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 17, 2025

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

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2024 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 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

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning _____ , 2024, and ending _____ , 20 ___

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

OMB No. 1545-0047

2024

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.

1a	**Form 990** check here	[X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	911,499.
2a	**Form 990-EZ** check here	[ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	[ ]	**b Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	[ ]	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	[ ]	**b Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	[ ]	**b Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here	[ ]	**b Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	[ ]	**b FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	[ ]	**b Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	[ ]	**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____ , (EIN) _____ and that I have examined a copy of the 2024 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

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

as my signature on the tax year 2024 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 2024 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 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature _____ Date _____

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

Filing Instructions

Prepared for:	Prepared by:
FREE CLINIC OF SIMI VALLEY 2003 ROYAL AVE SIMI VALLEY, CA 93065	MICHAEL P. FISCHER, C.P.A. 65 WEST EASY ST SUITE 205 SIMI VALLEY, CA 93065-6202

2024 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.

2024 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:	Prepared by:
FREE CLINIC OF SIMI VALLEY 2003 ROYAL AVE SIMI VALLEY, CA 93065	MICHAEL P. FISCHER, C.P.A. 65 WEST EASY ST SUITE 205 SIMI VALLEY, CA 93065-6202

2024 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF .....$ 100.00

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

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

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 17, 2025.

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

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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.

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

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
FREE CLINIC OF SIMI VALLEY

Taxpayer identification number (TIN)
23-7108154

Number, street, and room or suite no. If a P.O. box, see instructions.
C/O MIKE FISCHER - 65 EASY ST #205

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
SIMI VALLEY, CA 93065

Enter the Return Code for the return that this application is for (file a separate application for each return) 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	Form 990-T (governmental entities)	15

- 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 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 24 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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25

EXTNESION GRANTED THROUGH 11/17/2025

Form **990**

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **and ending**

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

C Name of organization
FREE CLINIC OF SIMI VALLEY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2003 ROYAL AVE

City or town, state or province, country, and ZIP or foreign postal code
SIMI VALLEY, CA 93065

F Name and address of principal officer: FRED BAUERMEISTER
2003 ROYAL AVENUE, SIMI VALLEY, CA 93065

D Employer identification number
23-7108154

E Telephone number
(805) 522-3733

G Gross receipts $ 928,623.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.FREECLINICSV.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1971 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: MEDICAL, DENTAL, COUNSELING & LEGAL SERVICES FOR THE GENERAL PUBLIC

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	152
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	984,523.	772,209.
9	Program service revenue (Part VIII, line 2g)	116,894.	108,931.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,271.	8,308.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,397.	22,051.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,130,085.	911,499.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	303,379.	385,556.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 72,477.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	315,496.	293,094.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	618,875.	678,650.
19	Revenue less expenses. Subtract line 18 from line 12	511,210.	232,849.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,211,509.	3,443,767.
21	Total liabilities (Part X, line 26)	661.	70.
22	Net assets or fund balances. Subtract line 21 from line 20	3,210,848.	3,443,697.

Part II Signature Block

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

Sign Here

Signature of officer Date

FRED BAUERMEISTER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
MICHAEL P. FISCHER			☒	P00223947

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

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

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... ☐ Yes ☒ 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 ☒ 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 $ 113,515. including grants of $) (Revenue $ 23,421.)
MEDICAL

4b (Code:) (Expenses $ 200,070. including grants of $) (Revenue $ 25,830.)
FAMILY COUNSELING SERVICES

4c (Code:) (Expenses $ 207,617. including grants of $) (Revenue $ 51,828.)
DENTAL SERVICES

4d Other program services (Describe on Schedule O.)
(Expenses $ 1,236. including grants of $) (Revenue $ 12,976.)

4e Total program service expenses 522,438.

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	9		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**		X
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

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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						109,311.	0.	0.
(2) MAGGIE KESTLY SECRETARY	1.00	X		X				0.	0.	0.
(3) REV. RON HYRCHUK HONORARY BOARD MEMEBER	1.00	X		X				0.	0.	0.
(4) BARRY FISHER DIRECTOR	1.00	X						0.	0.	0.
(5) PHYLLIS WILSON, MA MFT DIRECTOR	1.00	X						0.	0.	0.
(6) VINCENT DULCICH PAST PRESIDENT	1.00	X		X				0.	0.	0.
(7) POLLY VLASSIC DIRECTOR	1.00	X						0.	0.	0.
(8) BJ ADERSON DIRECTOR	1.00	X						0.	0.	0.
(9) CURT WITEBY DIRECTOR	1.00	X						0.	0.	0.
(10) KELLY ANN GAINES DIRECTOR	1.00	X						0.	0.	0.
(11) PATRICK HYLTON VICE PRESIDENT	1.00	X		X				0.	0.	0.
(12) TOMMI DIAZ TREASURER	1.00	X		X				0.	0.	0.
(13) SYLVIA FOWLER DIRECTOR	1.00	X						0.	0.	0.
(14) DONALD REESE DIRECTOR	1.00	X						0.	0.	0.
(15) TOM KUDLICK DIRECTOR	1.00	X						0.	0.	0.
(16) JONATHAN KUROHARA, MD PRESIDENT	1.00	X		X				0.	0.	0.
(17) NATASHA SHAH DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Subtotal**								109,311.	0.	0.
c **Total from continuation sheets to Part VII, Section A**								0.	0.	0.
d **Total (add lines 1b and 1c)**								109,311.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 1

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	178,486.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	124,994.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	468,729.			
	g Noncash contributions included in lines 1a-1f	1g	$			
	h Total. Add lines 1a-1f		772,209.			
Program Service Revenue		Business Code				
	2a PROGRAM SERVICE FEES	624100	108,931.	108,931.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		108,931.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,308.	8,308.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a					
	b Less: cost or other basis and sales expenses 7b					
	c Gain or (loss) 7c					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ 178,486. of contributions reported on line 1c). See Part IV, line 18	8a 0.				
	b Less: direct expenses	8b 17,124.				
	c Net income or (loss) from fundraising events		-17,124.			-17,124.
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
	11a SUBLET RENTAL INCOME	531120	39,175.			39,175.
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		39,175.			
	12 Total revenue. See instructions		911,499.	117,239.	0.	22,051.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	109,311.	83,077.	14,210.	12,024.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	248,846.	189,123.	32,350.	27,373.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	27,399.	20,823.	3,562.	3,014.
11 Fees for services (nonemployees):				
a Management				
b Legal	112.	85.	15.	12.
c Accounting	40,550.	30,817.	5,272.	4,461.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	41,216.	32,662.	100.	8,454.
12 Advertising and promotion				
13 Office expenses	4,872.	3,703.	633.	536.
14 Information technology				
15 Royalties				
16 Occupancy	52,547.	39,936.	6,831.	5,780.
17 Travel	906.	688.	118.	100.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,821.	1,384.	237.	200.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	83,178.	63,215.	10,813.	9,150.
23 Insurance	10,749.	8,170.	1,397.	1,182.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS	21,642.	16,448.	5,194.	
b MEDICAL SUPPLIES	7,544.	7,544.		
c MEDICAL LAB FEES & WAST	5,867.	5,867.		
d ONLINE MEDICAL RECORDS	4,517.	4,517.		
e All other expenses	17,573.	14,379.	3,003.	191.
25 **Total functional expenses.** Add lines 1 through 24e	678,650.	522,438.	83,735.	72,477.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		610,532.	1	931,660.
	2	Savings and temporary cash investments		374,071.	2	193,067.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,701,468.			
	b	Less: accumulated depreciation	10b 406,468.	2,202,866.	10c	2,295,000.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		24,040.	15	24,040.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		3,211,509.	16	3,443,767.
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		661.	19	70.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		661.	26	70.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions			27	
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☒ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		0.	29	0.
	30	Paid-in or capital surplus, or land, building, or equipment fund		0.	30	0.
	31	Retained earnings, endowment, accumulated income, or other funds		3,210,848.	31	3,443,697.
	32	Total net assets or fund balances		3,210,848.	32	3,443,697.
	33	Total liabilities and net assets/fund balances		3,211,509.	33	3,443,767.

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	911,499.
2	Total expenses (must equal Part IX, column (A), line 25)	2	678,650.
3	Revenue less expenses. Subtract line 2 from line 1	3	232,849.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,210,848.
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	3,443,697.

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: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
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?	3a		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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
FREE CLINIC OF SIMI VALLEY

Employer identification number
23-7108154

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	985,015.	583,484.	448,778.	991,794.	772,210.	3781281.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	985,015.	583,484.	448,778.	991,794.	772,210.	3781281.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						3781281.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	985,015.	583,484.	448,778.	991,794.	772,210.	3781281.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,366.	754.	800.	7,271.	8,308.	20,499.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						3801780.

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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.46 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.71 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 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-2024**	**(iii)** **Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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.)

Schedule B (Form 990)
(Rev. December 2024)
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 for the latest information.

OMB No. 1545-0047

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	[X] 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

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

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

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

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

Name of organization: FREE CLINIC OF SIMI VALLEY

Employer identification number: 23-7108154

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	$ 31,333.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	LIVINGSTON MEMORIAL 2801 TOWNSGATE ROAD SUITE 200 WESTLAKE VILLAGE, CA 91361	$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	CITY OF SIMI VALLEY-COMMUNITY PROJECTS GRANT FOR FISCAL YEAR 2929 TAPO CANYON RD SIMI VALLEY, CA 93063	$ 124,994.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	DIRECT RELIEIF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

FREE CLINIC OF SIMI VALLEY

Employer identification number

23-7108154

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

FREE CLINIC OF SIMI VALLEY

Employer identification number

23-7108154

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

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization
FREE CLINIC OF SIMI VALLEY

Employer identification number
23-7108154

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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		2,539,099.	275,815.	2,263,284.
c Leasehold improvements				
d Equipment		47,389.	27,011.	20,378.
e Other		114,980.	103,642.	11,338.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				2,295,000.

Part VII Investments - Other Securities

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:
ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

PART XII, LINE 2D - OTHER ADJUSTMENTS:
ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS
DEPRECIATION VARIANCE

PART XII, LINE 4B - OTHER ADJUSTMENTS:
DEPRECIATION VARIANCE
ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

LINE 15-OTHER ASSETS-PREPAID RENT & DUE FROM SIMI VALLEY COMMUNITY FOUNDATI
OTHER ASSETS-PREPAID RENT $540

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

Part XIII Supplemental Information *(continued)*

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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 $ 3,686
OPHTHALMIC $852
TATTO REMOVAL $130
INVESTMENT INCOME $8,308
EXPENSES $ 1,236. INCLUDING GRANTS OF $ 0. REVENUE $ 12,976.

