

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

FREE CLINIC OF SIMI VALLEY  
2003 ROYAL AVE  
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 11, 2024

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

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2023  
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  
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 (199), E-FILE RETURN AUTHOR 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 11, 2024

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

DEAR FRED,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2023 FORM 990

2023 CALIFORNIA FORM 199

2023 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.

## Filing Instructions

**Prepared for:**

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

**Prepared by:**

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

2023 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.

2023 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 AVE  
SIMI VALLEY, CA 93065

Prepared by:

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

2023 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF .....\$ 200.00

ENCLOSE A CHECK OR MONEY ORDER FOR \$200.00, PAYABLE TO DEPARTMENT OF JUSTICE.

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

A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

PLEASE MAIL ON OR BEFORE NOVEMBER 15, 2024.

MAIL TO - REGISTRY OF CHARITIES AND FUNDRAISERS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20\_\_\_\_

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**FREE CLINIC OF SIMI VALLEY**

EIN or SSN

**23-7108154**

Name and title of officer or person subject to tax

**FRED BAUERMEISTER  
EXECUTIVE DIRECTOR**

### 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. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>1,130,085.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

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

Under penalties of perjury, I declare that  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 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

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

as my signature on the tax year 2023 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 2023 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 2023 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**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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.

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.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>FREE CLINIC OF SIMI VALLEY</b>	Taxpayer identification number (TIN) <b>23-7108154</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>C/O MIKE FISCHER - 65 EASY ST #205</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SIMI VALLEY, CA 93065</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **FRED BAUERMEISTER**  
**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**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

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

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**



**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FREE CLINIC OF SIMI VALLEY</b>		<b>D</b> Employer identification number <b>23-7108154</b>
	Doing business as		<b>E</b> Telephone number <b>(805) 522-3733</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>1,145,615.</b>
	<b>2003 ROYAL AVE</b>		<b>H(a)</b> 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 <b>SIMI VALLEY, CA 93065</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>FRED BAUERMEISTER</b> <b>2003 ROYAL AVENUE, SIMI VALLEY, CA 93065</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.FREECLINICSV.COM</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1971</b>
<b>M</b> State of legal domicile: <b>CA</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>MEDICAL, DENTAL, COUNSELING &amp; LEGAL SERVICES FOR THE GENERAL PUBLIC</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) ..... <b>5</b> <b>8</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>152</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>448,778.</b> <b>Prior Year</b> <b>984,523.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>118,130.</b> <b>116,894.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>800.</b> <b>7,271.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>-3,359.</b> <b>21,397.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>564,349.</b> <b>1,130,085.</b>
	<b>Expenses</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>261,763.</b> <b>303,379.</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ..... <b>60,466.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>268,974.</b> <b>315,496.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>530,737.</b> <b>618,875.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>33,612.</b> <b>511,210.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>2,700,727.</b> <b>Beginning of Current Year</b> <b>3,211,509.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>1,089.</b> <b>661.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>2,699,638.</b> <b>3,210,848.</b>

**Part II Signature Block**

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

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

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 \$ 147,594. including grants of \$ ) (Revenue \$ 32,359.) MEDICAL

4b (Code: ) (Expenses \$ 150,849. including grants of \$ ) (Revenue \$ 28,618.) FAMILY COUNSELING SERVICES

4c (Code: ) (Expenses \$ 182,600. including grants of \$ ) (Revenue \$ 51,182.) DENTAL SERVICES

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ 12,006.)

4e Total program service expenses 481,043.

**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> .....	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<input checked="" type="checkbox"/>	
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> .....		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....	<input checked="" type="checkbox"/>	
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>
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 .....	<input checked="" type="checkbox"/>	
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> .....	<input checked="" type="checkbox"/>	
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> .....		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<input checked="" type="checkbox"/>
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> .....		<input checked="" type="checkbox"/>

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 noncash contributions.

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, gross 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 15; 1b Enter the number of voting members included on line 1a... 15; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 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; 16b 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?

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 [X] Another's website [X] 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, box 6 of 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 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 PAST 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 VICE PRESIDENT	1.00	X					0.	0.	0.	





**Part VIII Statement of Revenue**

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

				(A)	(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	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	133,235.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	271,995.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	579,293.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		984,523.				
Program Service Revenue	<b>2 a</b>	<b>PROGRAM SERVICE FEES</b>	<b>Business Code</b>					
			624100	116,894.	116,894.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		116,894.					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		7,271.	7,271.			
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b>	Gain or (loss) .....	<b>7c</b>					
<b>d</b>	Net gain or (loss) .....							
<b>8 a</b>	Gross income from fundraising events (not including \$ <u>133,235.</u> of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.				
			<b>8b</b>	15,530.				
<b>c</b>	Net income or (loss) from fundraising events .....		-15,530.			-15,530.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
			<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
			<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	<b>SUBLET RENTAL INCOME</b>	<b>Business Code</b>					
			531120	36,927.			36,927.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		36,927.					
<b>12</b>	<b>Total revenue.</b> See instructions .....		1,130,085.	124,165.	0.	21,397.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	80,693.	60,877.	10,940.	8,876.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	201,127.	152,856.	26,147.	22,124.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....	21,559.	16,385.	2,803.	2,371.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	698.	530.	91.	77.
<b>c</b> Accounting .....	39,749.	30,210.	5,167.	4,372.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	35,669.	31,726.		3,943.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	2,464.	1,873.	320.	271.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	72,261.	54,918.	9,394.	7,949.
<b>17</b> Travel .....	572.	435.	74.	63.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	2,712.	2,061.	353.	298.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	77,503.	58,903.	10,075.	8,525.
<b>23</b> Insurance .....	11,006.	8,364.	1,431.	1,211.
<b>24</b> 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.)				
<b>a</b> <b>REPAIRS</b> .....	27,076.	20,578.	6,498.	
<b>b</b> <b>MEDICAL SUPPLIES</b> .....	7,888.	7,888.		
<b>c</b> <b>TAXES &amp; LICENSES</b> .....	7,161.	5,442.	1,719.	
<b>d</b> <b>TELEPHONE</b> .....	7,013.	6,260.	408.	345.
<b>e</b> All other expenses .....	23,724.	21,737.	1,946.	41.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	618,875.	481,043.	77,366.	60,466.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	414,262.	<b>1</b>	610,532.
	<b>2</b> Savings and temporary cash investments .....	242,361.	<b>2</b>	374,071.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,526,156.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 323,290.	2,019,289.	<b>10c</b> 2,202,866.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	24,815.	<b>15</b>	24,040.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,700,727.	<b>16</b>	3,211,509.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,089.	<b>19</b>	661.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,089.	<b>26</b>	661.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....		<b>27</b>	
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....	0.	<b>29</b>	0.
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>30</b>	0.
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....	2,699,638.	<b>31</b>	3,210,848.
	<b>32</b> Total net assets or fund balances .....	2,699,638.	<b>32</b>	3,210,848.
	<b>33</b> Total liabilities and net assets/fund balances .....	2,700,727.	<b>33</b>	3,211,509.

**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	1,130,085.
2	Total expenses (must equal Part IX, column (A), line 25)	2	618,875.
3	Revenue less expenses. Subtract line 2 from line 1	3	511,210.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,699,638.
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	3,210,848.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1531993.	985,015.	583,484.	448,778.	991,794.	4541064.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1531993.	985,015.	583,484.	448,778.	991,794.	4541064.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						4541064.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	1531993.	985,015.	583,484.	448,778.	991,794.	4541064.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,042.	3,366.	754.	800.	7,271.	13,233.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						4554297.

