (estimate if necessary) 6 0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 985,015. Current Year 582,730.
	9 Program service revenue (Part VIII, line 2g) 100,307. 110,894.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,366. 754.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -14,878. 78,324.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,073,810. 772,702.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 225,889. 221,850.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 39,701.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 191,068. 244,083.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 417,957. 465,933.	
19 Revenue less expenses. Subtract line 18 from line 12 655,853. 306,769.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 2,561,422. End of Year 2,666,950.
	21 Total liabilities (Part X, line 26) 202,165. 924.
	22 Net assets or fund balances. Subtract line 21 from line 20 2,359,257. 2,666,026.

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 128,604. including grants of \$) (Revenue \$ 35,942.) MEDICAL

4b (Code:) (Expenses \$ 147,028. including grants of \$) (Revenue \$ 16,995.) FAMILY COUNSELING SERVICES

4c (Code:) (Expenses \$ 39,337. including grants of \$) (Revenue \$ 56,461.) DENTAL SERVICES

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 1,466.)

4e Total program service expenses 314,969.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		X
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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 on Schedule O)
- 19** Describe on 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**
2003 ROYAL AVE, SIMI VALLEY, CA 93065

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) FRED BAUERMEISTER EXECUTIVE DIRECTOR	40.00	X					80,693.	0.	0.	
(2) MAGGIE KESTLY PAST PRESIDENT	1.00	X		X			0.	0.	0.	
(3) REV. RON HYRCHUK HONORARY BAORD MEMEBER	1.00			X			0.	0.	0.	
(4) HARRY VANDYCK DIRECTOR	1.00	X					0.	0.	0.	
(5) PHYLLIS WILSON, MA MFT DIRECTOR	1.00	X					0.	0.	0.	
(6) VINCENT DULCICH VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(7) POLLY VLASSIC DIRECTOR	1.00	X					0.	0.	0.	
(8) BJ ADERSON SECRETARY	1.00	X		X			0.	0.	0.	
(9) CURT WITEBY DIRECTOR	1.00	X					0.	0.	0.	
(10) KELLY ANN GAINES TREASURER	1.00	X		X			0.	0.	0.	
(11) JOHN LINDSEY DIRECTOR	1.00	X					0.	0.	0.	
(12) JILL HANEY PRESIDENT	1.00	X		X			0.	0.	0.	
(13) SYLVIA FOWLER DIRECTOR	1.00	X					0.	0.	0.	
(14) KATHERINE HILLARD DIRECTOR	1.00	X					0.	0.	0.	
(15) TOM KUDLICK DIRECTOR	1.00	X					0.	0.	0.	
(16) JONATHAN KUOHARA, MD DIRECTOR	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							80,693.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							80,693.	0.	0.	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	98,403.		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	195,000.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	289,327.		
	g	Noncash contributions included in lines 1a-1f	1g	\$		
	h	Total. Add lines 1a-1f		582,730.		
Program Service Revenue	2 a	PROGRAM SERVICE FEES	Business Code	624100	110,894.	110,894.
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		110,894.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		754.	754.	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real			
			(ii) Personal			
	6 b	Less: rental expenses				
	6 c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	7 b	Less: cost or other basis and sales expenses				
	7 c	Gain or (loss)				
d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ 98,403. of contributions reported on line 1c). See Part IV, line 18		8a	130.		
			8b	32,075.		
c	Net income or (loss) from fundraising events		-31,945.		-31,945.	
9 a	Gross income from gaming activities. See Part IV, line 19		9a			
			9b			
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances		10a			
			10b			
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	1ST DRAW PPP LOAN FORG	Business Code	624100	52,165.	52,165.
	b	2ND DRAW PPP LOAN FORG		624100	52,165.	52,165.
	c	SUBLET RENTAL INCOME		531120	4,607.	4,607.
	d	All other revenue		624100	1,332.	1,332.
	e	Total. Add lines 11a-11d			110,269.	
12	Total revenue. See instructions			772,702.	221,917.	0.
						-31,945.

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.	60,877.	10,940.	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	125,400.	95,304.	16,302.	13,794.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,757.	11,976.	2,048.	1,733.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	36,880.	28,029.	4,794.	4,057.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	24,897.	16,034.	86.	8,777.
12 Advertising and promotion				
13 Office expenses	6,724.	5,110.	874.	740.
14 Information technology				
15 Royalties				
16 Occupancy	39,008.	39,008.		
17 Travel	200.	200.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,147.	6,147.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	71,027.		71,027.	
23 Insurance	7,877.	5,987.	1,024.	866.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	9,823.	9,823.		
b REPAIRS	8,141.	8,141.		
c TELEPHONE	7,366.	5,599.	957.	810.
d ASSISTANCE TO CLIENTS	5,128.	5,128.		
e All other expenses	20,865.	17,606.	3,211.	48.
25 Total functional expenses. Add lines 1 through 24e	465,933.	314,969.	111,263.	39,701.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	176,329.	1	297,850.
	2 Savings and temporary cash investments	262,875.	2	262,658.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,256,257.		
	b Less: accumulated depreciation	10b 173,830.	2,097,892.	10c 2,082,427.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	24,326.	15	24,015.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,561,422.	16	2,666,950.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	924.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	150,000.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	52,165.	25	0.
	26 Total liabilities. Add lines 17 through 25	202,165.	26	924.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	2,359,257.	31	2,666,026.
	32 Total net assets or fund balances	2,359,257.	32	2,666,026.
33 Total liabilities and net assets/fund balances	2,561,422.	33	2,666,950.	

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	772,702.
2	Total expenses (must equal Part IX, column (A), line 25)	2	465,933.
3	Revenue less expenses. Subtract line 2 from line 1	3	306,769.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,359,257.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,666,026.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on 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?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2021)

SCHEDULE A
(Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization FREE CLINIC OF SIMI VALLEY	Employer identification number 23-7108154
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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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	353,560.	376,399.	1531993.	985,015.	583,484.	3830451.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	353,560.	376,399.	1531993.	985,015.	583,484.	3830451.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3830451.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	353,560.	376,399.	1531993.	985,015.	583,484.	3830451.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	482.	386.	1,042.	3,366.	754.	6,030.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						3836481.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.84 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.85 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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), 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), 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).

Name of organization FREE CLINIC OF SIMI VALLEY	Employer identification number 23-7108154
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>AMGEN</u> <u>ONE AMGEN CENTER DRIVE</u> <u>THOUSAND OAKS, CA 91320</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>SO CA KAISER PERMANENTE</u> <u>5601 DE SOTO AVE</u> <u>WOODLAND HILLS, CA 91365</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>LIVINGSTON MEMORIAL</u> <u>2801 TOWNSGATE ROAD SUITE 200</u> <u>WESTLAKE VILLAGE, CA 91361</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>CITY OF SIMI VALLEY-COMMUNITY PROJECTS GRANT FOR FISCAL YEAR</u> <u>2929 TAPO CANYON RD</u> <u>SIMI VALLEY, CA 93063</u>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>DELTA DENTAL COMMUNITY CARE FOUNDATION</u> <u>ONE DELTA DRIVE</u> <u>MECHANICSBURG, PA 17055</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>GERALD AND EVA SUE RENYER</u> <u>3234 SUNGLOW AVE</u> <u>SIMI VALLEY, CA 93063-1138</u>	\$ <u>15,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FREE CLINIC OF SIMI VALLEY	Employer identification number 23-7108154
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	STATE OF CALIFORNIA-BUSINESS ASSISTANCE GRANT & CALVA PRACTICE SUPPO 915 CAPITOL MALL ROOM 110 SACRAMENTO, CA 95814	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	WILSON FAMILY FOUNDATION 11150 SANTA MONICA BLVD NO760 LOS ANGELES, CA 90025	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	GLENN R FREETHY ESTATE C/O PHIL T HANNA 6454 WHITAKER AVE VAN NUYS, CA 91406-5643	\$ 29,368.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CALIFORNIA ASSOCIATION OF FREE CLINICS 2752 ABEJORRO ST. CARLSBAD, CA 92009	\$ 41,666.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-7. Monitoring and enforcement details; 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting requirements for public exhibition. 1b: Reporting requirements for public service with revenue and asset amounts. 2: Reporting requirements for financial gain with revenue and asset amounts.