FORM 990, PART VI, SECTION A, LINE 3:
THE ORGANIZATION EMPLOYS AN EXECTUTIVE DIRECTOR WHO TAKES CARE OF THE DAY TO DAY OPERATIONS OF THE ORGANIZATION INCLUDING THE HIRING, THE FIRING & SUPERVISION OF EMPLOYEES, PREPARATION OF OPERTATING BUDGETS FOR APPROVAL BY THE BOARD & FINANCIAL OPERATIONS.

FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S OUTSIDE CPA DELIVERS THE FORM 990 TO THE ORGANIZATION'S EXECUTIVE DIRECTOR FOR THE BOARD'S REVIEW. THE EXECUTIVE DIRECTOR COMMUNICATES WITH BOARD MEMBERS AND ANY CORRECTIONS OR CHANGES ARE NOTED AND COMMUNICATED TO THE CPA. ONCE ANY REQUIRED CORRECTIONS ARE MADE A FINAL DRAFT OF THE RETURN IS SENT TO THE EXECUTIVE DIRECTOR ALONG WITH THE ELECTRONIC E-FILE AUTHORIZATION FORM. ONCE THE SIGNED E-FILE AUTHORIZATION FORM IS RECEIVED BY THE CPA, THE ORGANIZATION'S RETURN IS ELECTRONICALLY TRANSMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12:
PROCEDURES TO MANAGE CONFLICTS. A. FOR EACH INTEREST DISCLOSED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS, THE CHAIRMAN WILL DETERMINE WHETHER TO: (A) TAKE NO ACTION, (B) ASSURE FULL DISCLOSURE TO THE BOARD OF DIRECTORS AND OTHER INDIVIDUALS COVERED BY THIS POLICY, (C) ASK THE PERSON TO RECUSE FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS WITHIN THE ORGANIZATION, OR (D) ASK THE PERSON TO RESIGN FROM HIS OR HER POSITION IN 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.

Name of the organization
FREE CLINIC OF SIMI VALLEY

Employer identification number
23-7108154

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
62	LEASEHOLD IMPROVEMENTS	05/01/20	SL	39.00	MM	17	2,071,766.				2,071,766.	192,567.		53,122.	245,689.
74	WIRING TO UNITS	01/07/21	SL	39.00	MM	17	1,413.				1,413.	107.		36.	143.
75	HVAC UPGRADE	07/21/21	SL	39.00	MM	17	13,772.				13,772.	868.		353.	1,221.
78	FIRE & ALARM SYSTEM	05/12/21	SL	39.00	MM	17	20,911.				20,911.	1,407.		536.	1,943.
79	MONUMENT SIGN DESIGN AND MANUFACTURING TWO-SIDED & BU	05/03/22	SL	7.00	HY	17	17,135.				17,135.	2,448.		2,448.	4,896.
80	ROOF REPLACEMENT	06/14/23	SL	39.00	MM	17	116,480.				116,480.	1,618.		2,987.	4,605.
81	OUTDOOR THERAPY YARD IMPROVEMENTS	05/30/22	SL	39.00	MM	17	121,795.				121,795.	3,123.		3,123.	6,246.
82	SOLAR PANEL PROJECT	03/22/24	SL	39.00	MM	19I	164,743.				164,743.			3,344.	3,344.
	* 990 PAGE 10 TOTAL BUILDINGS						2,528,015.				2,528,015.	202,138.		65,949.	268,087.
	MACHINERY & EQUIPMENT														
72	(2) DEL INSPIRON 3880 DESKTOP MODEL 13880	12/17/21	SL	5.00	HY	17	1,287.				1,287.	643.		257.	900.
76	FUTURA SILVER SERIES 12 CU. FT. DUAL TEMPERATURE GLASS	06/14/21	SL	5.00	HY	17	4,228.				4,228.	2,115.		846.	2,961.
77	20/20 VISUAL ACUITY SYSTEM, TONOMETER & RETINOSCOPE	08/06/21	SL	5.00	HY	17	3,344.				3,344.	1,672.		669.	2,341.
83	MIDMARK CORP STERILIZER, STEAM M11 115V - SERIAL #V25	02/13/23	SL	5.00	HY	17	7,491.				7,491.	749.		1,498.	2,247.
85	(2) SCHICK 33 SR SNRN XRAY SENSORS	08/19/24	SL	5.00	HY	19B	13,863.				13,863.			1,386.	1,386.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						30,213.				30,213.	5,179.		4,656.	9,835.
	MANAGEMENT AND GENERAL														

428111 04-01-24

(D) - Asset disposed

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

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
51	RITTER 107 EXAM	06/15/16	SL	5.00	HY	17	750.				750.	750.		0.	750.
52	VACUUM & AIR COMPRESSOR FOR DENTAL CLINIC	03/08/17	SL	5.00	HY	17	6,100.				6,100.	6,100.		0.	6,100.
53	DENTAL EQUIP-(2) SCHICK SENORS & CONNECTION BOX	04/20/17	SL	5.00	HY	17	7,236.				7,236.	7,236.		0.	7,236.
54	DENTAL SENSOR	08/07/18	SL	5.00	MQ	17	1,800.				1,800.	1,800.		0.	1,800.
55	(2) SCHICK CDR DIGITAL X-RAY SENSORS SIZE 2	11/07/18	SL	5.00	MQ	17	5,472.				5,472.	5,472.		0.	5,472.
56	CARDIO TECH GT-300 EKG	02/23/18	SL	5.00	MQ	17	1,638.				1,638.	1,638.		0.	1,638.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	05/30/18	SL	5.00	MQ	17	4,303.				4,303.	4,303.		0.	4,303.
58	SPOT VS 4400 BLOOD PRESSURE AND SURETEMP+ MACHINE & CUFF	05/22/20	SL	5.00	HY	17	2,312.				2,312.	1,617.		462.	2,079.
59	GENERATOR	09/09/20	SL	5.00	HY	17	536.				536.	375.		107.	482.
60	COMPUTER EQUIPMENT	03/30/20	SL	5.00	HY	17	2,034.				2,034.	1,424.		407.	1,831.
61	DENTAL EQUIPMENT	08/21/20	SL	5.00	HY	17	7,595.				7,595.	5,317.		1,519.	6,836.
63	DENTAL EQUIPMENT	08/21/20	SL	5.00	HY	17	36,560.				36,560.	25,592.		7,312.	32,904.
64	(10) 19.5" LED LCD MONITORS	05/21/21	SL	5.00	HY	17	1,141.				1,141.	570.		228.	798.
65	3 @$33.86/EA UAG MICRO SURF GO OUTBACK HAND STRAP MANUFA	05/22/21	SL	5.00	HY	17	118.				118.	60.		24.	84.
66	(3) SURFACE PRO GO 2 WITH PENS	05/24/21	SL	5.00	HY	17	2,427.				2,427.	1,213.		485.	1,698.
67	LVO E15 G2 R5-4500U 256/8 W10P MANUFACTURER PART #20T8	05/21/21	SL	5.00	HY	17	767.				767.	383.		153.	536.
68	(4) DELL INSPIRON 3880 DESKTOP INTEL CORE I510400 -	09/15/21	SL	5.00	HY	17	2,917.				2,917.	1,458.		583.	2,041.
70	(3) DELL -INSPIRON 3880 DESKTOP COMPUTERS MODEL #I38	12/10/21	SL	5.00	HY	17	2,188.				2,188.	1,095.		438.	1,533.

428111 04-01-24

(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
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	12/16/21	SL	5.00	HY	17	643.				643.	322.		129.	451.
73	SWITCH 24 POE LAN CONNECTION EQUIP	12/29/21	SL	5.00	HY	17	406.				406.	203.		81.	284.
84	DENTAL SERVER	12/26/23	SL	5.00	HY	17	408.				408.	41.		82.	123.
86	ACER LAPTOP ASPIRE INTEL-5	02/06/24	SL	5.00	HY	19B	493.				493.			49.	49.
87	MEETING OWL 3 360-DEGREE, SMART VIDEO CONFERENCE CAMER	03/13/24	SL	5.00	HY	19B	1,125.				1,125.			113.	113.
88	(2) DELL 15.6 INSPIRON 15 3535 LAPTOP COMPUTER FOR DEN	07/17/24	SL	5.00	HY	19B	1,287.				1,287.			129.	129.
89	HP PRODESK 600 W/ ACER 27" MONITOR	09/18/24	SL	5.00	HY	19B	391.				391.			39.	39.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						90,647.				90,647.	66,969.		12,340.	79,309.
	FURNITURE & FIXTURES														
8	OFFICE FURNITURE	06/30/89	200DB	7.00	HY	17	169.				169.	169.		0.	169.
9	OFFICE FURNITURE	07/21/92	SL	7.00	HY	17	4,790.				4,790.	4,790.		0.	4,790.
10	WINDOW BLIND	08/11/92	SL	7.00	HY	17	215.				215.	215.		0.	215.
11	CARPETING	08/25/92	SL	7.00	HY	17	1,281.				1,281.	1,281.		0.	1,281.
15	OFFICE CABINETS	01/18/96	SL	7.00	HY	17	1,319.				1,319.	1,319.		0.	1,319.
24	USED OFFICE FURNITURE	11/29/00	SL	7.00	MQ	17	429.				429.	429.		0.	429.
30	SINK UNIT (2) CABINETS W/ 106" TOP(BLACK)	06/15/01	SL	7.00	HY	17	1,489.				1,489.	1,489.		0.	1,489.
36	FILE CABINET	08/24/05	SL	7.00	HY	17	461.				461.	461.		0.	461.
38	FILE CABINET	06/23/06	SL	7.00	HY	17	212.				212.	212.		0.	212.