**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** .....

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.71 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	99.84 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gifts and controlled entities.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization benefits.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1-3 regarding the Integral Part Test and Activities Test.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

**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	<b>Total annual distributions.</b> 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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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

OMB No. 1545-0047

**2023**

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SO CA KAISER PERMANENTE  5601 DE SOTO AVE  WOODLAND HILLS, CA 91365	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LIVINGSTON MEMORIAL  2801 TOWNSGATE ROAD SUITE 200  WESTLAKE VILLAGE, CA 91361	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	VENTURA COUNTY  800 S VICTORIA AVE  VENTURA, CA 93001	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	VENTURA COMMUNITY FOUNDATION  4001 MISSION OAKS BLVD SUITE A  CAMARILLO, CA 93012	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CITY OF SIMI VALLEY-COMMUNITY PROJECTS GRANT FOR FISCAL YEAR  2929 TAPO CANYON RD  SIMI VALLEY, CA 93063	\$ 126,995.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DELTA DENTAL COMMUNITY CARE FOUNDATION  ONE DELTA DRIVE  MECHANICSBURG, PA 17055	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>FREE CLINIC OF SIMI VALLEY</b>	Employer identification number  <b>23-7108154</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____



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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and questions 3-9 regarding monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

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**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 in 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? | 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		2,380,946.	209,633.	2,171,313.
c Leasehold improvements				
d Equipment		24,667.	17,925.	6,742.
e Other		120,543.	95,732.	24,811.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,202,866.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

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

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

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.

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

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

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

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

**Part XIII Supplemental Information**

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

DEPRECIATION VARIANCE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DEPRECIATION VARIANCE

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

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

LINE 15-OTHER ASSETS-PREPAID RENT & DUE FROM SIMI VALLEY COMMUNITY FOUNDATI

OTHER ASSETS-PREPAID RENT \$515

OTHER ASSETS-DUE FROM SIMI VALLEY COMMUNITY FUND \$ 23,500



**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	59,206.	49,316.	24,713.	133,235.
	2	Less: Contributions	59,206.	49,316.	24,713.	133,235.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes	1,700.			1,700.
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	6,957.	2,472.	4,401.	13,830.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				15,530.
11	Net income summary. Subtract line 10 from line 3, column (d)				-15,530.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



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

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

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

Multiple horizontal lines 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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 \$ 3,174

OPHTHALMIC \$1,561

INVESTMENT INCOME \$7,271

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 12,006.

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:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

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



2023 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	MM17	2,071,766.				2,071,766.	139,445.		53,122.	192,567.
74	WIRING TO UNITS	01/07/21	SL	39.00	MM17	1,413.				1,413.	71.		36.	107.
75	HVAC UPGRADE	07/21/21	SL	39.00	MM17	13,772.				13,772.	515.		353.	868.
78	FIRE & ALARM SYSTEM	05/12/21	SL	39.00	MM17	20,911.				20,911.	871.		536.	1,407.
79	MONUMENT SIGN DESIGN AND MANUFACTURING TWO-SIDED & BU	05/03/22	SL	7.00	HY17	17,135.				17,135.			2,448.	2,448.
80	ROOF REPLACEMENT	06/14/23	SL	39.00	MM19I	116,480.				116,480.			1,618.	1,618.
81	OUTDOOR THERAPY YARD IMPROVEMENTS	05/30/22	SL	39.00	MM17	121,795.				121,795.			3,123.	3,123.
82	SOLAR PANEL PROJECT	03/22/04	NC	39.00	MM	6,590.				6,590.			0.	
	* 990 PAGE 10 TOTAL BUILDINGS					2,369,862.				2,369,862.	140,902.		61,236.	202,138.
	MACHINERY & EQUIPMENT													
83	MIDMARK CORP STERILIZER, STEAM M11 115V - SERIAL #V25	02/13/23	SL	5.00	HY19B	7,491.				7,491.			749.	749.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					7,491.				7,491.	0.		749.	749.
	MANAGEMENT AND GENERAL													
51	RITTER 107 EXAM	06/15/16	SL	5.00	HY17	750.				750.	750.		0.	750.
52	VACUUM & AIR COMPRESSOR FOR DENTAL CLINIC	03/08/17	SL	5.00	HY17	6,100.				6,100.	6,100.		0.	6,100.
53	DENTAL EQUIP-(2) SCHICK SENORS & CONNECTION BOX	04/20/17	SL	5.00	HY17	7,236.				7,236.	7,236.		0.	7,236.
54	DENTAL SENSOR	08/07/18	SL	5.00	MC17	1,800.				1,800.	1,575.		225.	1,800.

328111 04-01-23

(D) - Asset disposed

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

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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
55	(2) SCHICK CDR DIGITAL X-RAY SENSORS SIZE 2	11/07/18	SL	5.00	MC17	5,472.				5,472.	4,513.		959.	5,472.
56	CARDIO TECH GT-300 EKG	02/23/18	SL	5.00	MC17	1,638.				1,638.	1,599.		39.	1,638.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	05/30/18	SL	5.00	MC17	4,303.				4,303.	3,982.		321.	4,303.
58	SPOT VS 4400 BLOOD PRESSURE AND SURETEMP+ MACHINE & CUFF	05/22/20	SL	5.00	HY17	2,312.				2,312.	1,155.		462.	1,617.
59	GENERATOR	09/09/20	SL	5.00	HY17	536.				536.	268.		107.	375.
60	COMPUTER EQUIPMENT	03/30/20	SL	5.00	HY17	2,034.				2,034.	1,017.		407.	1,424.
61	DENTAL EQUIPMENT	08/21/20	SL	5.00	HY17	7,595.				7,595.	3,798.		1,519.	5,317.
63	DENTAL EQUIPMENT	08/21/20	SL	5.00	HY17	36,560.				36,560.	18,280.		7,312.	25,592.
64	(10) 19.5" LED LCD MONITORS	05/21/21	SL	5.00	HY17	1,141.				1,141.	342.		228.	570.
65	3 @\$33.86/EA UAG MICRO SURF GO OUTBACK HAND STRAP MANUFA	05/22/21	SL	5.00	HY17	118.				118.	36.		24.	60.
66	(3) SURFACE PRO GO 2 WITH PENS	05/24/21	SL	5.00	HY17	2,427.				2,427.	728.		485.	1,213.
67	LVO E15 G2 R5-4500U 256/8 W10P MANUFACTURER PART #20T8	05/21/21	SL	5.00	HY17	767.				767.	230.		153.	383.
68	(4) DELL INSPIRON 3880 DESKTOP INTEL CORE I510400 -	09/15/21	SL	5.00	HY17	2,917.				2,917.	875.		583.	1,458.
70	(3) DELL -INSPIRON 3880 DESKTOP COMPUTERS MODEL #I38	12/10/21	SL	5.00	HY17	2,188.				2,188.	657.		438.	1,095.
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	12/16/21	SL	5.00	HY17	643.				643.	193.		129.	322.
72	(2) DEL INSPIRON 3880 DESKTOP MODEL 13880	12/17/21	SL	5.00	HY17	1,287.				1,287.	386.		257.	643.
73	SWITCH 24 POE LAN CONNECTION EQUIP	12/29/21	SL	5.00	HY17	406.				406.	122.		81.	203.
76	FUTURA SILVER SERIES 12 CU. FT. DUAL TEMPERATURE GLASS	06/14/21	SL	5.00	HY17	4,228.				4,228.	1,269.		846.	2,115.