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 make 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 program
 - 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 Term 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? <input type="checkbox"/> | 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		2,118,946.	93,884.	2,025,062.
c Leasehold improvements				
d Equipment		17,176.	17,176.	0.
e Other		120,135.	62,770.	57,365.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,082,427.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

DEPRECIATION VARIANCE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DEPRECIATION VARIANCE

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

Part XIII Supplemental Information (continued)

LINE 15-OTHER ASSETS-CONSTRUCTION IN PROGRESS & DUE FROM SIM

LINE 15-OTHER ASSETS-CONSTRUCTION IN PROGRESS \$272,749

LINE 15-OTHER ASSETS-DUE FROM SIMI VALLEY COMMUNITY FUND 23,500

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

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.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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Inspection**

▶ Go to 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			
CA ASSN. OF FREE & CHARITABLE CLINICS - 2752	FUNDRAISING MANAGEMENT FEE RE CAFCC GRANT		X	41,666.	0.	41,666.
NETZEL GRIGSBY ASSOCIATES, INC. - 6167 BRISTOL PARKWAY,	FUND RAISING CAMPAIGN FOR MULTI-SERVICES CENTER		X	0.	0.	0.
Total				41,666.		41,666.

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	
		FREDRICK	FRIENDS OF		(add col. (a) through	
		MICHAEL 5K/1	THE FREE CLI	2	col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	33,751.	31,210.	33,572.	98,533.
	2	Less: Contributions	33,621.	31,210.	33,572.	98,403.
	3	Gross income (line 1 minus line 2)	130.			130.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	4,564.	2,618.	24,893.	32,075.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				32,075.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-31,945.

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:

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: CA ASSN. OF FREE & CHARITABLE CLINICS

(I) ADDRESS OF FUNDRAISER: 2752 ABEJORRO ST., CALRSBAD, CA 92009

(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)**

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 Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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 III, LINE 4D, OTHER PROGRAM SERVICES:

LEGAL

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,466.

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:

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

Schedule O (Form 990) 2021

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

(A) TAKE NO ACTION, (B) ASSURE FULL DISCLOSURE TO THE BOARD OF DIRECTORS AND OTHER INDIVIDUALS COVERED BY THIS POLICY, (C) ASK THE PERSON TO RECUSE FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS WITHIN THE ORGANIZATION, OR (D) ASK THE PERSON TO RESIGN FROM HIS OR HER POSITION IN THE ORGANIZATION OR, IF THE PERSON REFUSES TO RESIGN, BECOME SUBJECT TO POSSIBLE REMOVAL IN ACCORDANCE WITH 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.

2021 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
	BUILDINGS														
62	LEASEHOLD IMPROVEMENTS	05/01/20	SL	39.00	MM	172	2,071,766.				2,071,766.	33,201.		53,122.	86,323.
74	WIRING TO UNITS	01/07/21	SL	39.00	MM	191	1,413.				1,413.			35.	35.
75	HVAC UPGRADE	07/21/21	SL	39.00	MM	191	13,772.				13,772.			162.	162.
78	FIRE & ALARM SYSTEM	05/12/21	SL	39.00	MM	191	20,911.				20,911.			335.	335.
	* 990 PAGE 10 TOTAL BUILDINGS						2,107,862.				2,107,862.	33,201.		53,654.	86,855.
	MANAGEMENT AND GENERAL														
51	RITTER 107 EXAM	06/15/16	SL	5.00	HY	17	750.				750.	675.		75.	750.
52	VACUUM & AIR COMPRESSOR FOR DENTAL CLINIC	03/08/17	SL	5.00	HY	17	6,100.				6,100.	4,270.		1,220.	5,490.
53	DENTAL EQUIP-(2) SCHICK SENORS & CONNECTION BOX	04/20/17	SL	5.00	HY	17	7,236.				7,236.	5,065.		1,447.	6,512.
54	DENTAL SENSOR	08/07/18	SL	5.00	MC	17	1,800.				1,800.	855.		360.	1,215.
55	(2) SCHICK CDR DIGITAL X-RAY SENSORS SIZE 2	11/07/18	SL	5.00	MC	17	5,472.				5,472.	2,325.		1,094.	3,419.
56	CARDIO TECH GT-300 EKG	02/23/18	SL	5.00	MC	17	1,638.				1,638.	943.		328.	1,271.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	05/30/18	SL	5.00	MC	17	4,303.				4,303.	2,260.		861.	3,121.
58	SPOT VS 4400 BLOOD PRESSURE AND SURETEMP+ MACHINE & CUFF	05/22/20	SL	5.00	HY	17	2,312.				2,312.	231.		462.	693.
59	GENERATOR	09/09/20	SL	5.00	HY	17	536.				536.	54.		107.	161.
60	COMPUTER EQUIPMENT	03/30/20	SL	5.00	HY	17	2,034.				2,034.	203.		407.	610.
61	DENTAL EQUIPMENT	08/21/20	SL	5.00	HY	17	7,595.				7,595.	760.		1,519.	2,279.

2021 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
63	DENTAL EQUIPMENT	08/21/20	SL	5.00	HY17	36,560.				36,560.	3,656.		7,312.	10,968.
64	(10) 19.5" LED LCD MONITORS	05/21/21	SL	5.00	HY19B	1,141.				1,141.			114.	114.
65	3 @\$33.86/EA UAG MICRO SURF GO OUTBACK HAND STRAP MANUFA	05/22/21	SL	5.00	HY19B	118.				118.			12.	12.
66	(3) SURFACE PRO GO 2 WITH PENS	05/24/21	SL	5.00	HY19B	2,427.				2,427.			243.	243.
67	LVO E15 G2 R5-4500U 256/8 W10P MANUFACTURER PART #20T8	05/21/21	SL	5.00	HY19B	767.				767.			77.	77.
68	(4) DELL INSPIRON 3880 DESKTOP INTEL CORE I510400 -	09/15/21	SL	5.00	HY19B	2,917.				2,917.			292.	292.
70	(3) DELL -INSPIRON 3880 DESKTOP COMPUTERS MODEL #I38	12/10/21	SL	5.00	HY19B	2,188.				2,188.			219.	219.
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	12/16/21	SL	5.00	HY19B	643.				643.			64.	64.
72	(2) DEL INSPIRON 3880 DESKTOP MODEL 13880	12/17/21	SL	5.00	HY19B	1,287.				1,287.			129.	129.
73	SWITCH 24 POE LAN CONNECTION EQUIP	12/29/21	SL	5.00	HY19B	406.				406.			41.	41.
76	FUTURA SILVER SERIES 12 CU. FT. DUAL TEMPERATURE GLASS	06/14/21	SL	5.00	HY19B	4,228.				4,228.			423.	423.
77	20/20 VISUAL ACUITY SYSTEM, TONOMETER & RETINOSCOPE	08/06/21	SL	5.00	HY19B	3,344.				3,344.			334.	334.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL					95,802.				95,802.	21,297.		17,140.	38,437.
	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.