428111 04-01-24

(D) - Asset disposed

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

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
39	FILE CABINET	08/23/06	SL	7.00	HY	17	126.				126.	126.		0.	126.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						10,491.				10,491.	10,491.		0.	10,491.
	* 990 PAGE 10 TOTAL -						2,659,366.				2,659,366.	284,777.		82,945.	367,722.
	MACHINERY & EQUIPMENT														
45	PRINTER FOR COUNSELING	08/19/13	SL	5.00	HY	17	452.			226.	226.	226.		0.	226.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						452.			226.	226.	226.		0.	226.
	OTHER														
12	COMPUTER EQUIPMENT	05/01/92	SL	5.00	HY	17	250.				250.	250.		0.	250.
13	COMPUTER EQUIPMENT	05/07/92	SL	5.00	HY	17	1,620.				1,620.	1,620.		0.	1,620.
14	COMPUTER EQUIPMENT	04/11/94	200DB	5.00	HY	17	3,685.				3,685.	3,685.		0.	3,685.
18	COMPUTER	07/10/97	SL	5.00	HY	17	1,193.				1,193.	1,193.		0.	1,193.
19	COMPUTER SYSTEM	08/21/98	SL	5.00	HY	17	1,726.				1,726.	1,726.		0.	1,726.
23	LASER PRINTER	04/28/99	SL	5.00	HY	17	429.				429.	429.		0.	429.
37	HP COMPUTER	02/17/05	SL	5.00	HY	17	1,464.				1,464.	1,464.		0.	1,464.
40	LCD PROJECTOR	04/28/06	SL	5.00	HY	17	751.				751.	751.		0.	751.
43	PRINTER FOR COUNSELING	01/13/10	SL	5.00	HY	17	200.				200.	200.		0.	200.
44	SHREDDER FOR FRONT DESK	01/13/10	SL	5.00	HY	17	250.				250.	250.		0.	250.
47	LAPTOP & REFURBISHED COMPUTER TOWER	01/09/13	SL	5.00	HY	17	450.			225.	225.	225.		0.	225.

428111 04-01-24

(D) - Asset disposed

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

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL OTHER						12,018.			225.	11,793.	11,793.		0.	11,793.
	* 990 PAGE 10 TOTAL -						12,470.			451.	12,019.	12,019.		0.	12,019.
	MACHINERY & EQUIPMENT														
1	EQUIPMENT	06/15/86	PRE	5.00	HY	16	1,826.				1,826.	1,826.		0.	1,826.
2	EQUIPMENT	05/25/89	200DB	5.00	HY	17	1,696.				1,696.	1,696.		0.	1,696.
3	EQUIPMENT	06/14/89	200DB	5.00	HY	17	304.				304.	304.		0.	304.
4	EQUIPMENT	06/16/89	200DB	5.00	HY	17	606.				606.	606.		0.	606.
5	EQUIPMENT	08/31/89	200DB	5.00	HY	17	688.				688.	688.		0.	688.
6	FAX MACHINE	04/24/94	200DB	5.00	HY	17	286.				286.	286.		0.	286.
7	COPIER	05/04/94	200DB	5.00	HY	17	778.				778.	778.		0.	778.
16	OFFICE EQUIPMENT	06/06/96	SL	5.00	HY	17	352.				352.	352.		0.	352.
17	VIDEO & MONITOR	09/30/96	SL	5.00	HY	17	402.				402.	402.		0.	402.
21	PAGER REPLACEMENT	06/16/99	SL	5.00	HY	17	409.				409.	409.		0.	409.
22	NEW TELEPHONE SYSTEM	09/20/99	SL	5.00	HY	17	1,233.				1,233.	1,233.		0.	1,233.
31	POLAROID CAMERA	05/21/01	SL	5.00	HY	17	546.				546.	546.		0.	546.
32	NEW COPIER	12/02/04	SL	5.00	MQ	17	476.			238.	238.	238.		0.	238.
33	DENTAL HANDPIECE	07/20/05	SL	5.00	HY	17	636.				636.	636.		0.	636.
34	SCICAN STATIM AUTOCLAVE	07/25/05	SL	5.00	HY	17	2,369.				2,369.	2,369.		0.	2,369.

428111 04-01-24

(D) - Asset disposed

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

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
35	VIDEO EQUIPMENT	07/27/05	SL	5.00	HY	17	1,228.				1,228.	1,228.		0.	1,228.
41	PANASONIC VOICEMAIL EQUIPMENT& SOFTWARE	05/15/07	SL	7.00	HY	17	602.				602.	602.		0.	602.
42	EKG MACHINE	09/11/09	SL	5.00	HY	17	2,287.			1,144.	1,143.	1,143.		0.	1,143.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						16,724.			1,382.	15,342.	15,342.		0.	15,342.
	OTHER														
46	URINE ANALYZER	12/13/13	SL	5.00	HY	17	364.			182.	182.	182.		0.	182.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FREEZER	09/23/14	SL	5.00	HY	17	230.				230.	230.		0.	230.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGERATOR	09/23/14	SL	5.00	HY	17	705.				705.	705.		0.	705.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR CLINIC	04/08/15	SL	5.00	HY	17	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	MM	17	3,550.				3,550.	2,324.		91.	2,415.
25	LEASEHOLD IMPROVEMENTS	05/11/01	SL	39.00	MM	17	367.				367.	204.		9.	213.
26	LEASEHOLD IMPROVEMENTS(HAVC)	06/04/01	SL	39.00	MM	17	3,947.				3,947.	2,277.		101.	2,378.
27	LEASEHOLD IMPROVEMENTS(CARPETING)	06/08/01	SL	7.00	HY	17	1,960.				1,960.	1,960.		0.	1,960.
28	LEASEHOLD IMPROVEMENTS(LIGHTING FIXTUR	02/14/01	SL	39.00	MM	17	662.				662.	389.		17.	406.
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & LOCKS)	04/10/01	SL	39.00	MM	17	598.				598.	341.		15.	356.

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL BUILDINGS						11,084.				11,084.	7,495.		233.	7,728.
	* 990 PAGE 10 TOTAL -						11,084.				11,084.	7,495.		233.	7,728.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,701,468.			2,015.	2,699,453.	321,275.		83,178.	404,453.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,519,566.			2,015.	2,517,551.	321,275.			399,393.
	ACQUISITIONS						181,902.			0.	181,902.	0.			5,060.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						2,701,468.			2,015.	2,699,453.	321,275.			404,453.
	ENDING ACCUM DEPR											406,468.			
	ENDING BOOK VALUE											2,295,000.			

428111 04-01-24

(D) - Asset disposed

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

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property) 990

Attach to your tax return.

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

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
FREE CLINIC OF SIMI VALLEY	FORM 990 PAGE 10	23-7108154

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

1	Maximum amount (see instructions)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	78,118.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		17,159.	5 YRS.	HY	SL	1,716.
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	03 /24	164,743.	39 yrs.	MM	S/L	3,344.
		/			MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

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

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

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	83,178.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

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

Section B - Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

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

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

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year:					
43 Amortization of costs that began before your 2024 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

- 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											
62	LEASEHOLD IMPROVEMENTS	05 01 20	SL	39.00	17	2071766.			2071766.	192,567.		53,122.
74	WIRING TO UNITS	01 07 21	SL	39.00	17	1,413.			1,413.	107.		36.
75	HVAC UPGRADE	07 21 21	SL	39.00	17	13,772.			13,772.	868.		353.
78	FIRE & ALARM SYSTEM	05 12 21	SL	39.00	17	20,911.			20,911.	1,407.		536.
79	MONUMENT SIGN DESIGN AND MANUFACT	05 03 22	SL	7.00	17	17,135.			17,135.	2,448.		2,448.
80	ROOF REPLACEMENT	06 14 23	SL	39.00	17	116,480.			116,480.	1,618.		2,987.
81	OUTDOOR THERAPY YARD IMPROVEMENTS	05 30 22	SL	39.00	17	121,795.			121,795.	3,123.		3,123.
82	SOLAR PANEL PROJECT	03 22 24	SL	39.00	19I	164,743.			164,743.			3,344.
	* 990 PAGE 10 TOTAL BUILDINGS					2528015.		0.	2528015.	202,138.		65,949.
	MACHINERY & EQUIPMENT											
72	(2) DEL INSPIRON 3880 DESKTOP MODEL	12 17 21	SL	5.00	17	1,287.			1,287.	643.		257.
76	FUTURA SILVER SERIES 12 CU. FT. D	06 14 21	SL	5.00	17	4,228.			4,228.	2,115.		846.
77	20/20 VISUAL ACUITY SYSTEM, TONOMETER &	08 06 21	SL	5.00	17	3,344.			3,344.	1,672.		669.
83	MIDMARK CORP STERILIZER, STEAM M	02 13 23	SL	5.00	17	7,491.			7,491.	749.		1,498.
85	(2) SCHICK 33 SR SNRN XRAY SENSORS	08 19 24	SL	5.00	19B	13,863.			13,863.			1,386.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME					30,213.		0.	30,213.	5,179.		4,656.
	MANAGEMENT AND GENERAL											