328111 04-01-23

(D) - Asset disposed

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

2023 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
77	20/20 VISUAL ACUITY SYSTEM, TONOMETER & RETINOSCOPE	08/06/21	SL	5.00	HY17	3,344.				3,344.	1,003.		669.	1,672.
84	DENTAL SERVER	12/26/23	SL	5.00	HY19E	408.				408.			41.	41.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL					96,210.				96,210.	56,114.		15,285.	71,399.
	FURNITURE & FIXTURES													
8	OFFICE FURNITURE	06/30/89	200DB	7.00	HY17	169.				169.	169.		0.	169.
9	OFFICE FURNITURE	07/21/92	SL	7.00	HY17	4,790.				4,790.	4,790.		0.	4,790.
10	WINDOW BLIND	08/11/92	SL	7.00	HY17	215.				215.	215.		0.	215.
11	CARPETING	08/25/92	SL	7.00	HY17	1,281.				1,281.	1,281.		0.	1,281.
15	OFFICE CABINETS	01/18/96	SL	7.00	HY17	1,319.				1,319.	1,319.		0.	1,319.
24	USED OFFICE FURNITURE	11/29/00	SL	7.00	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 -					2,484,054.				2,484,054.	207,507.		77,270.	284,777.
	MACHINERY & EQUIPMENT													
45	PRINTER FOR COUNSELING	08/19/13	SL	5.00	HY17	452.			226.	226.	226.		0.	226.



2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL 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.
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 - MACHINERY & EQUIPMENT						12,470.			451.	12,019.	12,019.		0.	12,019.
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.

328111 04-01-23

(D) - Asset disposed

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

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
3	EQUIPMENT	06/14/89	200DB	5.00		HY17	304.				304.	304.		0.	304.
4	EQUIPMENT	06/16/89	200DB	5.00		HY17	606.				606.	606.		0.	606.
5	EQUIPMENT	08/31/89	200DB	5.00		HY17	688.				688.	688.		0.	688.
6	FAX MACHINE	04/24/94	200DB	5.00		HY17	286.				286.	286.		0.	286.
7	COPIER	05/04/94	200DB	5.00		HY17	778.				778.	778.		0.	778.
16	OFFICE EQUIPMENT	06/06/96	SL	5.00		HY17	352.				352.	352.		0.	352.
17	VIDEO & MONITOR	09/30/96	SL	5.00		HY17	402.				402.	402.		0.	402.
21	PAGER REPLACEMENT	06/16/99	SL	5.00		HY17	409.				409.	409.		0.	409.
22	NEW TELEPHONE SYSTEM	09/20/99	SL	5.00		HY17	1,233.				1,233.	1,233.		0.	1,233.
31	POLAROID CAMERA	05/21/01	SL	5.00		HY17	546.				546.	546.		0.	546.
32	NEW COPIER	12/02/04	SL	5.00		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														

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
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.	2,233.		91.	2,324.
25	LEASEHOLD IMPROVEMENTS	05/11/01	SL	39.00	MM17	367.				367.	195.		9.	204.
26	LEASEHOLD IMPROVEMENTS(HAVC)	06/04/01	SL	39.00	MM17	3,947.				3,947.	2,176.		101.	2,277.
27	LEASEHOLD IMPROVEMENTS(CARPETING)	06/08/01	SL	7.00	HY17	1,960.				1,960.	1,960.		0.	1,960.
28	LEASEHOLD IMPROVEMENTS(LIGHTING FIXTUR	02/14/01	SL	39.00	MM17	662.				662.	372.		17.	389.
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & LOCKS)	04/10/01	SL	39.00	MM17	598.				598.	326.		15.	341.
	* 990 PAGE 10 TOTAL BUILDINGS					11,084.				11,084.	7,262.		233.	7,495.
	* 990 PAGE 10 TOTAL -					11,084.				11,084.	7,262.		233.	7,495.
	* GRAND TOTAL 990 PAGE 10 DEPR					2,526,156.			2,015.	2,524,141.	243,772.		77,503.	321,275.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					2,401,777.			2,015.	2,399,762.	243,772.			318,867.



Department of the Treasury  
Internal Revenue Service

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

Attach to your tax return.

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.

<b>1</b> Maximum amount (see instructions)	<b>1</b>	1,160,000.
<b>2</b> Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation	<b>3</b>	2,890,000.
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b> Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	
<b>10</b> Carryover of disallowed deduction from line 13 of your 2022 Form 4562	<b>10</b>	
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5	<b>11</b>	
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b> Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	<b>13</b>	

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.)**

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

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

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2023	<b>17</b>	75,095.
<b>18</b> 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 2023 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
<b>19a</b> 3-year property						
<b>b</b> 5-year property		7,899.	5 YRS.	HY	SL	790.
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	06 /23	116,480.	39 yrs.	MM	S/L	1,618.
	/			MM	S/L	

**Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System**

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

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

<b>21</b> Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b> 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.	<b>22</b>	77,503.
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

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

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

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

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

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

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

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

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

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

Section B - Information on Use of Vehicles

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

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-33 (miles driven) and 34-36 (availability and ownership questions).

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

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

Table for Section C with 2 columns: Yes, No. Rows include 37-41 (policy statements and requirements).

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

Part VI Amortization

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

42 Amortization of costs that begins during your 2023 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2023 tax year 43

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

2023 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.	139,445.		53,122.
74	WIRING TO UNITS	010721	SL	39.00	17	1,413.			1,413.	71.		36.
75	HVAC UPGRADE	072121	SL	39.00	17	13,772.			13,772.	515.		353.
78	FIRE & ALARM SYSTEM	051221	SL	39.00	17	20,911.			20,911.	871.		536.
79	MONUMENT SIGN DESIGN AND MANUFACT	050322	SL	7.00	17	17,135.			17,135.			2,448.
80	ROOF REPLACEMENT	061423	SL	39.00	19I	116,480.			116,480.			1,618.
81	OUTDOOR THERAPY YARD IMPROVEMENTS	053022	SL	39.00	17	121,795.			121,795.			3,123.
82	SOLAR PANEL PROJECT	032204	NC	39.00		6,590.			6,590.			0.
	* 990 PAGE 10 TOTAL BUILDINGS					2369862.		0.	2369862.	140,902.		61,236.
	MACHINERY & EQUIPMENT											
	MIDMARK CORP											
83	STERILIZER, STEAM M	021323	SL	5.00	19B	7,491.			7,491.			749.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME					7,491.		0.	7,491.	0.		749.
	MANAGEMENT AND GENERAL											
51	RITTER 107 EXAM	061516	SL	5.00	17	750.			750.	750.		0.
52	VACUUM & AIR COMPRESSOR FOR DENT	030817	SL	5.00	17	6,100.			6,100.	6,100.		0.
53	DENTAL EQUIP-(2) SCHICK SENORS & CON	042017	SL	5.00	17	7,236.			7,236.	7,236.		0.
54	DENTAL SENSOR	080718	SL	5.00	17	1,800.			1,800.	1,575.		225.

