

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FREE CLINIC OF SIMI VALLEY</b>		<b>D</b> Employer identification number <b>23-7108154</b>
	Doing business as		<b>E</b> Telephone number <b>(805) 522-3733</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>1,088,688.</b>
	<b>2003 ROYAL AVENUE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>SIMI VALLEY, CA 93065</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

**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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>MEDICAL, DENTAL, COUNSELING &amp; LEGAL SERVICES FOR THE GENERAL PUBLIC</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>160</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,531,993.</b>	<b>985,015.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>119,675.</b>	<b>100,307.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,042.</b>	<b>3,366.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-21,017.</b>	<b>-14,878.</b>
		<b>1,631,693.</b>	<b>1,073,810.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>1,000.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>233,786.</b>	<b>225,889.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>67,776.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>38,021.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>175,224.</b>	<b>191,068.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>476,786.</b>	<b>417,957.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,154,907.</b>	<b>655,853.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,703,404.</b>	<b>2,561,422.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>0.</b>	<b>202,165.</b>
		<b>1,703,404.</b>	<b>2,359,257.</b>

**Part II Signature Block**

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 138,265. including grants of \$ 1,000. ) (Revenue \$ 32,947. ) MEDICAL

4b (Code: ) (Expenses \$ 48,629. including grants of \$ ) (Revenue \$ 16,134. ) FAMILY COUNSELING SERVICES

4c (Code: ) (Expenses \$ 110,066. including grants of \$ ) (Revenue \$ 50,055. ) DENTAL SERVICES

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ 1,171.)

4e Total program service expenses 296,960.

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**FRED BAUERMEISTER - (805)522-3733**  
**2003 ROYAL AVE, SIMI VALLEY, CA 93065**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRED BAUERMEISTER EXECUTIVE DIRECTOR	40.00	X					80,693.	0.	0.	
(2) MAGGIE KESTLY PRESIDENT	1.00			X			0.	0.	0.	
(3) REV. RON HYRCHUK HONORARY BAORD MEMEBER	1.00			X			0.	0.	0.	
(4) HARRY VANDYCK DIRECTOR	1.00	X					0.	0.	0.	
(5) PHYLLIS WILSON, MA MFT DIRECTOR	1.00	X					0.	0.	0.	
(6) VINCENT DULCICH TREASURER	1.00	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) JOHN LINDSEY SECRETARY	1.00			X			0.	0.	0.	
(12) MANE' BERBEL DIRECTOR	1.00	X					0.	0.	0.	
(13) TRACEY YOUNG DIRECTOR	1.00	X					0.	0.	0.	
(14) JILL HANEY VICE PRESIDENT	1.00	X					0.	0.	0.	
(15) SYLVIA FOWLER DIRECTOR	1.00	X					0.	0.	0.	
(16) KATHERINE HILLARD DIRECTOR	1.00	X					0.	0.	0.	
(17) TOM KUDLICK 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>							80,693.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							80,693.	0.	0.	