128111 04-01-21

(D) - Asset disposed

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

2021 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
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	MC17	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.
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 -					2,214,155.				2,214,155.	64,989.		70,794.	135,783.
	MACHINERY & EQUIPMENT													
45	PRINTER FOR COUNSELING	08/19/13	SL	5.00	HY17	452.			226.	226.	226.		0.	226.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					452.			226.	226.	226.		0.	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.

128111 04-01-21

(D) - Asset disposed

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

2021 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
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.
47	LAPTOP & REFURBISHED COMPUTER TOWER	01/09/13	SL	5.00	HY17	450.			225.	225.	225.		0.	225.
	* 990 PAGE 10 TOTAL OTHER					12,018.			225.	11,793.	11,793.		0.	11,793.
	* 990 PAGE 10 TOTAL -					12,470.			451.	12,019.	12,019.		0.	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.

128111 04-01-21

(D) - Asset disposed

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

2021 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
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		MC17	476.			238.	238.	238.		0.	238.
33	DENTAL HANDPIECE	07/20/05	SL	5.00		HY17	636.				636.	636.		0.	636.
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.	182.		0.	182.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FREEZER	09/23/14	SL	5.00		HY17	230.				230.	230.		0.	230.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGERATOR	09/23/14	SL	5.00		HY17	705.				705.	705.		0.	705.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR CLINIC	04/08/15	SL	5.00		HY17	525.				525.	525.		0.	525.
	* 990 PAGE 10 TOTAL OTHER						1,824.			182.	1,642.	1,642.		0.	1,642.
	* 990 PAGE 10 TOTAL -						18,548.			1,564.	16,984.	16,984.		0.	16,984.
	BUILDINGS														
20	AIR CONDITIONING SYSTEM	06/30/98	SL	39.00		MM17	3,550.				3,550.	2,051.		91.	2,142.

128111 04-01-21

(D) - Asset disposed

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

2021 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
25	LEASEHOLD IMPROVEMENTS	05/11/01	SL	39.00	MM	17	367.				367.	177.		9.	186.
26	LEASEHOLD IMPROVEMENTS(HAVC)	06/04/01	SL	39.00	MM	17	3,947.				3,947.	1,974.		101.	2,075.
27	LEASEHOLD IMPROVEMENTS(CARPETING)	06/08/01	SL	7.00	HY	17	1,960.				1,960.	1,960.		0.	1,960.
28	LEASEHOLD IMPROVEMENTS(LIGHTING FIXTUR	02/14/01	SL	39.00	MM	17	662.				662.	338.		17.	355.
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & LOCKS)	04/10/01	SL	39.00	MM	17	598.				598.	296.		15.	311.
	* 990 PAGE 10 TOTAL BUILDINGS						11,084.				11,084.	6,796.		233.	7,029.
	* 990 PAGE 10 TOTAL -						11,084.				11,084.	6,796.		233.	7,029.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,256,257.			2,015.	2,254,242.	100,788.		71,027.	171,815.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,200,695.			2,015.	2,198,680.	100,788.			169,335.
	ACQUISITIONS						55,562.			0.	55,562.	0.			2,480.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						2,256,257.			2,015.	2,254,242.	100,788.			171,815.
	ENDING ACCUM DEPR											173,830.			
	ENDING BOOK VALUE											2,082,427.			

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

FREE CLINIC OF SIMI VALLEY

FORM 990 PAGE 10

23-7108154

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

1	Maximum amount (see instructions)	1	1,050,000.
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	2,620,000.
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 2020 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 2022. 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 2021	17	68,547.
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 2021 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	19,466.	5 YRS.	HY	SL	1,948.
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	
		/	STATEMENT 1	MM	S/L	532.

Section C - Assets Placed in Service During 2021 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	71,027.
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							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (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.

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

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," 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 2021 tax year:					
43 Amortization of costs that began before your 2021 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

FORM 4562

PART III - NONRESIDENTIAL REAL PROPERTY

STATEMENT 1

(A) DESCRIPTION OF PROPERTY	(B) MO/YR	(C) BASIS	(D) PERIOD	(G) DEDUCTION
WIRING TO UNITS	01/21	1,413.	39.0 YRS	35.
HVAC UPGRADE	07/21	13,772.	39.0 YRS	162.
FIRE & ALARM SYSTEM	05/21	20,911.	39.0 YRS	335.
TOTAL TO FORM 4562, PART III, LINE 19I		36,096.		532.

Statement for Revenue Procedure 2021-48

Taxpayer's Name **FREE CLINIC OF SIMI VALLEY**
 Taxpayer's Address **2003 ROYAL AVENUE**
SIMI VALLEY, CA 93065
 Taxpayer's SSN/EIN **23-7108154**

The taxpayer is applying the following sections of Revenue Procedure 2021-48 of tax year 2021 :
SECTION 3.03

Year of Loan	Description	Tax-Exempt Income	Was the loan forgiven as of the date of the return is filed?
<u>2020</u>	<u>1ST DRAW PPP LOAN FORGIVENESS</u>	<u>52,165.</u>	<u>Y</u>
<u>2021</u>	<u>2ND DRAW PPP LOAN FORGIVENESS</u>	<u>52,165.</u>	<u>Y</u>
_____	_____	_____	---
_____	_____	_____	---
_____	_____	_____	---

2021 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
	BUILDINGS											
	LEASEHOLD											
62	IMPROVEMENTS	050120	SL	39.00	17	2071766.			2071766.	33,201.		53,122.
74	WIRING TO UNITS	010721	SL	39.00	19I	1,413.			1,413.			35.
75	HVAC UPGRADE	072121	SL	39.00	19I	13,772.			13,772.			162.
78	FIRE & ALARM SYSTEM	051221	SL	39.00	19I	20,911.			20,911.			335.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					2107862.		0.	2107862.	33,201.		53,654.
	MANAGEMENT AND											
	GENERAL											
51	RITTER 107 EXAM	061516	SL	5.00	17	750.			750.	675.		75.
	VACUUM & AIR											
52	COMPRESSOR FOR DENT	030817	SL	5.00	17	6,100.			6,100.	4,270.		1,220.
	DENTAL EQUIP-(2)											
53	SCHICK SENORS & CON	042017	SL	5.00	17	7,236.			7,236.	5,065.		1,447.
54	DENTAL SENSOR	080718	SL	5.00	17	1,800.			1,800.	855.		360.
	(2) SCHICK CDR											
55	DIGITAL X-RAY SENSO	110718	SL	5.00	17	5,472.			5,472.	2,325.		1,094.
	CARDIO TECH GT-300											
56	EKG	022318	SL	5.00	17	1,638.			1,638.	943.		328.
	RITTER 75 EVOLUTION											
57	PROCEDURE CHAIR	053018	SL	5.00	17	4,303.			4,303.	2,260.		861.
	SPOT VS 4400 BLOOD											
58	PRESSURE AND SURETE	052220	SL	5.00	17	2,312.			2,312.	231.		462.
59	GENERATOR	090920	SL	5.00	17	536.			536.	54.		107.
60	COMPUTER EQUIPMENT	033020	SL	5.00	17	2,034.			2,034.	203.		407.
61	DENTAL EQUIPMENT	082120	SL	5.00	17	7,595.			7,595.	760.		1,519.