2023 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
55	(2) SCHICK CDR DIGITAL X-RAY SENSO	110718	SL	5.00	17	5,472.			5,472.	4,513.		959.
56	CARDIO TECH GT-300 EKG	022318	SL	5.00	17	1,638.			1,638.	1,599.		39.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	053018	SL	5.00	17	4,303.			4,303.	3,982.		321.
58	SPOT VS 4400 BLOOD PRESSURE AND SURETE	052220	SL	5.00	17	2,312.			2,312.	1,155.		462.
59	GENERATOR	090920	SL	5.00	17	536.			536.	268.		107.
60	COMPUTER EQUIPMENT	033020	SL	5.00	17	2,034.			2,034.	1,017.		407.
61	DENTAL EQUIPMENT	082120	SL	5.00	17	7,595.			7,595.	3,798.		1,519.
63	DENTAL EQUIPMENT	082120	SL	5.00	17	36,560.			36,560.	18,280.		7,312.
64	(10) 19.5" LED LCD MONITORS	052121	SL	5.00	17	1,141.			1,141.	342.		228.
65	3 @\$33.86/EA UAG MICRO SURF GO OUTBA	052221	SL	5.00	17	118.			118.	36.		24.
66	(3) SURFACE PRO GO 2 WITH PENS	052421	SL	5.00	17	2,427.			2,427.	728.		485.
67	LVO E15 G2 R5-4500U 256/8 W10P MANUFACT	052121	SL	5.00	17	767.			767.	230.		153.
68	(4) DELL INSPIRON 3880 DESKTOP INTEL	091521	SL	5.00	17	2,917.			2,917.	875.		583.
70	(3) DELL -INSPIRON 3880 DESKTOP COMPUT	121021	SL	5.00	17	2,188.			2,188.	657.		438.
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	121621	SL	5.00	17	643.			643.	193.		129.
72	(2) DEL INSPIRON 3880 DESKTOP MODEL	121721	SL	5.00	17	1,287.			1,287.	386.		257.
73	SWITCH 24 POE LAN CONNECTION EQUIP	122921	SL	5.00	17	406.			406.	122.		81.
76	FUTURA SILVER SERIES 12 CU. FT. D	061421	SL	5.00	17	4,228.			4,228.	1,269.		846.



2023 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
77	20/20 VISUAL ACUITY SYSTEM, TONOMETER &	080621	SL	5.00	17	3,344.			3,344.	1,003.		669.
84	DENTAL SERVER	122623	SL	5.00	19B	408.			408.			41.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENE FURNITURE & FIXTURES					96,210.		0.	96,210.	56,114.		15,285.
8	OFFICE FURNITURE	063089	200DB	7.00	17	169.			169.	169.		0.
9	OFFICE FURNITURE	072192	SL	7.00	17	4,790.			4,790.	4,790.		0.
10	WINDOW BLIND	081192	SL	7.00	17	215.			215.	215.		0.
11	CARPETING	082592	SL	7.00	17	1,281.			1,281.	1,281.		0.
15	OFFICE CABINETS USED OFFICE	011896	SL	7.00	17	1,319.			1,319.	1,319.		0.
24	FURNITURE	112900	SL	7.00	17	429.			429.	429.		0.
30	SINK UNIT (2) CABINETS W/ 106" TO	061501	SL	7.00	17	1,489.			1,489.	1,489.		0.
36	FILE CABINET	082405	SL	7.00	17	461.			461.	461.		0.
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 -					2484054.		0.	2484054.	207,507.		77,270.
45	MACHINERY & EQUIPMENT PRINTER FOR COUNSELING	081913	SL	5.00	17	452.		226.	226.	226.		0.

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL 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.
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 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	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	052589	200DB	5.00	17	1,696.			1,696.	1,696.		0.

2023 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
3	EQUIPMENT	061489	200DB	5.00	17	304.			304.	304.		0.
4	EQUIPMENT	061689	200DB	5.00	17	606.			606.	606.		0.
5	EQUIPMENT	083189	200DB	5.00	17	688.			688.	688.		0.
6	FAX MACHINE	042494	200DB	5.00	17	286.			286.	286.		0.
7	COPIER	050494	200DB	5.00	17	778.			778.	778.		0.
16	OFFICE EQUIPMENT	060696	SL	5.00	17	352.			352.	352.		0.
17	VIDEO & MONITOR	093096	SL	5.00	17	402.			402.	402.		0.
21	PAGER REPLACEMENT	061699	SL	5.00	17	409.			409.	409.		0.
22	NEW TELEPHONE SYSTEM	092099	SL	5.00	17	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101	SL	5.00	17	546.			546.	546.		0.
32	NEW COPIER	120204	SL	5.00	17	476.		238.	238.	238.		0.
33	DENTAL HANDPIECE	072005	SL	5.00	17	636.			636.	636.		0.
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											

2023 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
46	URINE ANALYZER	121313	SL	5.00	17	364.		182.	182.	182.		0.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FRIGIDAIRE 16.7 CF	092314	SL	5.00	17	230.			230.	230.		0.
49	FREEZERLESS REFRIGERATOR	092314	SL	5.00	17	705.			705.	705.		0.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR CLASSROOM	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.	2,233.		91.
25	LEASEHOLD IMPROVEMENTS	051101	SL	39.00	17	367.			367.	195.		9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401	SL	39.00	17	3,947.			3,947.	2,176.		101.
27	LEASEHOLD IMPROVEMENTS (CARPET)	060801	SL	7.00	17	1,960.			1,960.	1,960.		0.
28	LEASEHOLD IMPROVEMENTS (LIGHTING)	021401	SL	39.00	17	662.			662.	372.		17.
29	LEASEHOLD IMPROVEMENTS (NEW DOOR)	041001	SL	39.00	17	598.			598.	326.		15.
	* 990 PAGE 10 TOTAL BUILDINGS					11,084.		0.	11,084.	7,262.		233.
	* 990 PAGE 10 TOTAL -					11,084.		0.	11,084.	7,262.		233.
	* GRAND TOTAL 990 PAGE 10 DEPR					2526156.		2,015.	2524141.	243,772.		77,503.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					2401777.		2,015.	2399762.	243,772.		



2024 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
	<b>BUILDINGS</b>								
62	LEASEHOLD IMPROVEMENTS	050120	SL	39.00	2071766.		2071766.	192,567.	53,122.
74	WIRING TO UNITS	010721	SL	39.00	1,413.		1,413.	107.	36.
75	HVAC UPGRADE	072121	SL	39.00	13,772.		13,772.	868.	353.
78	FIRE & ALARM SYSTEM	051221	SL	39.00	20,911.		20,911.	1,407.	536.
	<b>MONUMENT SIGN DESIGN AND MANUFACTURING TWO-SIDED &amp; BULLETIN BOARD</b>								
79	BOARD	050322	SL	7.00	17,135.		17,135.	2,448.	2,448.
80	ROOF REPLACEMENT	061423	SL	39.00	116,480.		116,480.	1,618.	2,987.
81	OUTDOOR THERAPY YARD IMPROVEMENTS	053022	SL	39.00	121,795.		121,795.	3,123.	3,123.
82	SOLAR PANEL PROJECT	032204	NC	39.00	6,590.		6,590.		0.
	<b>* 990 PAGE 10 TOTAL BUILDINGS</b>				2369862.		2369862.	202,138.	62,605.
	<b>MACHINERY &amp; EQUIPMENT</b>								
	<b>MIDMARK CORP STERILIZER, STEAM M11</b>								
83	115V - SERIAL #V2550370	021323	SL	5.00	7,491.		7,491.	749.	1,498.
	<b>* 990 PAGE 10 TOTAL MACHINERY &amp; EQUIPMENT</b>				7,491.		7,491.	749.	1,498.
	<b>MANAGEMENT AND GENERAL</b>								
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.	7,236.	0.
54	DENTAL SENSOR (2) SCHICK CDR DIGITAL X-RAY SENSORS	080718	SL	5.00	1,800.		1,800.	1,800.	0.
55	SIZE 2	110718	SL	5.00	5,472.		5,472.	5,472.	0.
56	CARDIO TECH GT-300 EKG	022318	SL	5.00	1,638.		1,638.	1,638.	0.
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.	4,303.	0.
58	GENERATOR	052220	SL	5.00	2,312.		2,312.	1,617.	462.
59	COMPUTER EQUIPMENT	090920	SL	5.00	536.		536.	375.	107.
60	DENTAL EQUIPMENT	033020	SL	5.00	2,034.		2,034.	1,424.	407.
61	DENTAL EQUIPMENT	082120	SL	5.00	7,595.		7,595.	5,317.	1,519.
63	DENTAL EQUIPMENT	082120	SL	5.00	36,560.		36,560.	25,592.	7,312.