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- 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
51	RITTER 107 EXAM	06 15 16	SL	5.00	17	750.			750.	750.		0.
52	VACUUM & AIR COMPRESSOR FOR DENT	03 08 17	SL	5.00	17	6,100.			6,100.	6,100.		0.
53	DENTAL EQUIP-(2) SCHICK SENORS & CON	04 20 17	SL	5.00	17	7,236.			7,236.	7,236.		0.
54	DENTAL SENSOR	08 07 18	SL	5.00	17	1,800.			1,800.	1,800.		0.
55	(2) SCHICK CDR DIGITAL X-RAY SENSO	11 07 18	SL	5.00	17	5,472.			5,472.	5,472.		0.
56	CARDIO TECH GT-300 EKG	02 23 18	SL	5.00	17	1,638.			1,638.	1,638.		0.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	05 30 18	SL	5.00	17	4,303.			4,303.	4,303.		0.
58	SPOT VS 4400 BLOOD PRESSURE AND SURETE	05 22 20	SL	5.00	17	2,312.			2,312.	1,617.		462.
59	GENERATOR	09 09 20	SL	5.00	17	536.			536.	375.		107.
60	COMPUTER EQUIPMENT	03 30 20	SL	5.00	17	2,034.			2,034.	1,424.		407.
61	DENTAL EQUIPMENT	08 21 20	SL	5.00	17	7,595.			7,595.	5,317.		1,519.
63	DENTAL EQUIPMENT	08 21 20	SL	5.00	17	36,560.			36,560.	25,592.		7,312.
64	(10) 19.5" LED LCD MONITORS	05 21 21	SL	5.00	17	1,141.			1,141.	570.		228.
65	3 @$33.86/EA UAG MICRO SURF GO OUTBA	05 22 21	SL	5.00	17	118.			118.	60.		24.
66	(3) SURFACE PRO GO 2 WITH PENS	05 24 21	SL	5.00	17	2,427.			2,427.	1,213.		485.
67	LVO E15 G2 R5-4500U 256/8 W10P MANUFACT	05 21 21	SL	5.00	17	767.			767.	383.		153.
68	(4) DELL INSPIRON 3880 DESKTOP INTEL	09 15 21	SL	5.00	17	2,917.			2,917.	1,458.		583.
70	(3) DELL -INSPIRON 3880 DESKTOP COMPUT	12 10 21	SL	5.00	17	2,188.			2,188.	1,095.		438.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2024 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
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	12 16 21	SL	5.00	17	643.			643.	322.		129.
73	SWITCH 24 POE LAN CONNECTION EQUIP	12 29 21	SL	5.00	17	406.			406.	203.		81.
84	DENTAL SERVER	12 26 23	SL	5.00	17	408.			408.	41.		82.
86	ACER LAPTOP ASPIRE INTEL-5	02 06 24	SL	5.00	19B	493.			493.			49.
87	MEETING OWL 3 360-DEGREE, SMART V	03 13 24	SL	5.00	19B	1,125.			1,125.			113.
88	(2) DELL 15.6 INSPIRON 15 3535 LA	07 17 24	SL	5.00	19B	1,287.			1,287.			129.
89	HP PRODESK 600 W/ ACER 27" MONITOR	09 18 24	SL	5.00	19B	391.			391.			39.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENE					90,647.		0.	90,647.	66,969.		12,340.
	FURNITURE & FIXTURES											
8	OFFICE FURNITURE	06 30 89	200DB	7.00	17	169.			169.	169.		0.
9	OFFICE FURNITURE	07 21 92	SL	7.00	17	4,790.			4,790.	4,790.		0.
10	WINDOW BLIND	08 11 92	SL	7.00	17	215.			215.	215.		0.
11	CARPETING	08 25 92	SL	7.00	17	1,281.			1,281.	1,281.		0.
15	OFFICE CABINETS	01 18 96	SL	7.00	17	1,319.			1,319.	1,319.		0.
24	USED OFFICE FURNITURE	11 29 00	SL	7.00	17	429.			429.	429.		0.
30	SINK UNIT (2) CABINETS W/ 106" TO	06 15 01	SL	7.00	17	1,489.			1,489.	1,489.		0.
36	FILE CABINET	08 24 05	SL	7.00	17	461.			461.	461.		0.
38	FILE CABINET	06 23 06	SL	7.00	17	212.			212.	212.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- 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
39	FILE CABINET	08 23 06	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 - MACHINERY & EQUIPMENT					2659366.		0.	2659366.	284,777.		82,945.
45	PRINTER FOR COUNSELING	08 19 13	SL	5.00	17	452.		226.	226.	226.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME					452.		226.	226.	226.		0.
	OTHER											
12	COMPUTER EQUIPMENT	05 01 92	SL	5.00	17	250.			250.	250.		0.
13	COMPUTER EQUIPMENT	05 07 92	SL	5.00	17	1,620.			1,620.	1,620.		0.
14	COMPUTER EQUIPMENT	04 11 94	200DB	5.00	17	3,685.			3,685.	3,685.		0.
18	COMPUTER	07 10 97	SL	5.00	17	1,193.			1,193.	1,193.		0.
19	COMPUTER SYSTEM	08 21 98	SL	5.00	17	1,726.			1,726.	1,726.		0.
23	LASER PRINTER	04 28 99	SL	5.00	17	429.			429.	429.		0.
37	HP COMPUTER	02 17 05	SL	5.00	17	1,464.			1,464.	1,464.		0.
40	LCD PROJECTOR	04 28 06	SL	5.00	17	751.			751.	751.		0.
43	PRINTER FOR COUNSELING	01 13 10	SL	5.00	17	200.			200.	200.		0.
44	SHREDDER FOR FRONT DESK	01 13 10	SL	5.00	17	250.			250.	250.		0.
47	LAPTOP & REFURBISHED COMPUTE	01 09 13	SL	5.00	17	450.		225.	225.	225.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2024 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 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	06 15 86	PRE	5.00	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	05 25 89	200DB	5.00	17	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	06 14 89	200DB	5.00	17	304.			304.	304.		0.
4	EQUIPMENT	06 16 89	200DB	5.00	17	606.			606.	606.		0.
5	EQUIPMENT	08 31 89	200DB	5.00	17	688.			688.	688.		0.
6	FAX MACHINE	04 24 94	200DB	5.00	17	286.			286.	286.		0.
7	COPIER	05 04 94	200DB	5.00	17	778.			778.	778.		0.
16	OFFICE EQUIPMENT	06 06 96	SL	5.00	17	352.			352.	352.		0.
17	VIDEO & MONITOR	09 30 96	SL	5.00	17	402.			402.	402.		0.
21	PAGER REPLACEMENT	06 16 99	SL	5.00	17	409.			409.	409.		0.
22	NEW TELEPHONE SYSTEM	09 20 99	SL	5.00	17	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	05 21 01	SL	5.00	17	546.			546.	546.		0.
32	NEW COPIER	12 02 04	SL	5.00	17	476.		238.	238.	238.		0.
33	DENTAL HANDPIECE	07 20 05	SL	5.00	17	636.			636.	636.		0.
34	SCICAN STATIM AUTOCLAVE	07 25 05	SL	5.00	17	2,369.			2,369.	2,369.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- 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
35	VIDEO EQUIPMENT	07 27 05	SL	5.00	17	1,228.			1,228.	1,228.		0.
41	PANASONIC VOICEMAIL EQUIPMENT& SOFTWARE	05 15 07	SL	7.00	17	602.			602.	602.		0.
42	EKG MACHINE	09 11 09	SL	5.00	17	2,287.		1,144.	1,143.	1,143.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME					16,724.		1,382.	15,342.	15,342.		0.
	OTHER											
46	URINE ANALYZER	12 13 13	SL	5.00	17	364.		182.	182.	182.		0.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FR	09 23 14	SL	5.00	17	230.			230.	230.		0.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGE	09 23 14	SL	5.00	17	705.			705.	705.		0.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR C	04 08 15	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	06 30 98	SL	39.00	17	3,550.			3,550.	2,324.		91.
25	LEASEHOLD IMPROVEMENTS	05 11 01	SL	39.00	17	367.			367.	204.		9.
26	LEASEHOLD IMPROVEMENTS(HAVC)	06 04 01	SL	39.00	17	3,947.			3,947.	2,277.		101.
27	LEASEHOLD IMPROVEMENTS(CARPET	06 08 01	SL	7.00	17	1,960.			1,960.	1,960.		0.
28	LEASEHOLD IMPROVEMENTS(LIGHTI	02 14 01	SL	39.00	17	662.			662.	389.		17.
29	LEASEHOLD IMPROVEMENTS(NEW DO	04 10 01	SL	39.00	17	598.			598.	341.		15.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2024 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 BUILDINGS					11,084.		0.	11,084.	7,495.		233.
	* 990 PAGE 10 TOTAL -					11,084.		0.	11,084.	7,495.		233.
	* GRAND TOTAL 990 PAGE 10 DEPR					2701468.		2,015.	2699453.	321,275.		83,178.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					2519566.		2,015.	2517551.	321,275.		
	ACQUISITIONS					181,902.		0.	181,902.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					2701468.		2,015.	2699453.	321,275.		

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(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
62	LEASEHOLD IMPROVEMENTS	05 01 20	SL	39.00	2071766.		2071766.	245,689.	53,122.
74	WIRING TO UNITS	01 07 21	SL	39.00	1,413.		1,413.	143.	36.
75	HVAC UPGRADE	07 21 21	SL	39.00	13,772.		13,772.	1,221.	353.
78	FIRE & ALARM SYSTEM	05 12 21	SL	39.00	20,911.		20,911.	1,943.	536.
	MONUMENT SIGN DESIGN AND MANUFACTURING TWO-SIDED & BULLETIN								
79	BOARD	05 03 22	SL	7.00	17,135.		17,135.	4,896.	2,448.
80	ROOF REPLACEMENT	06 14 23	SL	39.00	116,480.		116,480.	4,605.	2,987.
81	OUTDOOR THERAPY YARD IMPROVEMENTS	05 30 22	SL	39.00	121,795.		121,795.	6,246.	3,123.
82	SOLAR PANEL PROJECT	03 22 24	SL	39.00	164,743.		164,743.	3,344.	4,224.
	* 990 PAGE 10 TOTAL BUILDINGS				2528015.		2528015.	268,087.	66,829.
	MACHINERY & EQUIPMENT								
	(2) DEL INSPIRON 3880 DESKTOP MODEL								
72	13880	12 17 21	SL	5.00	1,287.		1,287.	900.	257.
	FUTURA SILVER SERIES 12 CU. FT. DUAL								
76	TEMPERATURE GLASS REFRIDGERATOR	06 14 21	SL	5.00	4,228.		4,228.	2,961.	846.
	20/20 VISUAL ACUITY SYSTEM,								
77	TONOMETER & RETINOSCOPE	08 06 21	SL	5.00	3,344.		3,344.	2,341.	669.
	MIDMARK CORP STERILIZER, STEAM M11								
83	115V - SERIAL #V2550370	02 13 23	SL	5.00	7,491.		7,491.	2,247.	1,498.
85	(2) SCHICK 33 SR SNRN XRAY SENSORS	08 19 24	SL	5.00	13,863.		13,863.	1,386.	2,773.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				30,213.		30,213.	9,835.	6,043.
	MANAGEMENT AND GENERAL								
51	RITTER 107 EXAM	06 15 16	SL	5.00	750.		750.	750.	0.
	VACUUM & AIR COMPRESSOR FOR DENTAL								
52	CLINIC	03 08 17	SL	5.00	6,100.		6,100.	6,100.	0.
	DENTAL EQUIP-(2) SCHICK SENORS &								
53	CONNECTION BOX	04 20 17	SL	5.00	7,236.		7,236.	7,236.	0.
54	DENTAL SENSOR	08 07 18	SL	5.00	1,800.		1,800.	1,800.	0.
	(2) SCHICK CDR DIGITAL X-RAY SENSORS								
55	SIZE 2	11 07 18	SL	5.00	5,472.		5,472.	5,472.	0.
56	CARDIO TECH GT-300 EKG	02 23 18	SL	5.00	1,638.		1,638.	1,638.	0.