2021 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
63	DENTAL EQUIPMENT	082120	SL	5.00	17	36,560.			36,560.	3,656.		7,312.
64	(10) 19.5" LED LCD MONITORS	052121	SL	5.00	19B	1,141.			1,141.			114.
65	3 @\$33.86/EA UAG MICRO SURF GO OUTBA	052221	SL	5.00	19B	118.			118.			12.
66	(3) SURFACE PRO GO 2 WITH PENS	052421	SL	5.00	19B	2,427.			2,427.			243.
67	LVO E15 G2 R5-4500U 256/8 W10P MANUFACT	052121	SL	5.00	19B	767.			767.			77.
68	(4) DELL INSPIRON 3880 DESKTOP INTEL	091521	SL	5.00	19B	2,917.			2,917.			292.
70	(3) DELL -INSPIRON 3880 DESKTOP COMPUT	121021	SL	5.00	19B	2,188.			2,188.			219.
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	121621	SL	5.00	19B	643.			643.			64.
72	(2) DEL INSPIRON 3880 DESKTOP MODEL	121721	SL	5.00	19B	1,287.			1,287.			129.
73	SWITCH 24 POE LAN CONNECTION EQUIP	122921	SL	5.00	19B	406.			406.			41.
76	FUTURA SILVER SERIES 12 CU. FT. D	061421	SL	5.00	19B	4,228.			4,228.			423.
77	20/20 VISUAL ACUIITY SYSTEM, TONOMETER &	080621	SL	5.00	19B	3,344.			3,344.			334.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENE					95,802.		0.	95,802.	21,297.		17,140.
	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.

2021 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
15	OFFICE CABINETS	011896	SL	7.00	17	1,319.			1,319.	1,319.		0.
24	USED OFFICE FURNITURE	112900	SL	7.00	17	429.			429.	429.		0.
30	SINK UNIT (2) CABINETS W/ 106" TO	061501	SL	7.00	17	1,489.			1,489.	1,489.		0.
36	FILE CABINET	082405	SL	7.00	17	461.			461.	461.		0.
38	FILE CABINET	062306	SL	7.00	17	212.			212.	212.		0.
39	FILE CABINET	082306	SL	7.00	17	126.			126.	126.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURE					10,491.		0.	10,491.	10,491.		0.
	* 990 PAGE 10 TOTAL -					2214155.		0.	2214155.	64,989.		70,794.
	MACHINERY & EQUIPMENT											
45	PRINTER FOR COUNSELING	081913	SL	5.00	17	452.		226.	226.	226.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME					452.		226.	226.	226.		0.
	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.

2021 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
37	HP COMPUTER	021705	SL	5.00	17	1,464.			1,464.	1,464.		0.
40	LCD PROJECTOR	042806	SL	5.00	17	751.			751.	751.		0.
43	PRINTER FOR COUNSELING	011310	SL	5.00	17	200.			200.	200.		0.
44	SHREDDER FOR FRONT DESK	011310	SL	5.00	17	250.			250.	250.		0.
47	LAPTOP & REFURBISHED COMPUTE	010913	SL	5.00	17	450.		225.	225.	225.		0.
	* 990 PAGE 10 TOTAL					12,018.		225.	11,793.	11,793.		0.
	OTHER											
	* 990 PAGE 10 TOTAL					12,470.		451.	12,019.	12,019.		0.
	-											
	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.

2021 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
22	NEW TELEPHONE SYSTEM	092099	SL	5.00	17	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101	SL	5.00	17	546.			546.	546.		0.
32	NEW COPIER	120204	SL	5.00	17	476.		238.	238.	238.		0.
33	DENTAL HANDPIECE	072005	SL	5.00	17	636.			636.	636.		0.
34	SCICAN STATIM AUTOCLAVE	072505	SL	5.00	17	2,369.			2,369.	2,369.		0.
35	VIDEO EQUIPMENT	072705	SL	5.00	17	1,228.			1,228.	1,228.		0.
41	PANASONIC VOICEMAIL EQUIPMENT& SOFTWARE	051507	SL	7.00	17	602.			602.	602.		0.
42	EKG MACHINE	091109	SL	5.00	17	2,287.		1,144.	1,143.	1,143.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME					16,724.		1,382.	15,342.	15,342.		0.
	OTHER											
46	URINE ANALYZER	121313	SL	5.00	17	364.		182.	182.	182.		0.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FR	092314	SL	5.00	17	230.			230.	230.		0.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGE	092314	SL	5.00	17	705.			705.	705.		0.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR C	040815	SL	5.00	17	525.			525.	525.		0.
	* 990 PAGE 10 TOTAL OTHER					1,824.		182.	1,642.	1,642.		0.
	* 990 PAGE 10 TOTAL -					18,548.		1,564.	16,984.	16,984.		0.
	BUILDINGS											
20	AIR CONDITIONING SYSTEM	063098	SL	39.00	17	3,550.			3,550.	2,051.		91.

2021 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
25	LEASEHOLD IMPROVEMENTS	0511101	SL	39.00	17	367.			367.	177.		9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401	SL	39.00	17	3,947.			3,947.	1,974.		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.	338.		17.
29	LEASEHOLD IMPROVEMENTS (NEW DO)	0411001	SL	39.00	17	598.			598.	296.		15.
	* 990 PAGE 10 TOTAL BUILDINGS					11,084.		0.	11,084.	6,796.		233.
	* 990 PAGE 10 TOTAL -					11,084.		0.	11,084.	6,796.		233.
	* GRAND TOTAL 990 PAGE 10 DEPR					2256257.		2,015.	2254242.	100,788.		71,027.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					2200695.		2,015.	2198680.	100,788.		
	ACQUISITIONS					55,562.		0.	55,562.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					2256257.		2,015.	2254242.	100,788.		