(D) - Asset disposed

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

2024 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
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.	570.	228.
65	#3	052221	SL	5.00	118.		118.	60.	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.	1,213.	485.
67	SERIAL (4) DELL INSPIRON 3880 DESKTOP INTEL	052121	SL	5.00	767.		767.	383.	153.
68	CORE I510400 - BEST BUY 9.1.2021 (3) DELL -INSPIRON 3880 DESKTOP	091521	SL	5.00	2,917.		2,917.	1,458.	583.
70	COMPUTERS MODEL #I3880	121021	SL	5.00	2,188.		2,188.	1,095.	438.
71	(1) DEL INSPIRON 3880 DESKTOP MODEL (2) DEL INSPIRON 3880 DESKTOP MODEL	121621	SL	5.00	643.		643.	322.	129.
72	13880	121721	SL	5.00	1,287.		1,287.	643.	257.
73	SWITCH 24 POE LAN CONNECTION EQUIP FUTURA SILVER SERIES 12 CU. FT. DUAL	122921	SL	5.00	406.		406.	203.	81.
76	TEMPERATURE GLASS REFRIDGERATOR 20/20 VISUAL ACUITY SYSTEM,	061421	SL	5.00	4,228.		4,228.	2,115.	846.
77	TONOMETER & RETINOSCOPE	080621	SL	5.00	3,344.		3,344.	1,672.	669.
84	DENTAL SERVER * 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL FURNITURE & FIXTURES	122623	SL	5.00	408.		408.	41.	82.
					96,210.		96,210.	71,399.	13,782.
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 SINK UNIT (2) CABINETS W/ 106"	112900	SL	7.00	429.		429.	429.	0.
30	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.

(D) - Asset disposed

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

2024 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
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 - MACHINERY & EQUIPMENT				2484054.		2484054.	284,777.	77,885.
45	PRINTER FOR COUNSELING	081913	SL	5.00	452.	226.	226.	226.	0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				452.	226.	226.	226.	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.	1,464.	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 - MACHINERY & EQUIPMENT				12,470.	451.	12,019.	12,019.	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.

(D) - Asset disposed

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



2024 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
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								
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.	2,324.	91.
25	LEASEHOLD IMPROVEMENTS	051101	SL	39.00	367.		367.	204.	9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401	SL	39.00	3,947.		3,947.	2,277.	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.	389.	17.
	LEASEHOLD IMPROVEMENTS (NEW DOORS &								
29	LOCKS)	041001	SL	39.00	598.		598.	341.	15.
	* 990 PAGE 10 TOTAL BUILDINGS				11,084.		11,084.	7,495.	233.
	* 990 PAGE 10 TOTAL -				11,084.		11,084.	7,495.	233.
	* GRAND TOTAL 990 PAGE 10 DEPR				2526156.	2,015.	2524141.	321,275.	78,118.

(D) - Asset disposed

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

2023 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.	141,659.		53,122.
74	WIRING TO UNITS	010721	SL	39.00	16	1,413.			1,413.	72.		36.
75	HVAC UPGRADE	072121	SL	39.00	16	13,772.			13,772.	500.		353.
78	FIRE & ALARM SYSTEM	051221	SL	39.00	16	20,911.			20,911.	893.		536.
79	MONUMENT SIGN DESIGN AND MANUFACT	050322	SL	7.00	16	17,135.			17,135.			2,448.
80	ROOF REPLACEMENT	061423	SL	39.00	16	116,480.			116,480.			1,742.
81	OUTDOOR THERAPY YARD IMPROVEMENTS	053022	SL	39.00	16	121,795.			121,795.			3,123.
82	SOLAR PANEL PROJECT	032204	NC	39.00		6,590.			6,590.			0.
83	MIDMARK CORP STERILIZER, STEAM M	021323	SL	5.00	16	7,491.			7,491.			1,373.
51	RITTER 107 EXAM VACUUM & AIR	061516	SL	5.00	16	750.			750.	750.		0.
52	COMPRESSOR FOR DENT DENTAL EQUIP-(2)	030817	SL	5.00	16	6,100.			6,100.	6,100.		0.
53	SCHICK SENORS & CON	042017	SL	5.00	16	7,236.			7,236.	7,236.		0.
54	DENTAL SENSOR (2) SCHICK CDR	080718	SL	5.00	16	1,800.			1,800.	1,590.		210.
55	DIGITAL X-RAY SENSO	110718	SL	5.00	16	5,472.			5,472.	4,558.		914.
56	CARDIO TECH GT-300 EKG	022318	SL	5.00	16	1,638.			1,638.	1,585.		53.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	053018	SL	5.00	16	4,303.			4,303.	3,946.		357.
58	SPOT VS 4400 BLOOD PRESSURE AND SURETE	052220	SL	5.00	16	2,312.			2,312.	1,194.		462.
59	GENERATOR	090920	SL	5.00	16	536.			536.	250.		107.

2023 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
60	COMPUTER EQUIPMENT	033020	SL	5.00	16	2,034.			2,034.	1,119.		407.
61	DENTAL EQUIPMENT	082120	SL	5.00	16	7,595.			7,595.	3,544.		1,519.
63	DENTAL EQUIPMENT	082120	SL	5.00	16	36,560.			36,560.	17,061.		7,312.
64	(10) 19.5" LED LCD MONITORS	052121	SL	5.00	16	1,141.			1,141.	361.		228.
65	3 @\$33.86/EA UAG MICRO SURF GO OUTBA	052221	SL	5.00	16	118.			118.	38.		24.
66	(3) SURFACE PRO GO 2 WITH PENS	052421	SL	5.00	16	2,427.			2,427.	768.		485.
67	LVO E15 G2 R5-4500U 256/8 W10P MANUFACT	052121	SL	5.00	16	767.			767.	242.		153.
68	(4) DELL INSPIRON 3880 DESKTOP INTEL	091521	SL	5.00	16	2,917.			2,917.	777.		583.
70	(3) DELL -INSPIRON 3880 DESKTOP COMPUT	121021	SL	5.00	16	2,188.			2,188.	474.		438.
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	121621	SL	5.00	16	643.			643.	193.		129.
72	(2) DEL INSPIRON 3880 DESKTOP MODEL	121721	SL	5.00	16	1,287.			1,287.	386.		257.
73	SWITCH 24 POE LAN CONNECTION EQUIP	122921	SL	5.00	16	406.			406.	122.		81.
76	FUTURA SILVER SERIES 12 CU. FT. D	061421	SL	5.00	16	4,228.			4,228.	1,339.		846.
77	20/20 VISUAL ACUITY SYSTEM, TONOMETER &	080621	SL	5.00	16	3,344.			3,344.	948.		669.
84	DENTAL SERVER	122623	SL	5.00	16	408.			408.			0.
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.