(D) - Asset disposed * ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	05 30 18	SL	5.00	4,303.		4,303.	4,303.	0.
	SPOT VS 4400 BLOOD PRESSURE AND								
58	SURETEMP+ MACHINE & CUFFS ETC FOR IT	05 22 20	SL	5.00	2,312.		2,312.	2,079.	233.
59	GENERATOR	09 09 20	SL	5.00	536.		536.	482.	54.
60	COMPUTER EQUIPMENT	03 30 20	SL	5.00	2,034.		2,034.	1,831.	203.
61	DENTAL EQUIPMENT	08 21 20	SL	5.00	7,595.		7,595.	6,836.	759.
63	DENTAL EQUIPMENT	08 21 20	SL	5.00	36,560.		36,560.	32,904.	3,656.
64	(10) 19.5" LED LCD MONITORS	05 21 21	SL	5.00	1,141.		1,141.	798.	228.
	3 @$33.86/EA UAG MICRO SURF GO								
	OUTBACK HAND STRAP MANUFACTURER PART								
65	#3	05 22 21	SL	5.00	118.		118.	84.	24.
66	(3) SURFACE PRO GO 2 WITH PENS	05 24 21	SL	5.00	2,427.		2,427.	1,698.	485.
	LVO E15 G2 R5-4500U 256/8 W10P								
	MANUFACTURER PART #20T80005US -								
67	SERIAL	05 21 21	SL	5.00	767.		767.	536.	153.
	(4) DELL INSPIRON 3880 DESKTOP INTEL								
68	CORE I510400 - BEST BUY 9.1.2021	09 15 21	SL	5.00	2,917.		2,917.	2,041.	583.
	(3) DELL -INSPIRON 3880 DESKTOP								
70	COMPUTERS MODEL #I3880	12 10 21	SL	5.00	2,188.		2,188.	1,533.	438.
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	12 16 21	SL	5.00	643.		643.	451.	129.
73	SWITCH 24 POE LAN CONNECTION EQUIP	12 29 21	SL	5.00	406.		406.	284.	81.
84	DENTAL SERVER	12 26 23	SL	5.00	408.		408.	123.	82.
86	ACER LAPTOP ASPIRE INTEL-5	02 06 24	SL	5.00	493.		493.	49.	99.
	MEETING OWL 3 360-DEGREE, SMART								
87	VIDEO CONFERENCE CAMERA, MICROPHONE	03 13 24	SL	5.00	1,125.		1,125.	113.	225.
	(2) DELL 15.6 INSPIRON 15 3535								
88	LAPTOP COMPUTER FOR DENTAL PROGRAM	07 17 24	SL	5.00	1,287.		1,287.	129.	257.
89	HP PRODESK 600 W/ ACER 27" MONITOR	09 18 24	SL	5.00	391.		391.	39.	78.
	* 990 PAGE 10 TOTAL MANAGEMENT AND								
	GENERAL				90,647.		90,647.	79,309.	7,767.
	FURNITURE & FIXTURES								
8	OFFICE FURNITURE	06 30 89	200DB	7.00	169.		169.	169.	0.
9	OFFICE FURNITURE	07 21 92	SL	7.00	4,790.		4,790.	4,790.	0.
10	WINDOW BLIND	08 11 92	SL	7.00	215.		215.	215.	0.

(D) - Asset disposed * ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
11	CARPETING	08 25 92	SL	7.00	1,281.		1,281.	1,281.	0.
15	OFFICE CABINETS	01 18 96	SL	7.00	1,319.		1,319.	1,319.	0.
24	USED OFFICE FURNITURE	11 29 00	SL	7.00	429.		429.	429.	0.
	SINK UNIT (2) CABINETS W/ 106"								
30	TOP(BLACK)	06 15 01	SL	7.00	1,489.		1,489.	1,489.	0.
36	FILE CABINET	08 24 05	SL	7.00	461.		461.	461.	0.
38	FILE CABINET	06 23 06	SL	7.00	212.		212.	212.	0.
39	FILE CABINET	08 23 06	SL	7.00	126.		126.	126.	0.
	* 990 PAGE 10 TOTAL FURNITURE &								
	FIXTURES				10,491.		10,491.	10,491.	0.
	* 990 PAGE 10 TOTAL -				2659366.		2659366.	367,722.	80,639.
	MACHINERY & EQUIPMENT								
45	PRINTER FOR COUNSELING	08 19 13	SL	5.00	452.	226.	226.	226.	0.
	* 990 PAGE 10 TOTAL MACHINERY &								
	EQUIPMENT				452.	226.	226.	226.	0.
	OTHER								
12	COMPUTER EQUIPMENT	05 01 92	SL	5.00	250.		250.	250.	0.
13	COMPUTER EQUIPMENT	05 07 92	SL	5.00	1,620.		1,620.	1,620.	0.
14	COMPUTER EQUIPMENT	04 11 94	200DB	5.00	3,685.		3,685.	3,685.	0.
18	COMPUTER	07 10 97	SL	5.00	1,193.		1,193.	1,193.	0.
19	COMPUTER SYSTEM	08 21 98	SL	5.00	1,726.		1,726.	1,726.	0.
23	LASER PRINTER	04 28 99	SL	5.00	429.		429.	429.	0.
37	HP COMPUTER	02 17 05	SL	5.00	1,464.		1,464.	1,464.	0.
40	LCD PROJECTOR	04 28 06	SL	5.00	751.		751.	751.	0.
43	PRINTER FOR COUNSELING	01 13 10	SL	5.00	200.		200.	200.	0.
44	SHREDDER FOR FRONT DESK	01 13 10	SL	5.00	250.		250.	250.	0.
47	LAPTOP & REFURBISHED COMPUTER TOWER	01 09 13	SL	5.00	450.	225.	225.	225.	0.
	* 990 PAGE 10 TOTAL OTHER				12,018.	225.	11,793.	11,793.	0.
	* 990 PAGE 10 TOTAL -				12,470.	451.	12,019.	12,019.	0.
	MACHINERY & EQUIPMENT								
1	EQUIPMENT	06 15 86	PRE	5.00	1,826.		1,826.	1,826.	0.
2	EQUIPMENT	05 25 89	200DB	5.00	1,696.		1,696.	1,696.	0.
3	EQUIPMENT	06 14 89	200DB	5.00	304.		304.	304.	0.
4	EQUIPMENT	06 16 89	200DB	5.00	606.		606.	606.	0.

(D) - Asset disposed * ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
5	EQUIPMENT	08 31 89	200DB	5.00	688.		688.	688.	0.
6	FAX MACHINE	04 24 94	200DB	5.00	286.		286.	286.	0.
7	COPIER	05 04 94	200DB	5.00	778.		778.	778.	0.
16	OFFICE EQUIPMENT	06 06 96	SL	5.00	352.		352.	352.	0.
17	VIDEO & MONITOR	09 30 96	SL	5.00	402.		402.	402.	0.
21	PAGER REPLACEMENT	06 16 99	SL	5.00	409.		409.	409.	0.
22	NEW TELEPHONE SYSTEM	09 20 99	SL	5.00	1,233.		1,233.	1,233.	0.
31	POLAROID CAMERA	05 21 01	SL	5.00	546.		546.	546.	0.
32	NEW COPIER	12 02 04	SL	5.00	476.	238.	238.	238.	0.
33	DENTAL HANDPIECE	07 20 05	SL	5.00	636.		636.	636.	0.
34	SCICAN STATIM AUTOCLAVE	07 25 05	SL	5.00	2,369.		2,369.	2,369.	0.
35	VIDEO EQUIPMENT	07 27 05	SL	5.00	1,228.		1,228.	1,228.	0.
41	PANASONIC VOICEMAIL EQUIPMENT& SOFTWARE	05 15 07	SL	7.00	602.		602.	602.	0.
42	EKG MACHINE	09 11 09	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	12 13 13	SL	5.00	364.	182.	182.	182.	0.
	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE								
48	FREEZER	09 23 14	SL	5.00	230.		230.	230.	0.
	FRIGIDAIRE 16.7 CF FREEZERLESS								
49	REFRIGERATOR	09 23 14	SL	5.00	705.		705.	705.	0.
	EPSON EX5220 XGA3 LCD PROJECTOR FOR								
50	CLINIC	04 08 15	SL	5.00	525.		525.	525.	0.
	* 990 PAGE 10 TOTAL OTHER				1,824.	182.	1,642.	1,642.	0.
	* 990 PAGE 10 TOTAL - BUILDINGS				18,548.	1,564.	16,984.	16,984.	0.
20	AIR CONDITIONING SYSTEM	06 30 98	SL	39.00	3,550.		3,550.	2,415.	91.
25	LEASEHOLD IMPROVEMENTS	05 11 01	SL	39.00	367.		367.	213.	9.
26	LEASEHOLD IMPROVEMENTS(HAVC)	06 04 01	SL	39.00	3,947.		3,947.	2,378.	101.
27	LEASEHOLD IMPROVEMENTS(CARPETING)	06 08 01	SL	7.00	1,960.		1,960.	1,960.	0.
28	LEASEHOLD IMPROVEMENTS(LIGHTING FIXTURES))	02 14 01	SL	39.00	662.		662.	406.	17.

(D) - Asset disposed * ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2025 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
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & LOCKS)	04 10 01	SL	39.00	598.		598.	356.	15.
	* 990 PAGE 10 TOTAL BUILDINGS				11,084.		11,084.	7,728.	233.
	* 990 PAGE 10 TOTAL -				11,084.		11,084.	7,728.	233.
	* GRAND TOTAL 990 PAGE 10 DEPR				2701468.	2,015.	2699453.	404,453.	80,872.