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>					
	<b>b</b>	Membership dues	<b>1b</b>					
	<b>c</b>	Fundraising events	<b>1c</b>	111,178.				
	<b>d</b>	Related organizations	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	453,102.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	420,735.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f			985,015.			
Program Service Revenue	<b>2 a</b>	PROGRAM SERVICE FEES	Business Code	624100	100,307.	100,307.		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f			100,307.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)			3,366.		3,366.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties						
	<b>6 a</b>	Gross rents	(i) Real	(ii) Personal				
			<b>6a</b>					
			<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss)						
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			<b>7a</b>					
			<b>7b</b>					
	<b>c</b>	Gain or (loss)	<b>7c</b>					
	<b>d</b>	Net gain or (loss)						
	<b>8 a</b>	Gross income from fundraising events (not including \$ 111,178. of contributions reported on line 1c). See Part IV, line 18						
<b>8a</b>			0.					
<b>8b</b>			14,878.					
<b>c</b>	Net income or (loss) from fundraising events			-14,878.		-14,878.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19							
		<b>9a</b>						
		<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities							
<b>10 a</b>	Gross sales of inventory, less returns and allowances							
		<b>10a</b>						
		<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>		Business Code					
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d						
<b>12</b>	<b>Total revenue.</b> See instructions			1,073,810.	100,307.	0.	-11,512.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	1,000.	1,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	80,693.	61,327.	10,490.	8,876.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	129,258.	98,236.	16,804.	14,218.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	15,938.	12,113.	2,072.	1,753.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	36,070.	27,413.	4,689.	3,968.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	20,491.	13,716.	135.	6,640.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	6,369.	4,840.	828.	701.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	27,742.	27,742.		
<b>17</b> Travel	301.	301.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	6,436.	6,436.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	43,850.	52.	43,798.	
<b>23</b> Insurance	8,064.	6,129.	1,048.	887.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> TELEPHONE	8,673.	6,592.	1,127.	954.
<b>b</b> MEDICAL SUPPLIES	8,010.	8,010.		
<b>c</b> ASSISTANCE TO CLIENTS	6,106.	6,106.		
<b>d</b> BANK CHARGES	3,992.	3,992.		
<b>e</b> All other expenses	14,964.	12,955.	1,985.	24.
<b>25</b> Total functional expenses. Add lines 1 through 24e	417,957.	296,960.	82,976.	38,021.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	95,443.	<b>1</b>	176,329.
	<b>2</b> Savings and temporary cash investments .....	1,290,773.	<b>2</b>	262,875.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,200,695.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 102,803.	20,939.	<b>10c</b> 2,097,892.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		296,249.	<b>15</b> 24,326.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		1,703,404.	<b>16</b> 2,561,422.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	150,000.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		0.	<b>25</b> 52,165.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....		0.	<b>26</b> 202,165.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....		<b>27</b>	
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....	0.	<b>29</b>	0.
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>30</b>	0.
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....	1,703,404.	<b>31</b>	2,359,257.
	<b>32</b> Total net assets or fund balances .....	1,703,404.	<b>32</b>	2,359,257.
<b>33</b> Total liabilities and net assets/fund balances .....	1,703,404.	<b>33</b>	2,561,422.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,073,810.
2	Total expenses (must equal Part IX, column (A), line 25)	2	417,957.
3	Revenue less expenses. Subtract line 2 from line 1	3	655,853.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,703,404.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,359,257.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

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

Form 990 (2020)



**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	568,905.	353,560.	376,399.	1531993.	985,015.	3815872.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	568,905.	353,560.	376,399.	1531993.	985,015.	3815872.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						3815872.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	568,905.	353,560.	376,399.	1531993.	985,015.	3815872.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	598.	482.	386.	1,042.	3,366.	5,874.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						3821746.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.85 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	99.92 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
<b>1</b>		

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

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

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

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

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

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

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

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

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

Name of the organization

**FREE CLINIC OF SIMI VALLEY**

Employer identification number

**23-7108154**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>AMGEN</u>  <u>ONE AMGEN CENTER DRIVE</u>  <u>THOUSAND OAKS, CA 91320</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>BESTY AND VINCE DULCICH</u>  <u>5366 SENECA PLACE</u>  <u>SIMI VALLEY, CA 93065</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>LIVINGSTON MEMORIAL</u>  <u>2801 TOWNSGATE ROAD SUITE 200</u>  <u>WESTLAKE VILLAGE, CA 91361</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>VENTURA COUNTY</u>  <u>800 S VICTORIA AVE</u>  <u>VENTURA, CA 93001</u>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>CITY OF SIMI VALLEY-COMMUNITY PROJECTS GRANT FOR FISCAL YEAR</u>  <u>2929 TAPO CANYON RD</u>  <u>SIMI VALLEY, CA 93063</u>	\$ <u>153,102.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>DELTA DENTAL COMMUNITY CARE FOUNDATION</u>  <u>ONE DELTA DRIVE</u>  <u>MECHANICSBURG, PA 17055</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SIMI VALLEY ROTARY CHARITABLE FOUNDATION  455 E THOUSAND OAKS BLVD #101  THOUSAND OAKS, CA 91360	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CONRAD N HILTON FOUNDATION  30440 AGOURA RD  AGOURA HILLS, CA 91301	\$ 1,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	WILSON FAMILY FOUNDATION  11150 SANTA MONICA BLVD NO760  LOS ANGELES, CA 90025	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	NATIONAL ASSOCIATION OF FREE CLINICS  1800 DIAGONAL ROAD, SUITE 300  ALEXANDRIA, VA 22314	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	NATIONAL ASSOCIATION OF FREE CLINICS  1800 DIAGONAL ROAD, SUITE 300  ALEXANDRIA, VA 22314	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,082,850.	39,997.	2,042,853.
c Leasehold improvements				
d Equipment		17,176.	17,176.	0.
e Other		100,669.	45,630.	55,039.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,097,892.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION PROGRAM	52,165.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	52,165.