2023 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
11	CARPETING	082592	SL	7.00	16	1,281.			1,281.	1,281.		0.
15	OFFICE CABINETS USED OFFICE	011896	SL	7.00	16	1,319.			1,319.	1,319.		0.
24	FURNITURE	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.
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	071097	SL	5.00	16	1,193.			1,193.	1,193.		0.
19	COMPUTER SYSTEM	082198	SL	5.00	16	1,726.			1,726.	1,726.		0.
23	LASER PRINTER	042899	SL	5.00	16	429.			429.	429.		0.
37	HP COMPUTER	021705	SL	5.00	16	1,464.			1,464.	1,367.		0.
40	LCD PROJECTOR	042806	SL	5.00	16	751.			751.	725.		0.
43	PRINTER FOR COUNSELING	011310	SL	5.00	16	200.			200.	200.		0.
44	SHREDDER FOR FRONT DESK	011310	SL	5.00	16	250.			250.	250.		0.

2023 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
47	LAPTOP & REFURBISHED COMPUTE	010913	SL	5.00	16	450.			450.	450.		0.
1	EQUIPMENT	061586	PRE	5.00	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	052589	200DB	5.00	16	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	061489	200DB	5.00	16	304.			304.	304.		0.
4	EQUIPMENT	061689	200DB	5.00	16	606.			606.	606.		0.
5	EQUIPMENT	083189	200DB	5.00	16	688.			688.	688.		0.
6	FAX MACHINE	042494	200DB	5.00	16	286.			286.	286.		0.
7	COPIER	050494	200DB	5.00	16	778.			778.	778.		0.
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.

2023 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
42	EKG MACHINE	0911109	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.	2,233.		91.
25	LEASEHOLD IMPROVEMENTS	051101	SL	39.00	16	367.			367.	195.		9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401	SL	39.00	16	3,947.			3,947.	2,176.		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.	372.		17.
29	LEASEHOLD IMPROVEMENTS (NEW DO	041001	SL	39.00	16	598.			598.	326.		15.
	TOTAL FORM 199 DEPRECIATION					2526156.			2526156.	246,157.	0.	78,200.
	TOTALS FOR CALIFORNIA					2526156.			2526156.	246,157.	0.	78,200.

2024 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.	194,781.	53,122.
74	WIRING TO UNITS	010721	SL	39.00	1,413.		1,413.	108.	36.
75	HVAC UPGRADE	072121	SL	39.00	13,772.		13,772.	853.	353.
78	FIRE & ALARM SYSTEM	051221	SL	39.00	20,911.		20,911.	1,429.	536.
79	MONUMENT SIGN DESIGN AND MANUFACTURI	050322	SL	7.00	17,135.		17,135.	2,448.	2,448.
80	ROOF REPLACEMENT	061423	SL	39.00	116,480.		116,480.	1,742.	2,987.
81	OUTDOOR THERAPY YARD IMPROVEMENTS	053022	SL	39.00	121,795.		121,795.	3,123.	3,123.
82	SOLAR PANEL PROJECT	032204	NC	39.00	6,590.		6,590.		0.
83	MIDMARK CORP STERILIZER, STEAM M11 1	021323	SL	5.00	7,491.		7,491.	1,373.	1,498.
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.	6,100.	0.
53	DENTAL EQUIP-(2) SCHICK SENORS & CON	042017	SL	5.00	7,236.		7,236.	7,236.	0.
54	DENTAL SENSOR	080718	SL	5.00	1,800.		1,800.	1,800.	0.
55	(2) SCHICK CDR DIGITAL X-RAY SENSORS	110718	SL	5.00	5,472.		5,472.	5,472.	0.
56	CARDIO TECH GT-300 EKG	022318	SL	5.00	1,638.		1,638.	1,638.	0.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	053018	SL	5.00	4,303.		4,303.	4,303.	0.
58	SPOT VS 4400 BLOOD PRESSURE AND SURE	052220	SL	5.00	2,312.		2,312.	1,656.	462.
59	GENERATOR	090920	SL	5.00	536.		536.	357.	107.
60	COMPUTER EQUIPMENT	033020	SL	5.00	2,034.		2,034.	1,526.	407.
61	DENTAL EQUIPMENT	082120	SL	5.00	7,595.		7,595.	5,063.	1,519.
63	DENTAL EQUIPMENT	082120	SL	5.00	36,560.		36,560.	24,373.	7,312.
64	(10) 19.5" LED LCD MONITORS	052121	SL	5.00	1,141.		1,141.	589.	228.
65	3 @\$33.86/EA UAG MICRO SURF GO OUTBA	052221	SL	5.00	118.		118.	62.	24.
66	(3) SURFACE PRO GO 2 WITH PENS	052421	SL	5.00	2,427.		2,427.	1,253.	485.
67	LVO E15 G2 R5-4500U 256/8 W10P MANUF	052121	SL	5.00	767.		767.	395.	153.
68	(4) DELL INSPIRON 3880 DESKTOP INTEL	091521	SL	5.00	2,917.		2,917.	1,360.	583.
70	(3) DELL -INSPIRON 3880 DESKTOP COMP	121021	SL	5.00	2,188.		2,188.	912.	438.
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	121621	SL	5.00	643.		643.	322.	129.
72	(2) DEL INSPIRON 3880 DESKTOP MODEL	121721	SL	5.00	1,287.		1,287.	643.	257.
73	SWITCH 24 POE LAN CONNECTION EQUIP	122921	SL	5.00	406.		406.	203.	81.
76	FUTURA SILVER SERIES 12 CU. FT. DUAL	061421	SL	5.00	4,228.		4,228.	2,185.	846.
77	20/20 VISUAL ACUITY SYSTEM, TONOMETE	080621	SL	5.00	3,344.		3,344.	1,617.	669.
84	DENTAL SERVER	122623	SL	5.00	408.		408.		82.
8	OFFICE FURNITURE	063089	200DB	7.00	169.		169.	169.	0.

(D) - Asset disposed

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

2024 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
9	OFFICE FURNITURE	072192	SL	7.00	4,790.		4,790.	4,790.	0.
10	WINDOW BLIND	081192	SL	7.00	215.		215.	215.	0.
11	CARPETING	082592	SL	7.00	1,281.		1,281.	1,281.	0.
15	OFFICE CABINETS	011896	SL	7.00	1,319.		1,319.	1,319.	0.
24	USED OFFICE FURNITURE	112900	SL	7.00	429.		429.	429.	0.
30	SINK UNIT (2) CABINETS W/ 106" TOP(B	061501	SL	7.00	1,489.		1,489.	1,474.	0.
36	FILE CABINET	082405	SL	7.00	461.		461.	461.	0.
38	FILE CABINET	062306	SL	7.00	212.		212.	212.	0.
39	FILE CABINET	082306	SL	7.00	126.		126.	126.	0.
45	PRINTER FOR COUNSELING	081913	SL	5.00	452.		452.	452.	0.
12	COMPUTER EQUIPMENT	050192	SL	5.00	250.		250.	250.	0.
13	COMPUTER EQUIPMENT	050792	SL	5.00	1,620.		1,620.	1,620.	0.
14	COMPUTER EQUIPMENT	041194	200DB	5.00	3,685.		3,685.	3,685.	0.
18	COMPUTER	071097	SL	5.00	1,193.		1,193.	1,193.	0.
19	COMPUTER SYSTEM	082198	SL	5.00	1,726.		1,726.	1,726.	0.
23	LASER PRINTER	042899	SL	5.00	429.		429.	429.	0.
37	HP COMPUTER	021705	SL	5.00	1,464.		1,464.	1,367.	0.
40	LCD PROJECTOR	042806	SL	5.00	751.		751.	725.	0.
43	PRINTER FOR COUNSELING	011310	SL	5.00	200.		200.	200.	0.
44	SHREDDER FOR FRONT DESK	011310	SL	5.00	250.		250.	250.	0.
47	LAPTOP & REFURBISHED COMPUTER TOWER	010913	SL	5.00	450.		450.	450.	0.
1	EQUIPMENT	061586	PRE	5.00	1,826.		1,826.	1,826.	0.
2	EQUIPMENT	052589	200DB	5.00	1,696.		1,696.	1,696.	0.
3	EQUIPMENT	061489	200DB	5.00	304.		304.	304.	0.
4	EQUIPMENT	061689	200DB	5.00	606.		606.	606.	0.
5	EQUIPMENT	083189	200DB	5.00	688.		688.	688.	0.
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.