(D) - Asset disposed

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

- 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	05012020	SL	39.00	16	2071766.			2071766.	194,781.		53,122.
74	WIRING TO UNITS	01072121	SL	39.00	16	1,413.			1,413.	108.		36.
75	HVAC UPGRADE	07212121	SL	39.00	16	13,772.			13,772.	853.		353.
78	FIRE & ALARM SYSTEM	05122121	SL	39.00	16	20,911.			20,911.	1,429.		536.
79	MONUMENT SIGN DESIGN AND MANUFACT	05032222	SL	7.00	16	17,135.			17,135.	2,448.		2,448.
80	ROOF REPLACEMENT	06142323	SL	39.00	16	116,480.			116,480.	1,742.		2,987.
81	OUTDOOR THERAPY YARD IMPROVEMENTS	05302222	SL	39.00	16	121,795.			121,795.	3,123.		3,123.
82	SOLAR PANEL PROJECT	03222424	SL	39.00	16	164,743.			164,743.			3,168.
72	(2) DEL INSPIRON 3880 DESKTOP MODEL	12172121	SL	5.00	16	1,287.			1,287.	643.		257.
76	FUTURA SILVER SERIES 12 CU. FT. D	06142121	SL	5.00	16	4,228.			4,228.	2,185.		846.
77	20/20 VISUAL ACUITY SYSTEM, TONOMETER &	08062121	SL	5.00	16	3,344.			3,344.	1,617.		669.
83	MIDMARK CORP STERILIZER, STEAM M	02132323	SL	5.00	16	7,491.			7,491.	1,373.		1,498.
85	(2) SCHICK 33 SR SNRN XRAY SENSORS	08192424	SL	5.00	16	13,863.			13,863.			924.
51	RITTER 107 EXAM	06151616	SL	5.00	16	750.			750.	750.		0.
52	VACUUM & AIR COMPRESSOR FOR DENT	03081717	SL	5.00	16	6,100.			6,100.	6,100.		0.
53	DENTAL EQUIP-(2) SCHICK SENORS & CON	04201717	SL	5.00	16	7,236.			7,236.	7,236.		0.
54	DENTAL SENSOR	08071818	SL	5.00	16	1,800.			1,800.	1,800.		0.
55	(2) SCHICK CDR DIGITAL X-RAY SENSO	11071818	SL	5.00	16	5,472.			5,472.	5,472.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- 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
56	CARDIO TECH GT-300 EKG	02 23 18	SL	5.00	16	1,638.			1,638.	1,638.		0.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	05 30 18	SL	5.00	16	4,303.			4,303.	4,303.		0.
58	SPOT VS 4400 BLOOD PRESSURE AND SURETE	05 22 20	SL	5.00	16	2,312.			2,312.	1,656.		462.
59	GENERATOR	09 09 20	SL	5.00	16	536.			536.	357.		107.
60	COMPUTER EQUIPMENT	03 30 20	SL	5.00	16	2,034.			2,034.	1,526.		407.
61	DENTAL EQUIPMENT	08 21 20	SL	5.00	16	7,595.			7,595.	5,063.		1,519.
63	DENTAL EQUIPMENT	08 21 20	SL	5.00	16	36,560.			36,560.	24,373.		7,312.
64	(10) 19.5" LED LCD MONITORS	05 21 21	SL	5.00	16	1,141.			1,141.	589.		228.
65	3 @$33.86/EA UAG MICRO SURF GO OUTBA	05 22 21	SL	5.00	16	118.			118.	62.		24.
66	(3) SURFACE PRO GO 2 WITH PENS	05 24 21	SL	5.00	16	2,427.			2,427.	1,253.		485.
67	LVO E15 G2 R5-4500U 256/8 W10P MANUFACT	05 21 21	SL	5.00	16	767.			767.	395.		153.
68	(4) DELL INSPIRON 3880 DESKTOP INTEL	09 15 21	SL	5.00	16	2,917.			2,917.	1,360.		583.
70	(3) DELL -INSPIRON 3880 DESKTOP COMPUT	12 10 21	SL	5.00	16	2,188.			2,188.	912.		438.
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	12 16 21	SL	5.00	16	643.			643.	322.		129.
73	SWITCH 24 POE LAN CONNECTION EQUIP	12 29 21	SL	5.00	16	406.			406.	203.		81.
84	DENTAL SERVER	12 26 23	SL	5.00	16	408.			408.	41.		82.
86	ACER LAPTOP ASPIRE INTEL-5	02 06 24	SL	5.00	16	493.			493.			90.
87	MEETING OWL 3 360-DEGREE, SMART V	03 13 24	SL	5.00	16	1,125.			1,125.			188.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- 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
88	(2) DELL 15.6 INSPIRON 15 3535 LA	07 17 24	SL	5.00	16	1,287.			1,287.			107.
89	HP PRODESK 600 W/ ACER 27" MONITOR	09 18 24	SL	5.00	16	391.			391.			20.
8	OFFICE FURNITURE	06 30 89	200DB	7.00	16	169.			169.	169.		0.
9	OFFICE FURNITURE	07 21 92	SL	7.00	16	4,790.			4,790.	4,790.		0.
10	WINDOW BLIND	08 11 92	SL	7.00	16	215.			215.	215.		0.
11	CARPETING	08 25 92	SL	7.00	16	1,281.			1,281.	1,281.		0.
15	OFFICE CABINETS	01 18 96	SL	7.00	16	1,319.			1,319.	1,319.		0.
24	USED OFFICE FURNITURE	11 29 00	SL	7.00	16	429.			429.	429.		0.
30	SINK UNIT (2) CABINETS W/ 106" TO	06 15 01	SL	7.00	16	1,489.			1,489.	1,474.		0.
36	FILE CABINET	08 24 05	SL	7.00	16	461.			461.	461.		0.
38	FILE CABINET	06 23 06	SL	7.00	16	212.			212.	212.		0.
39	FILE CABINET	08 23 06	SL	7.00	16	126.			126.	126.		0.
45	PRINTER FOR COUNSELING	08 19 13	SL	5.00	16	452.			452.	452.		0.
12	COMPUTER EQUIPMENT	05 01 92	SL	5.00	16	250.			250.	250.		0.
13	COMPUTER EQUIPMENT	05 07 92	SL	5.00	16	1,620.			1,620.	1,620.		0.
14	COMPUTER EQUIPMENT	04 11 94	200DB	5.00	16	3,685.			3,685.	3,685.		0.
18	COMPUTER	07 10 97	SL	5.00	16	1,193.			1,193.	1,193.		0.
19	COMPUTER SYSTEM	08 21 98	SL	5.00	16	1,726.			1,726.	1,726.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- 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
23	LASER PRINTER	04 28 99	SL	5.00	16	429.			429.	429.		0.
37	HP COMPUTER	02 17 05	SL	5.00	16	1,464.			1,464.	1,367.		0.
40	LCD PROJECTOR	04 28 06	SL	5.00	16	751.			751.	725.		0.
43	PRINTER FOR COUNSELING	01 13 10	SL	5.00	16	200.			200.	200.		0.
44	SHREDDER FOR FRONT DESK	01 13 10	SL	5.00	16	250.			250.	250.		0.
47	LAPTOP & REFURBISHED COMPUTE	01 09 13	SL	5.00	16	450.			450.	450.		0.
1	EQUIPMENT	06 15 86	PRE	5.00	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	05 25 89	200DB	5.00	16	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	06 14 89	200DB	5.00	16	304.			304.	304.		0.
4	EQUIPMENT	06 16 89	200DB	5.00	16	606.			606.	606.		0.
5	EQUIPMENT	08 31 89	200DB	5.00	16	688.			688.	688.		0.
6	FAX MACHINE	04 24 94	200DB	5.00	16	286.			286.	286.		0.
7	COPIER	05 04 94	200DB	5.00	16	778.			778.	778.		0.
16	OFFICE EQUIPMENT	06 06 96	SL	5.00	16	352.			352.	352.		0.
17	VIDEO & MONITOR	09 30 96	SL	5.00	16	402.			402.	402.		0.
21	PAGER REPLACEMENT	06 16 99	SL	5.00	16	409.			409.	409.		0.
22	NEW TELEPHONE SYSTEM	09 20 99	SL	5.00	16	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	05 21 01	SL	5.00	16	546.			546.	546.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- 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
32	NEW COPIER	12 02 04	SL	5.00	16	476.			476.	332.		0.
33	DENTAL HANDPIECE	07 20 05	SL	5.00	16	636.			636.	636.		0.
34	SCICAN STATIM AUTOCLAVE	07 25 05	SL	5.00	16	2,369.			2,369.	2,369.		0.
35	VIDEO EQUIPMENT	07 27 05	SL	5.00	16	1,228.			1,228.	1,228.		0.
41	PANASONIC VOICEMAIL EQUIPMENT& SOFTWARE	05 15 07	SL	7.00	16	602.			602.	588.		0.
42	EKG MACHINE	09 11 09	SL	5.00	16	2,287.			2,287.	2,287.		0.
46	URINE ANALYZER	12 13 13	SL	5.00	16	364.			364.	364.		0.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FR	09 23 14	SL	5.00	16	230.			230.	230.		0.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGE	09 23 14	SL	5.00	16	705.			705.	705.		0.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR C	04 08 15	SL	5.00	16	525.			525.	525.		0.
20	AIR CONDITIONING SYSTEM	06 30 98	SL	39.00	16	3,550.			3,550.	2,324.		91.
25	LEASEHOLD IMPROVEMENTS	05 11 01	SL	39.00	16	367.			367.	204.		9.
26	LEASEHOLD IMPROVEMENTS(HAVC)	06 04 01	SL	39.00	16	3,947.			3,947.	2,277.		101.
27	LEASEHOLD IMPROVEMENTS(CARPET	06 08 01	SL	7.00	16	1,960.			1,960.	1,937.		0.
28	LEASEHOLD IMPROVEMENTS(LIGHTI	02 14 01	SL	39.00	16	662.			662.	389.		17.
29	LEASEHOLD IMPROVEMENTS(NEW DO	04 10 01	SL	39.00	16	598.			598.	341.		15.
	TOTAL FORM 199 DEPRECIATION					2701468.			2701468.	324,398.	0.	82,615.
	TOTALS FOR CALIFORNIA					2701468.			2701468.	324,398.	0.	82,615.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR STATE - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
62	LEASEHOLD IMPROVEMENTS	05 01 20	SL	39.00	2071766.		2071766.	247,903.	53,122.
74	WIRING TO UNITS	01 07 21	SL	39.00	1,413.		1,413.	144.	36.
75	HVAC UPGRADE	07 21 21	SL	39.00	13,772.		13,772.	1,206.	353.
78	FIRE & ALARM SYSTEM	05 12 21	SL	39.00	20,911.		20,911.	1,965.	536.
79	MONUMENT SIGN DESIGN AND MANUFACTURI	05 03 22	SL	7.00	17,135.		17,135.	4,896.	2,448.
80	ROOF REPLACEMENT	06 14 23	SL	39.00	116,480.		116,480.	4,729.	2,987.
81	OUTDOOR THERAPY YARD IMPROVEMENTS	05 30 22	SL	39.00	121,795.		121,795.	6,246.	3,123.
82	SOLAR PANEL PROJECT	03 22 24	SL	39.00	164,743.		164,743.	3,168.	4,224.
72	(2) DEL INSPIRON 3880 DESKTOP MODEL	12 17 21	SL	5.00	1,287.		1,287.	900.	257.
76	FUTURA SILVER SERIES 12 CU. FT. DUAL	06 14 21	SL	5.00	4,228.		4,228.	3,031.	846.
77	20/20 VISUAL ACUITY SYSTEM, TONOMETE	08 06 21	SL	5.00	3,344.		3,344.	2,286.	669.
83	MIDMARK CORP STERILIZER, STEAM M11 1	02 13 23	SL	5.00	7,491.		7,491.	2,871.	1,498.
85	(2) SCHICK 33 SR SNRN XRAY SENSORS	08 19 24	SL	5.00	13,863.		13,863.	924.	2,773.
51	RITTER 107 EXAM	06 15 16	SL	5.00	750.		750.	750.	0.
52	VACUUM & AIR COMPRESSOR FOR DENTAL C	03 08 17	SL	5.00	6,100.		6,100.	6,100.	0.
53	DENTAL EQUIP-(2) SCHICK SENORS & CON	04 20 17	SL	5.00	7,236.		7,236.	7,236.	0.
54	DENTAL SENSOR	08 07 18	SL	5.00	1,800.		1,800.	1,800.	0.
55	(2) SCHICK CDR DIGITAL X-RAY SENSORS	11 07 18	SL	5.00	5,472.		5,472.	5,472.	0.
56	CARDIO TECH GT-300 EKG	02 23 18	SL	5.00	1,638.		1,638.	1,638.	0.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	05 30 18	SL	5.00	4,303.		4,303.	4,303.	0.
58	SPOT VS 4400 BLOOD PRESSURE AND SURE	05 22 20	SL	5.00	2,312.		2,312.	2,118.	194.
59	GENERATOR	09 09 20	SL	5.00	536.		536.	464.	72.
60	COMPUTER EQUIPMENT	03 30 20	SL	5.00	2,034.		2,034.	1,933.	101.
61	DENTAL EQUIPMENT	08 21 20	SL	5.00	7,595.		7,595.	6,582.	1,013.
63	DENTAL EQUIPMENT	08 21 20	SL	5.00	36,560.		36,560.	31,685.	4,875.
64	(10) 19.5" LED LCD MONITORS	05 21 21	SL	5.00	1,141.		1,141.	817.	228.
65	3 @$33.86/EA UAG MICRO SURF GO OUTBA	05 22 21	SL	5.00	118.		118.	86.	24.
66	(3) SURFACE PRO GO 2 WITH PENS	05 24 21	SL	5.00	2,427.		2,427.	1,738.	485.
67	LVO E15 G2 R5-4500U 256/8 W10P MANUF	05 21 21	SL	5.00	767.		767.	548.	153.
68	(4) DELL INSPIRON 3880 DESKTOP INTEL	09 15 21	SL	5.00	2,917.		2,917.	1,943.	583.
70	(3) DELL -INSPIRON 3880 DESKTOP COMP	12 10 21	SL	5.00	2,188.		2,188.	1,350.	438.
71	(1) DEL INSPIRON 3880 DESKTOP MODEL	12 16 21	SL	5.00	643.		643.	451.	129.
73	SWITCH 24 POE LAN CONNECTION EQUIP	12 29 21	SL	5.00	406.		406.	284.	81.
84	DENTAL SERVER	12 26 23	SL	5.00	408.		408.	123.	82.