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

DEPRECIATION VARIANCE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DEPRECIATION VARIANCE

ADJUSTMENT FOR ACCRUAL TO CASH BASIS CONVERSIONS

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

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

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

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

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

FREE CLINIC OF SIMI VALLEY

Employer identification number

23-7108154

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LEGAL

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,171.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION EMPLOYS AN EXECUTIVE DIRECTOR WHO TAKES CARE OF THE DAY TO DAY OPERATIONS OF THE ORGANIZATION INCLUDING THE HIRING, THE FIRING & SUPERVISION OF EMPLOYEES, PREPARATION OF OPERATING BUDGETS FOR APPROVAL BY THE BOARD & FINANCIAL OPERATIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12:

PROCEDURES TO MANAGE CONFLICTS. A. FOR EACH INTEREST DISCLOSED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS, THE CHAIRMAN WILL DETERMINE WHETHER TO:

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

Schedule O (Form 990 or 990-EZ) 2020

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

(A) TAKE NO ACTION, (B) ASSURE FULL DISCLOSURE TO THE BOARD OF DIRECTORS AND OTHER INDIVIDUALS COVERED BY THIS POLICY, (C) ASK THE PERSON TO RECUSE FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS WITHIN THE ORGANIZATION, OR (D) ASK THE PERSON TO RESIGN FROM HIS OR HER POSITION IN THE ORGANIZATION OR, IF THE PERSON REFUSES TO RESIGN, BECOME SUBJECT TO POSSIBLE REMOVAL IN ACCORDANCE WITH THE ORGANIZATIONS REMOVAL PROCEDURES. THE ORGANIZATION'S EMPLOYED EXECUTIVE DIRECTOR WILL MONITOR PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND DISCLOSE THEM TO THE CHAIRMAN OF THE BOARD OF DIRECTORS IN ORDER TO DEAL WITH POTENTIAL OR ACTUAL CONFLICTS, WHETHER DISCOVERED BEFORE OR AFTER THE TRANSACTION HAS OCCURRED.

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

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

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

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

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

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

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
51	RITTER 107 EXAM	06/15/16	SL	5.00		HY17	750.				750.	525.		150.	675.
	VACUUM & AIR COMPRESSOR FOR														
52	DENTAL CLINIC	03/08/17	SL	5.00		HY17	6,100.				6,100.	3,050.		1,220.	4,270.
	DENTAL EQUIP-(2) SCHICK														
53	SENSORS & CONNECTION BOX	04/20/17	SL	5.00		HY17	7,236.				7,236.	3,618.		1,447.	5,065.
	DENTAL SENSOR														
54	DENTAL SENSOR	08/07/18	SL	5.00		MQ17	1,800.				1,800.	495.		360.	855.
	(2) SCHICK CDR DIGITAL X-RAY														
55	SENSORS SIZE 2	11/07/18	SL	5.00		MQ17	5,472.				5,472.	1,231.		1,094.	2,325.
	CARDIO TECH GT-300 EKG														
56	CARDIO TECH GT-300 EKG	02/23/18	SL	5.00		MQ17	1,638.				1,638.	615.		328.	943.
	RITTER 75 EVOLUTION														
57	PROCEDURE CHAIR	05/30/18	SL	5.00		MQ17	4,303.				4,303.	1,399.		861.	2,260.
	SPOT VS 4400 BLOOD PRESSURE														
58	AND SURETEMP+ MACHINE & CUFF	05/22/20	SL	5.00		HY19B	2,312.				2,312.			231.	231.
	GENERATOR														
59	GENERATOR	09/09/20	SL	5.00		HY19B	536.				536.			54.	54.
	COMPUTER EQUIPMENT														
60	COMPUTER EQUIPMENT	03/30/20	SL	5.00		HY19B	2,034.				2,034.			203.	203.
	DENTAL EQUIPMENT														
61	DENTAL EQUIPMENT	08/21/20	SL	5.00		HY19B	7,595.				7,595.			760.	760.
	LEASEHOLD IMPROVEMENTS														
62	LEASEHOLD IMPROVEMENTS	05/01/20	SL	39.00		MM19B	2,071,766.				2,071,766.			33,201.	33,201.
	DENTAL EQUIPMENT														
63	DENTAL EQUIPMENT	08/21/20	SL	5.00		HY19B	36,560.				36,560.			3,656.	3,656.
	* 990 PAGE 10 TOTAL														
	MANAGEMENT AND GENERAL														
	FURNITURE & FIXTURES														
8	OFFICE FURNITURE	06/30/89	200DB	7.00		HY17	169.				169.	169.		0.	169.
	OFFICE FURNITURE														
9	OFFICE FURNITURE	07/21/92	SL	7.00		HY17	4,790.				4,790.	4,790.		0.	4,790.