(D) - Asset disposed

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





# California Exempt Organization Annual Information Return

Calendar Year 2023 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 AVE**

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.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	161,092	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	984,523	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed. If the result is less than \$50,000, see General Information B</b>	4	1,145,615	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	1,145,615	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	635,102	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	510,513	00
<b>Payments</b>	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	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

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

**Sign Here**

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

**Paid Preparer's Use Only**

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

Firm's name (or yours, if self-employed) and address: **MICHAEL P. FISCHER, C.P.A.  
65 WEST EASY ST SUITE 205  
SIMI VALLEY, CA 93065-6202** Firm's FEIN: **77-0165080** Telephone: **(805)522-3771**

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

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

328951 12-26-23

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	7,271	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income	•	7	153,821	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	161,092	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	201,127	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14	21,559	00
		15	Rents	•	15	72,261	00
		16	Depreciation and depletion (See instructions)	•	16	78,200	00
		17	Other expenses and disbursements	•	17	181,262	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	635,102	00

Schedule L Balance Sheet	Beginning of taxable year			End of taxable year	
	(a)	(b)	(c)	(d)	
<b>Assets</b>					
1 Cash		656,623		•	984,603
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	2,265,076		2,526,156		
b Less accumulated depreciation	245,787	2,019,289	323,290		2,202,866
11 Land				•	
12 Other assets	STMT 5	24,815		•	24,040
13 <b>Total assets</b>		2,700,727			3,211,509
<b>Liabilities and net worth</b>					
14 Accounts payable				•	
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable				•	
18 Other liabilities	STMT 6	1,089			661
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund		2,699,638		•	3,210,848
22 <b>Total liabilities and net worth</b>		2,700,727			3,211,509

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	•	511,210	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.		
3 Excess of capital losses over capital gains	•		Attach schedule	STMT 7	•
4 Income not recorded on books this year. Attach schedule	•		9 Total. Add line 7 and line 8		697
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		10 Net income per return.		
6 Total. Add line 1 through line 5		511,210	Subtract line 9 from line 6		510,513

\* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
SO CA KAISER PERMANENTE	5601 DE SOTO AVE WOODLAND HILLS, CA 91365		30,000.
LIVINGSTON MEMORIAL	2801 TOWNSGATE ROAD SUITE 200 WESTLAKE VILLAGE, CA 91361		30,000.
VENTURA COUNTY	800 S VICTORIA AVE VENTURA, CA 93001		120,000.
VENTURA COMMUNITY FOUNDATION	4001 MISSION OAKS BLVD SUITE A CAMARILLO, CA 93012		50,000.
CITY OF SIMI VALLEY-COMMUNITY PROJECTS GRANT FOR FISCAL YEAR	2929 TAPO CANYON RD SIMI VALLEY, CA 93063		126,995.
DELTA DENTAL COMMUNITY CARE FOUNDATION	ONE DELTA DRIVE MECHANICSBURG, PA 17055		20,000.
GERALD AND EVA SUE RENYER	3234 SUNGLOW AVE SIMI VALLEY, CA 93063-1138		21,995.
SHARON R AUSTEL	3636 WALNUT AVE SIMI VALLEY, CA 93063		5,000.
STATE OF CALIFORNIA	915 CAPITOL MALL ROOM 110 SACRAMENTO, CA 95814		25,000.
NATIONAL ASSOCIATION OF FREE CLINICS	1800 DIAGONAL ROAD, SUITE 300 ALEXANDRIA, VA 22314		90,000.
ROTARY CLUB SUNSET	301 N WOOD RANCH PKWY SIMI VALLEY, CA 93065		5,000.
SUSAN KLINEDINST	2296 EMMETT AVE. SIMI VALLEY, CA 93063-3522		8,000.
DIRECT RELIEIF	6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117		165,000.
TIFFANY SHEH FUOROLI MD	650 STARBRIGHT CT SIMI VALLEY, CA 93065		100,000.

FREE CLINIC OF SIMI VALLEY

23-7108154

TOTAL INCLUDED ON LINE 3

796,990.

CA 199

OTHER INCOME

STATEMENT 2

DESCRIPTION

AMOUNT

SUBLET RENTAL INCOME

36,927.

PROGRAM SERVICE FEES

116,894.

TOTAL TO FORM 199, PART II, LINE 7

153,821.

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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT 3

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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	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

PAST 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

VICE PRESIDENT  
1.00

0.

TOTAL TO FORM 199, PART II, LINE 11

80,693.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
REPAIRS		27,076.
MEDICAL SUPPLIES		7,888.
TAXES & LICENSES		7,161.
TELEPHONE		7,013.
DIRECT EXPENSES OF FUNDRAISING EVENTS		15,530.
LEGAL FEES		698.
ACCOUNTING FEES		39,749.
OTHER PROFESSIONAL FEES		35,669.
OFFICE EXPENSES		2,464.
TRAVEL		572.
CONFERENCES AND CONVENTIONS		2,712.
INSURANCE		11,006.
ALL OTHER EXPENSES		23,724.
TOTAL TO FORM 199, PART II, LINE 17		181,262.

CA 199	OTHER ASSETS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID RENT	0.	0.
DEPOSIT ON HARDSCAPE IMPROVEMENTS	800.	0.
DUE FROM SIMI VALLEY COMMUNITY FUND	23,500.	23,500.
REFUNDABLE DEPOSITS	515.	540.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	24,815.	24,040.

CA 199	OTHER LIABILITIES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	1,089.	661.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,089.	661.



CA 199

DEDUCTIONS IN THIS RETURN NOT CHARGED  
AGAINST BOOK INCOME THIS YEAR

STATEMENT 7

DESCRIPTION

AMOUNT

DEPRECIATION

697.

TOTAL TO FORM 199, SCHEDULE M-1, LINE 8

697.