(D) - Asset disposed

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

- 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
86	ACER LAPTOP ASPIRE INTEL-5	02 06 24	SL	5.00	493.		493.	90.	99.
87	MEETING OWL 3 360-DEGREE, SMART VIDE	03 13 24	SL	5.00	1,125.		1,125.	188.	225.
88	(2) DELL 15.6 INSPIRON 15 3535 LAPTO	07 17 24	SL	5.00	1,287.		1,287.	107.	257.
89	HP PRODESK 600 W/ ACER 27" MONITOR	09 18 24	SL	5.00	391.		391.	20.	78.
8	OFFICE FURNITURE	06 30 89	200DB	7.00	169.		169.	169.	0.
9	OFFICE FURNITURE	07 21 92	SL	7.00	4,790.		4,790.	4,790.	0.
10	WINDOW BLIND	08 11 92	SL	7.00	215.		215.	215.	0.
11	CARPETING	08 25 92	SL	7.00	1,281.		1,281.	1,281.	0.
15	OFFICE CABINETS	01 18 96	SL	7.00	1,319.		1,319.	1,319.	0.
24	USED OFFICE FURNITURE	11 29 00	SL	7.00	429.		429.	429.	0.
30	SINK UNIT (2) CABINETS W/ 106" TOP(B	06 15 01	SL	7.00	1,489.		1,489.	1,474.	0.
36	FILE CABINET	08 24 05	SL	7.00	461.		461.	461.	0.
38	FILE CABINET	06 23 06	SL	7.00	212.		212.	212.	0.
39	FILE CABINET	08 23 06	SL	7.00	126.		126.	126.	0.
45	PRINTER FOR COUNSELING	08 19 13	SL	5.00	452.		452.	452.	0.
12	COMPUTER EQUIPMENT	05 01 92	SL	5.00	250.		250.	250.	0.
13	COMPUTER EQUIPMENT	05 07 92	SL	5.00	1,620.		1,620.	1,620.	0.
14	COMPUTER EQUIPMENT	04 11 94	200DB	5.00	3,685.		3,685.	3,685.	0.
18	COMPUTER	07 10 97	SL	5.00	1,193.		1,193.	1,193.	0.
19	COMPUTER SYSTEM	08 21 98	SL	5.00	1,726.		1,726.	1,726.	0.
23	LASER PRINTER	04 28 99	SL	5.00	429.		429.	429.	0.
37	HP COMPUTER	02 17 05	SL	5.00	1,464.		1,464.	1,367.	0.
40	LCD PROJECTOR	04 28 06	SL	5.00	751.		751.	725.	0.
43	PRINTER FOR COUNSELING	01 13 10	SL	5.00	200.		200.	200.	0.
44	SHREDDER FOR FRONT DESK	01 13 10	SL	5.00	250.		250.	250.	0.
47	LAPTOP & REFURBISHED COMPUTER TOWER	01 09 13	SL	5.00	450.		450.	450.	0.
1	EQUIPMENT	06 15 86	PRE	5.00	1,826.		1,826.	1,826.	0.
2	EQUIPMENT	05 25 89	200DB	5.00	1,696.		1,696.	1,696.	0.
3	EQUIPMENT	06 14 89	200DB	5.00	304.		304.	304.	0.
4	EQUIPMENT	06 16 89	200DB	5.00	606.		606.	606.	0.
5	EQUIPMENT	08 31 89	200DB	5.00	688.		688.	688.	0.
6	FAX MACHINE	04 24 94	200DB	5.00	286.		286.	286.	0.
7	COPIER	05 04 94	200DB	5.00	778.		778.	778.	0.
16	OFFICE EQUIPMENT	06 06 96	SL	5.00	352.		352.	352.	0.

(D) - Asset disposed * ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- 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
17	VIDEO & MONITOR	09 30 96	SL	5.00	402.		402.	402.	0.
21	PAGER REPLACEMENT	06 16 99	SL	5.00	409.		409.	409.	0.
22	NEW TELEPHONE SYSTEM	09 20 99	SL	5.00	1,233.		1,233.	1,233.	0.
31	POLAROID CAMERA	05 21 01	SL	5.00	546.		546.	546.	0.
32	NEW COPIER	12 02 04	SL	5.00	476.		476.	332.	0.
33	DENTAL HANDPIECE	07 20 05	SL	5.00	636.		636.	636.	0.
34	SCICAN STATIM AUTOCLAVE	07 25 05	SL	5.00	2,369.		2,369.	2,369.	0.
35	VIDEO EQUIPMENT	07 27 05	SL	5.00	1,228.		1,228.	1,228.	0.
41	PANASONIC VOICEMAIL EQUIPMENT& SOFTW	05 15 07	SL	7.00	602.		602.	588.	0.
42	EKG MACHINE	09 11 09	SL	5.00	2,287.		2,287.	2,287.	0.
46	URINE ANALYZER	12 13 13	SL	5.00	364.		364.	364.	0.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE	09 23 14	SL	5.00	230.		230.	230.	0.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRI	09 23 14	SL	5.00	705.		705.	705.	0.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR	04 08 15	SL	5.00	525.		525.	525.	0.
20	AIR CONDITIONING SYSTEM	06 30 98	SL	39.00	3,550.		3,550.	2,415.	91.
25	LEASEHOLD IMPROVEMENTS	05 11 01	SL	39.00	367.		367.	213.	9.
26	LEASEHOLD IMPROVEMENTS(HAVC)	06 04 01	SL	39.00	3,947.		3,947.	2,378.	101.
27	LEASEHOLD IMPROVEMENTS(CARPETING)	06 08 01	SL	7.00	1,960.		1,960.	1,937.	0.
28	LEASEHOLD IMPROVEMENTS(LIGHTING FIXT	02 14 01	SL	39.00	662.		662.	406.	17.
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & L	04 10 01	SL	39.00	598.		598.	356.	15.
	TOTAL FORM 199 DEPRECIATION				2701468.		2701468.	407,013.	82,222.
	TOTALS FOR CALIFORNIA				2701468.		2701468.	407,013.	82,222.

(D) - Asset disposed * ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

TAXABLE YEAR **2024**

California Exempt Organization Annual Information Return

428941 01-14-25
FORM **199**

Calendar Year 2024 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.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●		1	156,414 00
	2	Gross dues and assessments from members and affiliates ●		2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1 ●		3	772,209 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B ●		4	928,623 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	928,623 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●		9	695,211 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●		10	233,412 00
Payments	11	Total payments ●		11	00
	12	Use tax. See General Information K ●		12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ●		13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ●		14	00
	15	Penalties and interest. See General Information J		15	00
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result ◉		16	00

Sign Here

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

Signature of officer ▶ | Title: EXECUTIVE DIRE | Date | ● Telephone: 805-522-3733

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☒ | ● 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.**

	1	Gross sales or receipts from all business activities. See instructions	1		00
	2	Interest	2	8,308	00
	3	Dividends	3		00
Receipts	4	Gross rents	4		00
from	5	Gross royalties	5		00
Other	6	Gross amount received from sale of assets (See instructions)	6		00
Sources	7	Other income. Attach schedule SEE STATEMENT 2	7	148,106	00
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	156,414	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
	10	Disbursements to or for members.	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	11	109,311	00
	12	Other salaries and wages	12	248,846	00
Expenses	13	Interest	13		00
and	14	Taxes	14	27,399	00
Disburse-	15	Rents	15	52,547	00
ments	16	Depreciation and depletion (See instructions)	16	82,615	00
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 4	17	174,493	00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	695,211	00

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
1 Cash		984,603		1,124,727
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. Attach schedule				
10 a Depreciable assets	2,526,156		2,701,468	
b Less accumulated depreciation	323,290	2,202,866	406,468	2,295,000
11 Land				
12 Other assets. Attach schedule STMT 5		24,040		24,040
13 **Total assets**		3,211,509		3,443,767
Liabilities and net worth				
14 Accounts payable				
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule STMT 6		661		70
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		3,210,848		3,443,697
22 **Total liabilities and net worth**		3,211,509		3,443,767

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	232,849	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	233,412
5 Expenses recorded on books this year not deducted in this return. Attach schedule *	563		
6 Total. Add line 1 through line 5	233,412		

* 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		31,333.
LIVINGSTON MEMORIAL	2801 TOWNSGATE ROAD SUITE 200 WESTLAKE VILLAGE, CA 91361		40,000.
CITY OF SIMI VALLEY-COMMUNITY PROJECTS GRANT FOR FISCAL YEAR	2929 TAPO CANYON RD SIMI VALLEY, CA 93063		124,994.
JONATHAN KUROHARA MD AND LISA OKI MD	1522 POTLOOK CIRCLE WESTLAKE VILLAGE, CA 91362		5,000.
SUSAN KLINEDINST	2296 EMMETT AVE. SIMI VALLEY, CA 93063-3522		8,000.
DIRECT RELIEIF	6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117		250,000.
TOTAL INCLUDED ON LINE 3			459,327.