028111 04-01-20

(D) - Asset disposed

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

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Convention	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
10	WINDOW BLIND	08/11/92	SL	7.00		HY17	215.				215.	215.		0.	215.
11	CARPETING	08/25/92	SL	7.00		HY17	1,281.				1,281.	1,281.		0.	1,281.
15	OFFICE CABINETS	01/18/96	SL	7.00		HY17	1,319.				1,319.	1,319.		0.	1,319.
24	USED OFFICE FURNITURE	11/29/00	SL	7.00		MQ17	429.				429.	429.		0.	429.
30	SINK UNIT (2) CABINETS W/ 106" TOP (BLACK)	06/15/01	SL	7.00		HY17	1,489.				1,489.	1,489.		0.	1,489.
36	FILE CABINET	08/24/05	SL	7.00		HY17	461.				461.	461.		0.	461.
38	FILE CABINET	06/23/06	SL	7.00		HY17	212.				212.	212.		0.	212.
39	FILE CABINET	08/23/06	SL	7.00		HY17	126.				126.	126.		0.	126.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						10,491.				10,491.	10,491.		0.	10,491.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						2,158,593.				2,158,593.	21,424.		43,565.	64,989.
45	PRINTER FOR COUNSELING	08/19/13	SL	5.00		HY17	452.			226.	226.	226.		0.	226.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						452.			226.	226.	226.		0.	226.
	OTHER														
12	COMPUTER EQUIPMENT	05/01/92	SL	5.00		HY17	250.				250.	250.		0.	250.
13	COMPUTER EQUIPMENT	05/07/92	SL	5.00		HY17	1,620.				1,620.	1,620.		0.	1,620.
14	COMPUTER EQUIPMENT	04/11/94	200DB	5.00		HY17	3,685.				3,685.	3,685.		0.	3,685.
18	COMPUTER	07/10/97	SL	5.00		HY17	1,193.				1,193.	1,193.		0.	1,193.

028111 04-01-20

(D) - Asset disposed

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

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	COMPUTER SYSTEM	08/21/98	SL	5.00		HY17	1,726.				1,726.	1,726.		0.	1,726.
23	LASER PRINTER	04/28/99	SL	5.00		HY17	429.				429.	429.		0.	429.
37	HP COMPUTER	02/17/05	SL	5.00		HY17	1,464.				1,464.	1,464.		0.	1,464.
40	LCD PROJECTOR	04/28/06	SL	5.00		HY17	751.				751.	751.		0.	751.
43	PRINTER FOR COUNSELING	01/13/10	SL	5.00		HY17	200.				200.	200.		0.	200.
44	SHREDDER FOR FRONT DESK	01/13/10	SL	5.00		HY17	250.				250.	250.		0.	250.
47	LAPTOP & REFURBISHED COMPUTER TOWER	01/09/13	SL	5.00		HY17	450.			225.	225.	225.		0.	225.
	* 990 PAGE 10 TOTAL OTHER						12,018.			225.	11,793.	11,793.		0.	11,793.
	* 990 PAGE 10 TOTAL -						12,470.			451.	12,019.	12,019.		0.	12,019.
	MACHINERY & EQUIPMENT														
1	EQUIPMENT	06/15/86	PRE	5.00		HY16	1,826.				1,826.	1,826.		0.	1,826.
2	EQUIPMENT	05/25/89	200DE	5.00		HY17	1,696.				1,696.	1,696.		0.	1,696.
3	EQUIPMENT	06/14/89	200DE	5.00		HY17	304.				304.	304.		0.	304.
4	EQUIPMENT	06/16/89	200DE	5.00		HY17	606.				606.	606.		0.	606.
5	EQUIPMENT	08/31/89	200DE	5.00		HY17	688.				688.	688.		0.	688.
6	FAX MACHINE	04/24/94	200DE	5.00		HY17	286.				286.	286.		0.	286.
7	COPIER	05/04/94	200DE	5.00		HY17	778.				778.	778.		0.	778.
16	OFFICE EQUIPMENT	06/06/96	SL	5.00		HY17	352.				352.	352.		0.	352.