**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	
<b>(a) Description of property</b>		
<b>(b) Cost (business use only)</b>		
<b>(c) Elected cost</b>		
6		
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 <b>smaller</b> 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 2024. 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							
<b>SEE STATEMENT</b>	8	2,526,156.	246,157.				
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	78,200

**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	78,200
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	77,503
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	697

**Part IV Amortization**

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

CA 3885

DEPRECIATION

STATEMENT 8

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 EQUIPMENT	06/15/86	1,826.	1,826.	PRE	5.00	0.	
2 EQUIPMENT	05/25/89	1,696.	1,696.	200DB	5.00	0.	
3 EQUIPMENT	06/14/89	304.	304.	200DB	5.00	0.	
4 EQUIPMENT	06/16/89	606.	606.	200DB	5.00	0.	
5 EQUIPMENT	08/31/89	688.	688.	200DB	5.00	0.	
6 FAX MACHINE	04/24/94	286.	286.	200DB	5.00	0.	
7 COPIER	05/04/94	778.	778.	200DB	5.00	0.	
8 OFFICE FURNITURE	06/30/89	169.	169.	200DB	7.00	0.	
9 OFFICE FURNITURE	07/21/92	4,790.	4,790.	SL	7.00	0.	
10 WINDOW BLIND	08/11/92	215.	215.	SL	7.00	0.	
11 CARPETING	08/25/92	1,281.	1,281.	SL	7.00	0.	
12 COMPUTER EQUIPMENT	05/01/92	250.	250.	SL	5.00	0.	
13 COMPUTER EQUIPMENT	05/07/92	1,620.	1,620.	SL	5.00	0.	
14 COMPUTER EQUIPMENT	04/11/94	3,685.	3,685.	200DB	5.00	0.	
15 OFFICE CABINETS	01/18/96	1,319.	1,319.	SL	7.00	0.	
16 OFFICE EQUIPMENT	06/06/96	352.	352.	SL	5.00	0.	
17 VIDEO & MONITOR	09/30/96	402.	402.	SL	5.00	0.	
18 COMPUTER	07/10/97	1,193.	1,193.	SL	5.00	0.	
19 COMPUTER SYSTEM	08/21/98	1,726.	1,726.	SL	5.00	0.	
20 AIR CONDITIONING SYSTEM	06/30/98	3,550.	2,233.	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.	195.	SL	39.00	9.	
26 LEASEHOLD IMPROVEMENTS(HAVC)	06/04/01	3,947.	2,176.	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.	372.	SL	39.00	17.
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & LOCKS)					
	04/10/01	598.	326.	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.	750.	SL	5.00	0.
52	VACUUM & AIR COMPRESSOR FOR DENTAL CLINIC					
	03/08/17	6,100.	6,100.	SL	5.00	0.
53	DENTAL EQUIP-(2) SCHICK SENORS & CONNECTION BOX					
	04/20/17	7,236.	7,236.	SL	5.00	0.
54	DENTAL SENSOR					
	08/07/18	1,800.	1,590.	SL	5.00	210.
55	(2) SCHICK CDR DIGITAL X-RAY SENSORS SIZE 2					
	11/07/18	5,472.	4,558.	SL	5.00	914.
56	CARDIO TECH GT-300 EKG					
	02/23/18	1,638.	1,585.	SL	5.00	53.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR					
	05/30/18	4,303.	3,946.	SL	5.00	357.

58	SPOT VS 4400 BLOOD PRESSURE AND SURETEMP+ MACHINE & CUFFS ETC FOR IT	05/22/20	2,312.	1,194.	SL	5.00	462.
59	GENERATOR	09/09/20	536.	250.	SL	5.00	107.
60	COMPUTER EQUIPMENT	03/30/20	2,034.	1,119.	SL	5.00	407.
61	DENTAL EQUIPMENT	08/21/20	7,595.	3,544.	SL	5.00	1,519.
62	LEASEHOLD IMPROVEMENTS	05/01/20	2,071,766.	141,659.	SL	39.00	53,122.
63	DENTAL EQUIPMENT	08/21/20	36,560.	17,061.	SL	5.00	7,312.
64	(10) 19.5" LED LCD MONITORS	05/21/21	1,141.	361.	SL	5.00	228.
65	3 @\$33.86/EA UAG MICRO SURF GO OUTBACK HAND STRAP MANUFACTURER PART	05/22/21	118.	38.	SL	5.00	24.
66	(3) SURFACE PRO GO 2 WITH PENS	05/24/21	2,427.	768.	SL	5.00	485.
67	LVO E15 G2 R5-4500U 256/8 W10P MANUFACTURER PART #20T80005US - SERIA	05/21/21	767.	242.	SL	5.00	153.
68	(4) DELL INSPIRON 3880 DESKTOP INTEL CORE I510400 - BEST BUY 9.1.20	09/15/21	2,917.	777.	SL	5.00	583.
70	(3) DELL -INSPIRON 3880 DESKTOP COMPUTERS MODEL #I3880	12/10/21	2,188.	474.	SL	5.00	438.
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	12/16/21	643.	193.	SL	5.00	129.
72	(2) DEL INSPIRON 3880 DESKTOP MODEL 13880	12/17/21	1,287.	386.	SL	5.00	257.
73	SWITCH 24 POE LAN CONNECTION EQUIP	12/29/21	406.	122.	SL	5.00	81.
74	WIRING TO UNITS	01/07/21	1,413.	72.	SL	39.00	36.
75	HVAC UPGRADE	07/21/21	13,772.	500.	SL	39.00	353.
76	FUTURA SILVER SERIES 12 CU. FT. DUAL TEMPERATURE GLASS REFRIDGERATO	06/14/21	4,228.	1,339.	SL	5.00	846.
77	20/20 VISUAL ACUITY SYSTEM, TONOMETER & RETINOSCOPE	08/06/21	3,344.	948.	SL	5.00	669.
78	FIRE & ALARM SYSTEM	05/12/21	20,911.	893.	SL	39.00	536.
79	MONUMENT SIGN DESIGN AND MANUFACTURING TWO-SIDED & BULLETIN BOARD	05/03/22	17,135.		SL	7.00	2,448.
80	ROOF REPLACEMENT	06/14/23	116,480.		SL	39.00	1,742.
81	OUTDOOR THERAPY YARD IMPROVEMENTS	05/30/22	121,795.		SL	39.00	3,123.
82	SOLAR PANEL PROJECT	03/22/04	6,590.			39.00	0.
83	MIDMARK CORP STERILIZER, STEAM M11 115V - SERIAL #V2550370	02/13/23	7,491.		SL	5.00	1,373.
84	DENTAL SERVER	12/26/23	408.		SL	5.00	0.
TOTAL TO FORM 3885			<u>2,526,156.</u>	<u>246,157.</u>		<u>78,200.</u>	

TAXABLE YEAR  
**2023**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

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

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

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	<u>1,145,615</u>
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	<u>1,145,615</u>
3 Total expenses and disbursements (Form 199, line 9)	3	<u>635,102</u>
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

**Part II Settle Your Account Electronically for Taxable Year 2023**

6 <input type="checkbox"/> Direct Deposit of refund (Form 109 only.)		
7 <input type="checkbox"/> Electronic funds withdrawal	<b>7a</b> Amount	<b>7b</b> Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

**Part IV Banking Information** (Have you verified the exempt organization's banking information?)

10 Routing number			
11 Account number			
12 Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

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 2023 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 tax liability, the exempt organization will remain liable for the tax 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 or the date when the refund was sent.**

<b>Sign Here</b>			
	Signature of officer	Date	<b>EXECUTIVE DIRECTOR</b>

**Part VI 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, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

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

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

<b>Paid Preparer</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	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 301-307, and 310

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 Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://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 AVE**

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  
 Organization requests email notifications

State Charity Registration Number **14834**

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

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

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)**  
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 01/01/2023 ending 12/31/2023) list:

Total Revenue (including noncash contributions) \$ 1,130,085 Noncash Contributions \$ 0 Total Assets \$ 3,211,509  
Program Expenses \$ 481,043 Total Expenses \$ 618,875

**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**

Signature of Authorized Agent

Printed Name

**EXECUTIVE DIRECTOR**

Title

Date