2022 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
	BUILDINGS								
62	LEASEHOLD IMPROVEMENTS	050120	SL	39.00	2071766.		2071766.	86,323.	53,122.
74	WIRING TO UNITS	010721	SL	39.00	1,413.		1,413.	35.	36.
75	HVAC UPGRADE	072121	SL	39.00	13,772.		13,772.	162.	353.
78	FIRE & ALARM SYSTEM	051221	SL	39.00	20,911.		20,911.	335.	536.
	* 990 PAGE 10 TOTAL BUILDINGS				2107862.		2107862.	86,855.	54,047.
	MANAGEMENT AND GENERAL								
51	RITTER 107 EXAM VACUUM & AIR COMPRESSOR FOR DENTAL CLINIC	061516	SL	5.00	750.		750.	750.	0.
52	DENTAL EQUIP-(2) SCHICK SENORS & CONNECTION BOX	042017	SL	5.00	7,236.		7,236.	6,512.	724.
54	DENTAL SENSOR (2) SCHICK CDR DIGITAL X-RAY SENSORS	080718	SL	5.00	1,800.		1,800.	1,215.	360.
55	SIZE 2	110718	SL	5.00	5,472.		5,472.	3,419.	1,094.
56	CARDIO TECH GT-300 EKG	022318	SL	5.00	1,638.		1,638.	1,271.	328.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR SPOT VS 4400 BLOOD PRESSURE AND SURETEMP+ MACHINE & CUFFS ETC FOR IT	053018	SL	5.00	4,303.		4,303.	3,121.	861.
58	GENERATOR	090920	SL	5.00	536.		536.	161.	107.
60	COMPUTER EQUIPMENT	033020	SL	5.00	2,034.		2,034.	610.	407.
61	DENTAL EQUIPMENT	082120	SL	5.00	7,595.		7,595.	2,279.	1,519.
63	DENTAL EQUIPMENT	082120	SL	5.00	36,560.		36,560.	10,968.	7,312.
64	(10) 19.5" LED LCD MONITORS 3 @\$33.86/EA UAG MICRO SURF GO OUTBACK HAND STRAP MANUFACTURER PART	052121	SL	5.00	1,141.		1,141.	114.	228.
65	#3	052221	SL	5.00	118.		118.	12.	24.
66	(3) SURFACE PRO GO 2 WITH PENS LVO E15 G2 R5-4500U 256/8 W10P MANUFACTURER PART #20T80005US -	052421	SL	5.00	2,427.		2,427.	243.	485.
67	SERIAL (4) DELL INSPIRON 3880 DESKTOP INTEL	052121	SL	5.00	767.		767.	77.	153.
68	CORE I510400 - BEST BUY 9.1.2021	091521	SL	5.00	2,917.		2,917.	292.	583.

(D) - Asset disposed

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

2022 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
70	(3) DELL -INSPIRON 3880 DESKTOP COMPUTERS MODEL #I3880	121021	SL	5.00	2,188.		2,188.	219.	438.
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	121621	SL	5.00	643.		643.	64.	129.
72	(2) DEL INSPIRON 3880 DESKTOP MODEL 13880	121721	SL	5.00	1,287.		1,287.	129.	257.
73	SWITCH 24 POE LAN CONNECTION EQUIP	122921	SL	5.00	406.		406.	41.	81.
76	FUTURA SILVER SERIES 12 CU. FT. DUAL TEMPERATURE GLASS REFRIDGERATOR	061421	SL	5.00	4,228.		4,228.	423.	846.
77	20/20 VISUAL ACUITY SYSTEM, TONOMETER & RETINOSCOPE	080621	SL	5.00	3,344.		3,344.	334.	669.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL FURNITURE & FIXTURES				95,802.		95,802.	38,437.	17,677.
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 -				2214155.		2214155.	135,783.	71,724.
	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.
13	COMPUTER EQUIPMENT	050792	SL	5.00	1,620.		1,620.	1,620.	0.

(D) - Asset disposed

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

2022 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
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.
	OTHER								

(D) - Asset disposed

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

2022 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
46	URINE ANALYZER	121313	SL	5.00	364.	182.	182.	182.	0.
	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE								
48	FREEZER	092314	SL	5.00	230.		230.	230.	0.
	FRIGIDAIRE 16.7 CF FREEZERLESS								
49	REFRIGERATOR	092314	SL	5.00	705.		705.	705.	0.
	EPSON EX5220 XGA3 LCD PROJECTOR FOR								
50	CLINIC	040815	SL	5.00	525.		525.	525.	0.
	* 990 PAGE 10 TOTAL OTHER				1,824.	182.	1,642.	1,642.	0.
	* 990 PAGE 10 TOTAL -				18,548.	1,564.	16,984.	16,984.	0.
	BUILDINGS								
20	AIR CONDITIONING SYSTEM	063098	SL	39.00	3,550.		3,550.	2,142.	91.
25	LEASEHOLD IMPROVEMENTS	051101	SL	39.00	367.		367.	186.	9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401	SL	39.00	3,947.		3,947.	2,075.	101.
27	LEASEHOLD IMPROVEMENTS (CARPETING)	060801	SL	7.00	1,960.		1,960.	1,960.	0.
	LEASEHOLD IMPROVEMENTS (LIGHTING								
28	FIXTURES))	021401	SL	39.00	662.		662.	355.	17.
	LEASEHOLD IMPROVEMENTS (NEW DOORS &								
29	LOCKS)	041001	SL	39.00	598.		598.	311.	15.
	* 990 PAGE 10 TOTAL BUILDINGS				11,084.		11,084.	7,029.	233.
	* 990 PAGE 10 TOTAL -				11,084.		11,084.	7,029.	233.
	* GRAND TOTAL 990 PAGE 10 DEPR				2256257.	2,015.	2254242.	171,815.	71,957.

(D) - Asset disposed

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

2021 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
62	LEASEHOLD IMPROVEMENTS	050120	SL	39.00	16	2071766.			2071766.	35,415.		53,122.
74	WIRING TO UNITS	010721	SL	39.00	16	1,413.			1,413.			36.
75	HVAC UPGRADE	072121	SL	39.00	16	13,772.			13,772.			147.
78	FIRE & ALARM SYSTEM	051221	SL	39.00	16	20,911.			20,911.			357.
51	RITTER 107 EXAM VACUUM & AIR	061516	SL	5.00	16	750.			750.	688.		62.
52	COMPRESSOR FOR DENTAL EQUIP-(2)	030817	SL	5.00	16	6,100.			6,100.	4,677.		1,220.
53	SCHICK SENORS & CON	042017	SL	5.00	16	7,236.			7,236.	5,306.		1,447.
54	DENTAL SENSOR (2) SCHICK CDR	080718	SL	5.00	16	1,800.			1,800.	870.		360.
55	DIGITAL X-RAY SENSOR	110718	SL	5.00	16	5,472.			5,472.	2,370.		1,094.
56	CARDIO TECH GT-300 EKG	022318	SL	5.00	16	1,638.			1,638.	929.		328.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	053018	SL	5.00	16	4,303.			4,303.	2,224.		861.
58	SPOT VS 4400 BLOOD PRESSURE AND SURETE	052220	SL	5.00	16	2,312.			2,312.	270.		462.
59	GENERATOR	090920	SL	5.00	16	536.			536.	36.		107.
60	COMPUTER EQUIPMENT	033020	SL	5.00	16	2,034.			2,034.	305.		407.
61	DENTAL EQUIPMENT	082120	SL	5.00	16	7,595.			7,595.	506.		1,519.
63	DENTAL EQUIPMENT (10) 19.5" LED LCD	082120	SL	5.00	16	36,560.			36,560.	2,437.		7,312.
64	MONITORS 3 @\$33.86/EA UAG	052121	SL	5.00	16	1,141.			1,141.			133.
65	MICRO SURF GO OUTBA	052221	SL	5.00	16	118.			118.			14.