028111 04-01-20

(D) - Asset disposed

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

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Convention	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
17	VIDEO & MONITOR	09/30/96	SL	5.00		HX17	402.				402.	402.		0.	402.
21	PAGER REPLACEMENT	06/16/99	SL	5.00		HX17	409.				409.	409.		0.	409.
22	NEW TELEPHONE SYSTEM	09/20/99	SL	5.00		HX17	1,233.				1,233.	1,233.		0.	1,233.
31	POLAROID CAMERA	05/21/01	SL	5.00		HX17	546.				546.	546.		0.	546.
32	NEW COPIER	12/02/04	SL	5.00		MQ17	476.			238.	238.	238.		0.	238.
33	DENTAL HANDPIECE	07/20/05	SL	5.00		HX17	636.				636.	636.		0.	636.
34	SCICAN STATIM AUTOCLAVE	07/25/05	SL	5.00		HX17	2,369.				2,369.	2,369.		0.	2,369.
35	VIDEO EQUIPMENT	07/27/05	SL	5.00		HX17	1,228.				1,228.	1,228.		0.	1,228.
41	PANASONIC VOICEMAIL EQUIPMENT & SOFTWARE	05/15/07	SL	7.00		HX17	602.				602.	602.		0.	602.
42	EKG MACHINE	09/11/09	SL	5.00		HX17	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		HX17	364.			182.	182.	182.		0.	182.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FREEZER	09/23/14	SL	5.00		HX17	230.				230.	230.		0.	230.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGERATOR	09/23/14	SL	5.00		HX17	705.				705.	705.		0.	705.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR CLINIC	04/08/15	SL	5.00		HX17	525.				525.	473.		52.	525.
	* 990 PAGE 10 TOTAL OTHER						1,824.			182.	1,642.	1,590.		52.	1,642.
	* 990 PAGE 10 TOTAL -						18,548.			1,564.	16,984.	16,932.		52.	16,984.

028111 04-01-20

(D) - Asset disposed

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

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
20	AIR CONDITIONING SYSTEM	06/30/98	SL	39.00	MM	17	3,550.				3,550.	1,960.		91.	2,051.
25	LEASEHOLD IMPROVEMENTS	05/11/01	SL	39.00	MM	17	367.				367.	168.		9.	177.
26	LEASEHOLD IMPROVEMENTS (HAYC)	06/04/01	SL	39.00	MM	17	3,947.				3,947.	1,873.		101.	1,974.
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.	321.		17.	338.
29	LEASEHOLD IMPROVEMENTS (NEW DOORS & LOCKS)	04/10/01	SL	39.00	MM	17	598.				598.	281.		15.	296.
	* 990 PAGE 10 TOTAL BUILDINGS						11,084.				11,084.	6,563.		233.	6,796.
	* 990 PAGE 10 TOTAL - BUILDINGS						2,200,695.			2,015.	2,198,680.	56,938.		43,850.	100,788.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						79,892.			2,015.	77,877.	56,938.			62,683.
	ACQUISITIONS						2,120,803.			0.	2,120,803.	0.			38,105.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						2,200,695.			2,015.	2,198,680.	56,938.			100,788.
	ENDING ACCUM DEPR										102,803.				
	ENDING BOOK VALUE										2,097,892.				