CA 199 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
SUBLET RENTAL INCOME	39,175.
PROGRAM SERVICE FEES	108,931.
TOTAL TO FORM 199, PART II, LINE 7	148,106.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
FRED BAUERMEISTER 3990 HITCH RD MOORPARK, CA 93021	EXECUTIVE DIRECTOR 40.00	109,311.
MAGGIE KESTLY 940 ENCHANTED WAY #109 SIMI VALLEY, CA 93065	SECRETARY 1.00	0.
REV. RON HYRCHUK 2975 N SYCAMORE DR SIMI VALLEY, CA 93065	HONORARY BOARD MEMEBER 1.00	0.
BARRY FISHER 5853 SERENA ST SIMI VALLEY, CA 93063	DIRECTOR 1.00	0.
PHYLLIS WILSON, MA MFT 240 SINALOA RD SIMI VALLEY, CA 93065	DIRECTOR 1.00	0.
VINCENT DULCICH 5366 SENECA PLACE SIMI VALLEY, CA 93065	PAST 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	DIRECTOR 1.00	0.

CURT WITEBY 374 SECRETARIAT DR SPRINGFIELD, OH 45503	DIRECTOR 1.00	0.
KELLY ANN GAINES 6081 CEDAR STREET SIMI VALLEY, CA 93065	DIRECTOR 1.00	0.
PATRICK HYLTON 760 CALLE LAS COLINAS NEWBURY PARK, CA 91320	VICE PRESIDENT 1.00	0.
TOMMI DIAZ 1594 CHURCH ST SIMI VALLEY, CA 93065	TREASURER 1.00	0.
SYLVIA FOWLER 4999 THORN RIDGE CT SIMI VALLEY, CA 93063	DIRECTOR 1.00	0.
DONALD REESE 4950 HOLLYGLEN CT MOORPARK, CA 93021	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	PRESIDENT 1.00	0.
NATASHA SHAH 2003 ROYAL AVE SIMI VALLEY, CA 93065	DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		109,311.

CA 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
REPAIRS	21,642.
MEDICAL SUPPLIES	7,544.
MEDICAL LAB FEES & WAST	5,867.
ONLINE MEDICAL RECORDS	4,517.
DIRECT EXPENSES OF FUNDRAISING EVENTS	17,124.
LEGAL FEES	112.
ACCOUNTING FEES	40,550.
OTHER PROFESSIONAL FEES	41,216.
OFFICE EXPENSES	4,872.
TRAVEL	906.
CONFERENCES AND CONVENTIONS	1,821.
INSURANCE	10,749.
ALL OTHER EXPENSES	17,573.
TOTAL TO FORM 199, PART II, LINE 17	174,493.

CA 199 OTHER ASSETS STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID RENT	0.	0.
DUE FROM SIMI VALLEY COMMUNITY FUND	23,500.	23,500.
REFUNDABLE DEPOSITS	540.	540.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	24,040.	24,040.

CA 199 OTHER LIABILITIES STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	661.	70.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	661.	70.

CA 199 EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN STATEMENT 7

DESCRIPTION	AMOUNT
DEPRECIATION	563.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5	563.

TAXABLE YEAR **2024**

Corporation Depreciation and Amortization

CALIFORNIA FORM **3885**

Attach to Form 100 or Form 100W. FORM 199 FEIN 23-7108154

Corporation name: FREE CLINIC OF SIMI VALLEY

California corporation number: 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	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 **smaller** of line 5 or line 8	9		
10 Carryover of disallowed deduction from prior taxable years	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11		
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2025. Add line 9 and line 10, less line 12	13		

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

	(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14								
	SEE STATEMENT	8	2,701,468.	324,398.				

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	82,615

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	82,615
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	83,178
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	-563

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.	2,324.	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.	204.	SL	39.00	9.	
26 LEASEHOLD IMPROVEMENTS(HAVC)	06/04/01	3,947.	2,277.	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.	389.	SL	39.00	17.
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & LOCKS)					
	04/10/01	598.	341.	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.	1,800.	SL	5.00	0.
55	(2) SCHICK CDR DIGITAL X-RAY SENSORS SIZE 2					
	11/07/18	5,472.	5,472.	SL	5.00	0.
56	CARDIO TECH GT-300 EKG					
	02/23/18	1,638.	1,638.	SL	5.00	0.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR					
	05/30/18	4,303.	4,303.	SL	5.00	0.

58 SPOT VS 4400 BLOOD PRESSURE AND SURETEMP+ MACHINE & CUFFS ETC FOR IT						
	05/22/20	2,312.	1,656.	SL	5.00	462.
59 GENERATOR						
	09/09/20	536.	357.	SL	5.00	107.
60 COMPUTER EQUIPMENT						
	03/30/20	2,034.	1,526.	SL	5.00	407.
61 DENTAL EQUIPMENT						
	08/21/20	7,595.	5,063.	SL	5.00	1,519.
62 LEASEHOLD IMPROVEMENTS						
	05/01/20	2,071,766.	194,781.	SL	39.00	53,122.
63 DENTAL EQUIPMENT						
	08/21/20	36,560.	24,373.	SL	5.00	7,312.
64 (10) 19.5" LED LCD MONITORS						
	05/21/21	1,141.	589.	SL	5.00	228.
65 3 @$33.86/EA UAG MICRO SURF GO OUTBACK HAND STRAP MANUFACTURER PART						
	05/22/21	118.	62.	SL	5.00	24.
66 (3) SURFACE PRO GO 2 WITH PENS						
	05/24/21	2,427.	1,253.	SL	5.00	485.
67 LVO E15 G2 R5-4500U 256/8 W10P MANUFACTURER PART #20T80005US - SERIA						
	05/21/21	767.	395.	SL	5.00	153.
68 (4) DELL INSPIRON 3880 DESKTOP INTEL CORE I510400 - BEST BUY 9.1.20						
	09/15/21	2,917.	1,360.	SL	5.00	583.
70 (3) DELL -INSPIRON 3880 DESKTOP COMPUTERS MODEL #I3880						
	12/10/21	2,188.	912.	SL	5.00	438.
71 (1) DEL INSPIRON 3880 DESKTOP MODEL						
	12/16/21	643.	322.	SL	5.00	129.
72 (2) DEL INSPIRON 3880 DESKTOP MODEL 13880						
	12/17/21	1,287.	643.	SL	5.00	257.
73 SWITCH 24 POE LAN CONNECTION EQUIP						
	12/29/21	406.	203.	SL	5.00	81.
74 WIRING TO UNITS						
	01/07/21	1,413.	108.	SL	39.00	36.
75 HVAC UPGRADE						
	07/21/21	13,772.	853.	SL	39.00	353.
76 FUTURA SILVER SERIES 12 CU. FT. DUAL TEMPERATURE GLASS REFRIDGERATO						
	06/14/21	4,228.	2,185.	SL	5.00	846.
77 20/20 VISUAL ACUITY SYSTEM, TONOMETER & RETINOSCOPE						
	08/06/21	3,344.	1,617.	SL	5.00	669.
78 FIRE & ALARM SYSTEM						
	05/12/21	20,911.	1,429.	SL	39.00	536.
79 MONUMENT SIGN DESIGN AND MANUFACTURING TWO-SIDED & BULLETIN BOARD						
	05/03/22	17,135.	2,448.	SL	7.00	2,448.
80 ROOF REPLACEMENT						
	06/14/23	116,480.	1,742.	SL	39.00	2,987.
81 OUTDOOR THERAPY YARD IMPROVEMENTS						
	05/30/22	121,795.	3,123.	SL	39.00	3,123.
82 SOLAR PANEL PROJECT						
	03/22/24	164,743.		SL	39.00	3,168.
83 MIDMARK CORP STERILIZER, STEAM M11 115V - SERIAL #V2550370						
	02/13/23	7,491.	1,373.	SL	5.00	1,498.
84 DENTAL SERVER						
	12/26/23	408.	41.	SL	5.00	82.
85 (2) SCHICK 33 SR SNRN XRAY SENSORS						
	08/19/24	13,863.		SL	5.00	924.
86 ACER LAPTOP ASPIRE INTEL-5						
	02/06/24	493.		SL	5.00	90.
87 MEETING OWL 3 360-DEGREE, SMART VIDEO CONFERENCE CAMERA, MICROPHONE						
	03/13/24	1,125.		SL	5.00	188.
88 (2) DELL 15.6 INSPIRON 15 3535 LAPTOP COMPUTER FOR DENTAL PROGRAM						
	07/17/24	1,287.		SL	5.00	107.

89 HP PRODESK 600 W/ ACER 27" MONITOR						
09/18/24	391.		SL	5.00	20.	
TOTAL TO FORM 3885	2,701,468.	324,398.			82,615.	

022

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

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

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	928,623
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	928,623
3	Refund (Form 109, line 26)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	4	

Part II Settle Your Account Electronically for Taxable Year 2024

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount **6b** Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are **not** installment payments for the current amount the exempt organization owes.)

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

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

9 Routing number _____

10 Account number **11** Type of account: ☐ Checking ☐ 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 5, 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 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 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 2024 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.**

Sign Here ▶ _____ Signature of officer | _____ Date | ▶ EXECUTIVE DIRECTOR Title

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, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ | Date | Check if also paid preparer ☒ | Check if self-employed ☒ | ERO's 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

Firm's FEIN 77-0165080

ZIP code 93065-6202

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

Paid Preparer Must Sign

Paid preparer's signature ▶ | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ▶ | Firm's FEIN | ZIP code

STATE OF CALIFORNIA
RRF-1
(Rev. 01/2024)

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

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.

DEPARTMENT OF JUSTICE
(For Registry Use Only)

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. 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 01/01/2024 **ending** 12/31/2024 **) list:**

Total Revenue (including noncash contributions) $ 911,499 **Noncash Contributions $** 0 **Total Assets $** 3,443,767

Program Expenses $ 522,438 **Total Expenses $** 678,650

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.

Signature of Authorized Agent	Printed Name	Title	Date
	FRED BAUERMEISTER	EXECUTIVE DIRECTOR	