2021 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
66	(3) SURFACE PRO GO 2 WITH PENS	052421	SL	5.00	16	2,427.			2,427.			283.
67	LVO E15 G2 R5-4500U 256/8 W10P MANUFACT	052121	SL	5.00	16	767.			767.			89.
68	(4) DELL INSPIRON 3880 DESKTOP INTEL	091521	SL	5.00	16	2,917.			2,917.			194.
70	(3) DELL -INSPIRON 3880 DESKTOP COMPUT	121021	SL	5.00	16	2,188.			2,188.			36.
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	121621	SL	5.00	16	643.			643.			0.
72	(2) DEL INSPIRON 3880 DESKTOP MODEL	121721	SL	5.00	16	1,287.			1,287.			0.
73	SWITCH 24 POE LAN CONNECTION EQUIP	122921	SL	5.00	16	406.			406.			0.
76	FUTURA SILVER SERIES 12 CU. FT. D	061421	SL	5.00	16	4,228.			4,228.			493.
77	20/20 VISUAL ACUITY SYSTEM, TONOMETER &	080621	SL	5.00	16	3,344.			3,344.			279.
8	OFFICE FURNITURE	063089	200DB	7.00	16	169.			169.	169.		0.
9	OFFICE FURNITURE	072192	SL	7.00	16	4,790.			4,790.	4,790.		0.
10	WINDOW BLIND	081192	SL	7.00	16	215.			215.	215.		0.
11	CARPETING	082592	SL	7.00	16	1,281.			1,281.	1,281.		0.
15	OFFICE CABINETS	011896	SL	7.00	16	1,319.			1,319.	1,319.		0.
24	USED OFFICE FURNITURE	112900	SL	7.00	16	429.			429.	429.		0.
30	SINK UNIT (2) CABINETS W/ 106" TO	061501	SL	7.00	16	1,489.			1,489.	1,474.		0.
36	FILE CABINET	082405	SL	7.00	16	461.			461.	461.		0.
38	FILE CABINET	062306	SL	7.00	16	212.			212.	212.		0.

2021 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
39	FILE CABINET	082306	SL	7.00	16	126.			126.	126.		0.
45	PRINTER FOR COUNSELING	081913	SL	5.00	16	452.			452.	452.		0.
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	071109	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.

2021 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
6	FAX MACHINE	042494	200DB	5.00	16	286.			286.	286.		0.
7	COPIER	050494	200DB	5.00	16	778.			778.	778.		0.
16	OFFICE EQUIPMENT	060696	SL	5.00	16	352.			352.	352.		0.
17	VIDEO & MONITOR	093096	SL	5.00	16	402.			402.	402.		0.
21	PAGER REPLACEMENT	061699	SL	5.00	16	409.			409.	409.		0.
22	NEW TELEPHONE SYSTEM	092099	SL	5.00	16	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101	SL	5.00	16	546.			546.	546.		0.
32	NEW COPIER	120204	SL	5.00	16	476.			476.	332.		0.
33	DENTAL HANDPIECE	072005	SL	5.00	16	636.			636.	636.		0.
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.	364.		0.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FR	092314	SL	5.00	16	230.			230.	230.		0.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGE	092314	SL	5.00	16	705.			705.	705.		0.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR C	040815	SL	5.00	16	525.			525.	525.		0.
20	AIR CONDITIONING SYSTEM	063098	SL	39.00	16	3,550.			3,550.	2,051.		91.

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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
25	LEASEHOLD IMPROVEMENTS	0511101	SL	39.00	16	367.			367.	177.		9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401	SL	39.00	16	3,947.			3,947.	1,974.		101.
27	LEASEHOLD IMPROVEMENTS (CARPET)	060801	SL	7.00	16	1,960.			1,960.	1,937.		0.
28	LEASEHOLD IMPROVEMENTS (LIGHTI)	021401	SL	39.00	16	662.			662.	338.		17.
29	LEASEHOLD IMPROVEMENTS (NEW DO)	041001	SL	39.00	16	598.			598.	296.		15.
	TOTAL FORM 199 DEPRECIATION					2256257.			2256257.	104,019.	0.	70,595.
	TOTALS FOR CALIFORNIA					2256257.			2256257.	104,019.	0.	70,595.

2022 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
62	LEASEHOLD IMPROVEMENTS	050120	SL	39.00	2071766.		2071766.	88,537.	53,122.
74	WIRING TO UNITS	010721	SL	39.00	1,413.		1,413.	36.	36.
75	HVAC UPGRADE	072121	SL	39.00	13,772.		13,772.	147.	353.
78	FIRE & ALARM SYSTEM	051221	SL	39.00	20,911.		20,911.	357.	536.
51	RITTER 107 EXAM	061516	SL	5.00	750.		750.	750.	0.
52	VACUUM & AIR COMPRESSOR FOR DENTAL C	030817	SL	5.00	6,100.		6,100.	5,897.	203.
53	DENTAL EQUIP-(2) SCHICK SENORS & CON	042017	SL	5.00	7,236.		7,236.	6,753.	483.
54	DENTAL SENSOR	080718	SL	5.00	1,800.		1,800.	1,230.	360.
55	(2) SCHICK CDR DIGITAL X-RAY SENSORS	110718	SL	5.00	5,472.		5,472.	3,464.	1,094.
56	CARDIO TECH GT-300 EKG	022318	SL	5.00	1,638.		1,638.	1,257.	328.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	053018	SL	5.00	4,303.		4,303.	3,085.	861.
58	SPOT VS 4400 BLOOD PRESSURE AND SURE	052220	SL	5.00	2,312.		2,312.	732.	462.
59	GENERATOR	090920	SL	5.00	536.		536.	143.	107.
60	COMPUTER EQUIPMENT	033020	SL	5.00	2,034.		2,034.	712.	407.
61	DENTAL EQUIPMENT	082120	SL	5.00	7,595.		7,595.	2,025.	1,519.
63	DENTAL EQUIPMENT	082120	SL	5.00	36,560.		36,560.	9,749.	7,312.
64	(10) 19.5" LED LCD MONITORS	052121	SL	5.00	1,141.		1,141.	133.	228.
65	3 @\$33.86/EA UAG MICRO SURF GO OUTBA	052221	SL	5.00	118.		118.	14.	24.
66	(3) SURFACE PRO GO 2 WITH PENS	052421	SL	5.00	2,427.		2,427.	283.	485.
67	LVO E15 G2 R5-4500U 256/8 W10P MANUF	052121	SL	5.00	767.		767.	89.	153.
68	(4) DELL INSPIRON 3880 DESKTOP INTEL	091521	SL	5.00	2,917.		2,917.	194.	583.
70	(3) DELL -INSPIRON 3880 DESKTOP COMP	121021	SL	5.00	2,188.		2,188.	36.	438.
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	121621	SL	5.00	643.		643.		129.
72	(2) DEL INSPIRON 3880 DESKTOP MODEL	121721	SL	5.00	1,287.		1,287.		257.
73	SWITCH 24 POE LAN CONNECTION EQUIP	122921	SL	5.00	406.		406.		81.
76	FUTURA SILVER SERIES 12 CU. FT. DUAL	061421	SL	5.00	4,228.		4,228.	493.	846.
77	20/20 VISUAL ACUITY SYSTEM, TONOMETE	080621	SL	5.00	3,344.		3,344.	279.	669.
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.

(D) - Asset disposed

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

2022 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
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.
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.

(D) - Asset disposed

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

2022 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
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE	092314	SL	5.00	230.		230.	230.	0.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRI	092314	SL	5.00	705.		705.	705.	0.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR	040815	SL	5.00	525.		525.	525.	0.
20	AIR CONDITIONING SYSTEM	063098	SL	39.00	3,550.		3,550.	2,142.	91.
25	LEASEHOLD IMPROVEMENTS	051101	SL	39.00	367.		367.	186.	9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401	SL	39.00	3,947.		3,947.	2,075.	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.	355.	17.
29	LEASEHOLD IMPROVEMENTS (NEW DOORS & L	041001	SL	39.00	598.		598.	311.	15.
	TOTAL FORM 199 DEPRECIATION				2256257.		2256257.	174,614.	71,309.
	TOTALS FOR CALIFORNIA				2256257.		2256257.	174,614.	71,309.