028111 04-01-20

(D) - Asset disposed

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

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return <b>FREE CLINIC OF SIMI VALLEY</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>23-7108154</b>
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**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) .....	<b>1</b>	1,040,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	2,590,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 .....	<b>13</b>	

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

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

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

**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 2020 .....	<b>17</b>	5,745.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2020 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		49,037.	5 YRS.	HY	SL	4,904.
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	05 /20	2,071,766.	39 yrs.	MM	S/L	33,201.
	/			MM	S/L	

**Section C - Assets Placed in Service During 2020 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 .....	<b>21</b>	
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. ....	<b>22</b>	43,850.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

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

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

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

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

Table with 2 columns: Yes, No. Includes rows 37-41.

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

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MANAGEMENT AND GENERAL											
51	RITTER 107 EXAM VACUUM & AIR	061516	SL	5.00	17	750.			750.	525.		150.
52	COMPRESSOR FOR DENTAL EQUIP-(2)	030817	SL	5.00	17	6,100.			6,100.	3,050.		1,220.
53	SCHICK SENORS & CON	042017	SL	5.00	17	7,236.			7,236.	3,618.		1,447.
54	DENTAL SENSOR (2)	080718	SL	5.00	17	1,800.			1,800.	495.		360.
55	SCHICK CDR DIGITAL X-RAY SENSOR	110718	SL	5.00	17	5,472.			5,472.	1,231.		1,094.
56	CARDIO TECH GT-300 EKG	022318	SL	5.00	17	1,638.			1,638.	615.		328.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	053018	SL	5.00	17	4,303.			4,303.	1,399.		861.
58	SPOT VS 400 BLOOD PRESSURE AND SURETE	052220	SL	5.00	19B	2,312.			2,312.			231.
59	GENERATOR	090920	SL	5.00	19B	536.			536.			54.
60	COMPUTER EQUIPMENT	033020	SL	5.00	19B	2,034.			2,034.			203.
61	DENTAL EQUIPMENT LEASEHOLD	082120	SL	5.00	19B	7,595.			7,595.			760.
62	IMPROVEMENTS	050120	SL	39.00	19I	2071766.			2071766.			33,201.
63	DENTAL EQUIPMENT * 990 PAGE 10 TOTAL	082120	SL	5.00	19B	36,560.			36,560.			3,656.
	MANAGEMENT AND GENERAL FURNITURE & FIXTURES					2148102.		0.	2148102.	10,933.		43,565.
8	OFFICE FURNITURE	063089	200DB	7.00	17	169.			169.	169.		0.
9	OFFICE FURNITURE	072192	SL	7.00	17	4,790.			4,790.	4,790.		0.

(D) - Asset disposed

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

2020 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
10	WINDOW BLIND	0811192SL	7.00	17	215.				215.	215.		0.
11	CARPETING	082592SL	7.00	17	1,281.				1,281.	1,281.		0.
15	OFFICE CABINETS	011896SL	7.00	17	1,319.				1,319.	1,319.		0.
24	USED OFFICE FURNITURE	112900SL	7.00	17	429.				429.	429.		0.
30	SINK UNIT (2) CABINETS W/ 106" TO	061501SL	7.00	17	1,489.				1,489.	1,489.		0.
36	FILE CABINET	082405SL	7.00	17	461.				461.	461.		0.
38	FILE CABINET	062306SL	7.00	17	212.				212.	212.		0.
39	FILE CABINET	082306SL	7.00	17	126.				126.	126.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURE				10,491.		0.	0.	10,491.	10,491.		0.
	* 990 PAGE 10 TOTAL				2158593.		0.	0.	2158593.	21,424.		43,565.
	MACHINERY & EQUIPMENT											
	PRINTER FOR											
45	COUNSELING	081913SL	5.00	17	452.		226.	226.	226.	226.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME				452.		226.	226.	226.	226.		0.
	OTHER											
12	COMPUTER EQUIPMENT	050192SL	5.00	17	250.				250.	250.		0.
13	COMPUTER EQUIPMENT	050792SL	5.00	17	1,620.				1,620.	1,620.		0.
14	COMPUTER EQUIPMENT	041194200DB	5.00	17	3,685.				3,685.	3,685.		0.
18	COMPUTER	071097SL	5.00	17	1,193.				1,193.	1,193.		0.