(D) - Asset disposed

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

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

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

California corporation number: **0668074**

Additional information. See instructions.

FEIN: **23-7108154**

Street address (suite or room): **2003 ROYAL AVENUE**

PMB no. _____

City: **SIMI VALLEY** State: **CA** ZIP code: **93065**

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

A First return Yes No

B Amended return Yes No

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

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

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

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

G Is this a group filing? See instructions Yes No

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

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

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

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

L Is the organization a limited liability company? Yes No

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

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

O 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	222,047	00
	2	Gross dues and assessments from members and affiliates	•	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	•	3	582,730	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	804,777	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	804,777	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	•	9	497,576	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	307,201	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	Penalties and interest. See General Information J	•	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	•	16		00
Sign Here	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.					
	Signature of officer	Title EXECUTIVE DIRE	Date	• Telephone 805-522-3733		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	• 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

128951 01-19-22

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	130	00	
	2	Interest	•	2		00	
	3	Dividends	•	3	754	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	221,163	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	222,047	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	125,400	00	
	Expenses and Disbursements	13	Interest	•	13	6,147	00
		14	Taxes	•	14	15,757	00
		15	Rents	•	15	39,008	00
		16	Depreciation and depletion (See instructions)	•	16	70,595	00
		17	Other expenses and disbursements	•	17	159,976	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	497,576	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		439,204		560,508
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	2,200,695		2,256,257	
b Less accumulated depreciation	(102,803)	2,097,892	(173,830)	2,082,427
11 Land				
12 Other assets STMT 5		24,326		24,015
13 Total assets		2,561,422		2,666,950
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 6		202,165		924
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,359,257		2,666,026
22 Total liabilities and net worth		2,561,422		2,666,950

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	306,769	7 Income recorded on books this year not included in this return. Attach schedule
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•	432	
6 Total. Add line 1 through line 5		307,201	

* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AMGEN	ONE AMGEN CENTER DRIVE THOUSAND OAKS, CA 91320		25,000.
SO CA KAISER PERMANENTE	5601 DE SOTO AVE WOODLAND HILLS, CA 91365		15,000.
LIVINGSTON MEMORIAL	2801 TOWNSGATE ROAD SUITE 200 WESTLAKE VILLAGE, CA 91361		25,000.
SWIFT MEMORIAL FOUNDATION	4001 MISSION OAKS BLVD SUITE A CAMARILLO, CA 93012		10,000.
VENTURA COUNTY	800 S VICTORIA AVE VENTURA, CA 93001		10,000.
CITY OF SIMI VALLEY-COMMUNITY PROJECTS GRANT FOR FISCAL YEAR	2929 TAPO CANYON RD SIMI VALLEY, CA 93063		150,000.
MID-VALLEY PROPERTIES	940 ENCHANTED WAY SUITE 109 SIMI VALLEY, CA 93065		5,000.
DELTA DENTAL COMMUNITY CARE FOUNDATION	ONE DELTA DRIVE MECHANICSBURG, PA 17055		25,000.
GERALD AND EVA SUE RENYER	3234 SUNGLOW AVE SIMI VALLEY, CA 93063-1138		15,800.
SHARON R AUSTEL	3636 WALNUT AVE SIMI VALLEY, CA 93063		5,000.
STATE OF CALIFORNIA-BUSINESS ASSISTANCE GRANT & CALVA PRCTICE SUPPORT GRANT	915 CAPITOL MALL ROOM 110 SACRAMENTO, CA 95814		35,000.
WILSON FAMILY FOUNDATION	11150 SANTA MONICA BLVD NO760 LOS ANGELES, CA 90025		10,000.
JOHN AND KAREN LINDSEY	12416 WILLOW HILL DR MOORPARK, CA 93021		5,000.

FREE CLINIC OF SIMI VALLEY

23-7108154

WILLIAM AND SHERRI BROWN	2938 VISTA ARROYO DRIVE SANTA ROSA VALLEY, CA 93012	5,000.
AMERICARES FOUNDATION	88 HAMILTON AVE. STAMFORD, CT 06902	5,000.
BETSY & VINCE DULCICH	5366 SENECA PLACE SIMI VALLEY, CA 93063	5,000.
GERI A GAINES	3192 N. SYCAMORE DRIVE SIMI VALLEY, CA 93065	5,000.
GLENN R FREETHY ESTATE	C/O PHIL T HANNA 6454 WHITAKER AVE VAN NUYS, CA 91406-5643	29,368.
SUSAN KLINEDINST	2296 EMMETT AVE. SIMI VALLEY, CA 93063-3522	5,000.
ADVENTIST HEALTH SIMI VALLEY	2975 SYCAMORE DRIVE SIMI VALLEY, CA 93065	5,000.
CALIFORNIA ASSOCIATION OF FREE CLINICS	2752 ABEJORRO ST. CARLSBAD, CA 92009	41,666.
TOTAL INCLUDED ON LINE 3		<u><u>436,834.</u></u>

<u>CA 199</u>		<u>OTHER INCOME</u>	<u>STATEMENT 2</u>
<u>DESCRIPTION</u>			<u>AMOUNT</u>
1ST DRAW PPP LOAN FORGIVENESS			52,165.
2ND DRAW PPP LOAN FORGIVENESS			52,165.
SO CA EDISON LED LIGHTING UPGRADE REBATE			1,332.
SUBLET RENTAL INCOME			4,607.
PROGRAM SERVICE FEES			110,894.
TOTAL TO FORM 199, PART II, LINE 7			<u><u>221,163.</u></u>

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
FRED BAUERMEISTER 3990 HITCH RD MOORPARK, CA 93021	EXECUTIVE DIRECTOR 40.00	80,693.
MAGGIE KESTLY 940 ENCHANTED WAY #109 SIMI VALLEY, CA 93065	PAST PRESIDENT 1.00	0.
REV. RON HYRCHUK 2975 N SYCAMORE DR SIMI VALLEY, CA 93065	HONORARY BAORD MEMEBER 1.00	0.
HARRY VANDYCK 3185 KAWAI CT SIMI VALLEY, CA 93063	DIRECTOR 1.00	0.
PHYLLIS WILSON, MA MFT 883 PATRIOT DRIVE STEA MOORPARK, CA 93021	DIRECTOR 1.00	0.
VINCENT DULCICH 5366 SENECA PLACE SIMI VALLEY, CA 93065	VICE PRESIDENT 1.00	0.
POLLY VLASSIC 675 SHENANDOAH ST SIMI VALLEY, CA 91360	DIRECTOR 1.00	0.
BJ ADERSON 4265 AVENIDA SIMI SIMI VALLEY, CA 93063	SECRETARY 1.00	0.

FREE CLINIC OF SIMI VALLEY

23-7108154

CURT WITEBY
23161 VENTURA BLVD #100
WOODLAND HILLS, CA 91364

DIRECTOR
1.00

0.

KELLY ANN GAINES
6081 CEDAR STREET
SIMI VALLEY, CA 93065

TREASURER
1.00

0.

JOHN LINDSEY
12416 WILLOW HILL DRIVE
MOORPARK, CA 93021

DIRECTOR
1.00

0.

JILL HANEY
1185 STONEWALL CIRCLE
WESTLAKE VILLAGE, CA 91361

PRESIDENT
1.00

0.

SYLVIA FOWLER
4999 THORN RIDGE CT
SIMI VALLEY, CA 93063

DIRECTOR
1.00

0.