(D) - Asset disposed

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

2020 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
19	COMPUTER SYSTEM	082198	SL	5.00	17	1,726.			1,726.	1,726.		0.
23	LASER PRINTER	042899	SL	5.00	17	429.			429.	429.		0.
37	HP COMPUTER	021705	SL	5.00	17	1,464.			1,464.	1,464.		0.
40	LCD PROJECTOR PRINTER FOR	042806	SL	5.00	17	751.			751.	751.		0.
43	COUNSELING	011310	SL	5.00	17	200.			200.	200.		0.
44	SHREDDER FOR FRONT DESK	011310	SL	5.00	17	250.			250.	250.		0.
47	LAPTOP & REFURBISHED COMPUTE	010913	SL	5.00	17	450.		225.	225.	225.		0.
	* 990 PAGE 10 TOTAL OTHER					12,018.		225.	11,793.	11,793.		0.
	* 990 PAGE 10 TOTAL					12,470.		451.	12,019.	12,019.		0.
	MACHINERY & EQUIPMENT											
1	EQUIPMENT	061586	PRE	5.00	16	1,826.			1,826.	1,826.		0.
2	EQUIPMENT	052589	200DB	5.00	17	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	061489	200DB	5.00	17	304.			304.	304.		0.
4	EQUIPMENT	061689	200DB	5.00	17	606.			606.	606.		0.
5	EQUIPMENT	083189	200DB	5.00	17	688.			688.	688.		0.
6	FAX MACHINE	042494	200DB	5.00	17	286.			286.	286.		0.
7	COPIER	050494	200DB	5.00	17	778.			778.	778.		0.
16	OFFICE EQUIPMENT	060696	SL	5.00	17	352.			352.	352.		0.

(D) - Asset disposed

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

2020 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
17	VIDEO & MONITOR	093096SL		5.00	17	402.			402.	402.		0.
21	PAGER REPLACEMENT NEW TELEPHONE	061699SL		5.00	17	409.			409.	409.		0.
22	SYSTEM	092099SL		5.00	17	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101SL		5.00	17	546.			546.	546.		0.
32	NEW COPIER	120204SL		5.00	17	476.		238.	238.	238.		0.
33	DENTAL HANDPIECE SCICAN STATIM	072005SL		5.00	17	636.			636.	636.		0.
34	AUTOCLAVE	072505SL		5.00	17	2,369.			2,369.	2,369.		0.
35	VIDEO EQUIPMENT	072705SL		5.00	17	1,228.			1,228.	1,228.		0.
41	PANASONIC VOICEMAIL EQUIPMENT & SOFTWARE	051507SL		7.00	17	602.			602.	602.		0.
42	EKG MACHINE	091109SL		5.00	17	2,287.		1,144.	1,143.	1,143.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPME					16,724.		1,382.	15,342.	15,342.		0.
	OTHER											
46	URINE ANALYZER	121313SL		5.00	17	364.		182.	182.	182.		0.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FR	092314SL		5.00	17	230.			230.	230.		0.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGE	092314SL		5.00	17	705.			705.	705.		0.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR C	040815SL		5.00	17	525.			525.	473.		52.
	* 990 PAGE 10 TOTAL OTHER					1,824.		182.	1,642.	1,590.		52.
	* 990 PAGE 10 TOTAL					18,548.		1,564.	16,984.	16,932.		52.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
20	AIR CONDITIONING SYSTEM	063098	SL	39.00	17	3,550.			3,550.	1,960.		91.
25	LEASEHOLD IMPROVEMENTS	051110	SL	39.00	17	367.			367.	168.		9.
26	LEASEHOLD IMPROVEMENTS (HAVC)	060401	SL	39.00	17	3,947.			3,947.	1,873.		101.
27	LEASEHOLD IMPROVEMENTS (CARPET)	060801	SL	7.00	17	1,960.			1,960.	1,960.		0.
28	LEASEHOLD IMPROVEMENTS (LIGHTING)	021401	SL	39.00	17	662.			662.	321.		17.
29	LEASEHOLD IMPROVEMENTS (NEW DOOR)	041001	SL	39.00	17	598.			598.	281.		15.
	* 990 PAGE 10 TOTAL BUILDINGS					11,084.		0.	11,084.	6,563.		233.
	* 990 PAGE 10 TOTAL					11,084.		0.	11,084.	6,563.		233.
	* GRAND TOTAL 990 PAGE 10 DEPR					2200695.		2,015.	2198680.	56,938.		43,850.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					79,892.		2,015.	77,877.	56,938.		
	ACQUISITIONS					2120803.		0.	2120803.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					2200695.		2,015.	2198680.	56,938.		