KATHERINE HILLARD
2975 N SYCAMORE DR
SIMI VALLEY, CA 93065

DIRECTOR
1.00

0.

TOM KUDLICK
953 WISHARD AVE
SIMI VALLEY, CA 93065

DIRECTOR
1.00

0.

JONATHAN KUROHARA, MD
2876 N SYCAMORE DRIVE #101
SIMI VALLEY, CA 93065

DIRECTOR
1.00

0.

TOTAL TO FORM 199, PART II, LINE 11

80,693.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
MEDICAL SUPPLIES		9,823.
REPAIRS		8,141.
TELEPHONE		7,366.
ASSISTANCE TO CLIENTS		5,128.
DIRECT EXPENSES OF FUNDRAISING EVENTS		32,075.
ACCOUNTING FEES		36,880.
OTHER PROFESSIONAL FEES		24,897.
OFFICE EXPENSES		6,724.
TRAVEL		200.
INSURANCE		7,877.
ALL OTHER EXPENSES		20,865.
TOTAL TO FORM 199, PART II, LINE 17		159,976.

CA 199	OTHER ASSETS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID RENT	0.	0.
DUE FROM SIMI VALLEY COMMUNITY FUND	23,500.	23,500.
REFUNDABLE DEPOSITS	826.	515.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	24,326.	24,015.

CA 199	OTHER LIABILITIES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYCHECK PROTECTION PROGRAM	52,165.	0.
DEFERRED REVENUE	0.	924.
UNSECURED NOTES AND LOANS PAYABLE	150,000.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	202,165.	924.

**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 2022. 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 of 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	7	2,256,257.	104,019.				
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	70,595

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	70,595
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	71,027
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	-432

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 7

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.	2,051.	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.	177.	SL	39.00	9.	
26 LEASEHOLD IMPROVEMENTS(HAVC)	06/04/01	3,947.	1,974.	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.	338.	SL	39.00	17.
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & LOCKS)					
	04/10/01	598.	296.	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.	452.	SL	5.00	0.
46	URINE ANALYZER					
	12/13/13	364.	364.	SL	5.00	0.
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.	230.	SL	5.00	0.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGERATOR					
	09/23/14	705.	705.	SL	5.00	0.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR CLINIC					
	04/08/15	525.	525.	SL	5.00	0.
51	RITTER 107 EXAM					
	06/15/16	750.	688.	SL	5.00	62.
52	VACUUM & AIR COMPRESSOR FOR DENTAL CLINIC					
	03/08/17	6,100.	4,677.	SL	5.00	1,220.
53	DENTAL EQUIP-(2) SCHICK SENORS & CONNECTION BOX					
	04/20/17	7,236.	5,306.	SL	5.00	1,447.
54	DENTAL SENSOR					
	08/07/18	1,800.	870.	SL	5.00	360.
55	(2) SCHICK CDR DIGITAL X-RAY SENSORS SIZE 2					
	11/07/18	5,472.	2,370.	SL	5.00	1,094.
56	CARDIO TECH GT-300 EKG					
	02/23/18	1,638.	929.	SL	5.00	328.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR					
	05/30/18	4,303.	2,224.	SL	5.00	861.

58	SPOT VS 4400 BLOOD PRESSURE AND SURETEMP+ MACHINE & CUFFS ETC FOR IT	05/22/20	2,312.	270.	SL	5.00	462.
59	GENERATOR	09/09/20	536.	36.	SL	5.00	107.
60	COMPUTER EQUIPMENT	03/30/20	2,034.	305.	SL	5.00	407.
61	DENTAL EQUIPMENT	08/21/20	7,595.	506.	SL	5.00	1,519.
62	LEASEHOLD IMPROVEMENTS	05/01/20	2,071,766.	35,415.	SL	39.00	53,122.
63	DENTAL EQUIPMENT	08/21/20	36,560.	2,437.	SL	5.00	7,312.
64	(10) 19.5" LED LCD MONITORS	05/21/21	1,141.		SL	5.00	133.
65	3 @\$33.86/EA UAG MICRO SURF GO OUTBACK HAND STRAP MANUFACTURER PART	05/22/21	118.		SL	5.00	14.
66	(3) SURFACE PRO GO 2 WITH PENS	05/24/21	2,427.		SL	5.00	283.
67	LVO E15 G2 R5-4500U 256/8 W10P MANUFACTURER PART #20T80005US - SERIA	05/21/21	767.		SL	5.00	89.
68	(4) DELL INSPIRON 3880 DESKTOP INTEL CORE I510400 - BEST BUY 9.1.20	09/15/21	2,917.		SL	5.00	194.
70	(3) DELL -INSPIRON 3880 DESKTOP COMPUTERS MODEL #I3880	12/10/21	2,188.		SL	5.00	36.
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	12/16/21	643.		SL	5.00	0.
72	(2) DEL INSPIRON 3880 DESKTOP MODEL 13880	12/17/21	1,287.		SL	5.00	0.
73	SWITCH 24 POE LAN CONNECTION EQUIP	12/29/21	406.		SL	5.00	0.
74	WIRING TO UNITS	01/07/21	1,413.		SL	39.00	36.
75	HVAC UPGRADE	07/21/21	13,772.		SL	39.00	147.
76	FUTURA SILVER SERIES 12 CU. FT. DUAL TEMPERATURE GLASS REFRIDGERATO	06/14/21	4,228.		SL	5.00	493.
77	20/20 VISUAL ACUITY SYSTEM, TONOMETER & RETINOSCOPE	08/06/21	3,344.		SL	5.00	279.
78	FIRE & ALARM SYSTEM	05/12/21	20,911.		SL	39.00	357.
TOTAL TO FORM 3885			<u>2,256,257.</u>	<u>104,019.</u>			<u>70,595.</u>

TAXABLE YEAR

2021

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

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

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	804,777
2 Total gross income (Form 199, line 8)	2	804,777
3 Total expenses and disbursements (Form 199, line 9)	3	497,576

Part II Settle Your Account Electronically for Taxable Year 2021

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

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

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 2021 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

Signature of officer _____ Date _____

EXECUTIVE DIRECTOR _____ 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, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN
MICHAEL P. FISCHER, C.P.A.				P00223947
Firm's name (or yours if self-employed) and address	Firm's FEIN	ZIP code		
65 WEST EASY ST SUITE 205 SIMI VALLEY, CA	77-0165080	93065-6202		

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

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

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

FREE CLINIC OF SIMI VALLEY

Name of Organization

List all DBAs and names the organization uses or has used

2003 ROYAL AVENUE

Address (Number and Street)

SIMI VALLEY, CA 93065

City or Town, State, and ZIP Code

(805) 522-3733

Telephone Number

FRED@FREECLINICSV.COM

E-mail Address

Check if:

- Change of address
 Amended report

State Charity Registration Number **CT14834**

Corporation or Organization No. **D-0668074**

Federal Employer ID No. **23-7108154**

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2021 ending 12/31/2021) list:

Total Revenue (including noncash contributions) \$ 772,702 Noncash Contributions \$ 0 Total Assets \$ 2,666,950
Program Expenses \$ 314,969 Total Expenses \$ 465,933

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

Note: All questions must be answered. 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, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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, and I am authorized to sign.

FRED BAUERMEISTER

EXECUTIVE DIRECTOR

Signature of Authorized Agent

Printed Name

Title

Date