2021 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	MANAGEMENT AND GENERAL								
51	RITTER 107 EXAM VACUUM & AIR COMPRESSOR FOR DENTAL CLINIC	061516SL		5.00	750.		750.	675.	75.
52	DENTAL EQUIP-(2) SCHICK SENORS & CONNECTION BOX	030817SL		5.00	6,100.		6,100.	4,270.	1,220.
53	DENTAL SENSOR	042017SL		5.00	7,236.		7,236.	5,065.	1,447.
54	(2) SCHICK CDR DIGITAL X-RAY SENSORS SIZE 2	080718SL		5.00	1,800.		1,800.	855.	360.
55	CARDIO TECH GT-300 EKG	110718SL		5.00	5,472.		5,472.	2,325.	1,094.
56	RITTER 75 EVOLUTION PROCEDURE CHAIR	022318SL		5.00	1,638.		1,638.	943.	328.
57	SPOT VS 4400 BLOOD PRESSURE AND SURETEMP+ MACHINE & CUFFS ETC FOR IT GENERATOR	053018SL		5.00	4,303.		4,303.	2,260.	861.
58	COMPUTER EQUIPMENT	052220SL		5.00	2,312.		2,312.	231.	462.
59	DENTAL EQUIPMENT	090920SL		5.00	536.		536.	54.	107.
60	DENTAL EQUIPMENT	033020SL		5.00	2,034.		2,034.	203.	407.
61	LEASEHOLD IMPROVEMENTS	082120SL		5.00	7,595.		7,595.	760.	1,519.
62	DENTAL EQUIPMENT	050120SL		39.00	2071766.		2071766.	33,201.	53,122.
63	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL FURNITURE & FIXTURES	082120SL		5.00	36,560.		36,560.	3,656.	7,312.
					2148102.		2148102.	54,498.	68,314.
8	OFFICE FURNITURE	063089200DB		7.00	169.		169.	169.	0.
9	OFFICE FURNITURE	072192SL		7.00	4,790.		4,790.	4,790.	0.
10	WINDOW BLIND	081192SL		7.00	215.		215.	215.	0.
11	CARPETING	082592SL		7.00	1,281.		1,281.	1,281.	0.
15	OFFICE CABINETS	011896SL		7.00	1,319.		1,319.	1,319.	0.
24	USED OFFICE FURNITURE	112900SL		7.00	429.		429.	429.	0.
	SINK UNIT (2) CABINETS W/ 106" TOP(BLACK)								
30	FILE CABINET	061501SL		7.00	1,489.		1,489.	1,489.	0.
36	FILE CABINET	082405SL		7.00	461.		461.	461.	0.
38	FILE CABINET	062306SL		7.00	212.		212.	212.	0.
39	FILE CABINET	082306SL		7.00	126.		126.	126.	0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				10,491.		10,491.	10,491.	0.

(D) - Asset disposed

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

2021 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
* 990	PAGE 10 TOTAL - MACHINERY & EQUIPMENT				2158593.		2158593.	64,989.	68,314.
45	PRINTER FOR COUNSELING	081913SL		5.00	452.	226.	226.	226.	0.
* 990	PAGE 10 TOTAL MACHINERY & EQUIPMENT				452.	226.	226.	226.	0.
	OTHER								
12	COMPUTER EQUIPMENT	050192SL		5.00	250.		250.	250.	0.
13	COMPUTER EQUIPMENT	050792SL		5.00	1,620.		1,620.	1,620.	0.
14	COMPUTER EQUIPMENT	041194200DB		5.00	3,685.		3,685.	3,685.	0.
18	COMPUTER	071097SL		5.00	1,193.		1,193.	1,193.	0.
19	COMPUTER SYSTEM	082198SL		5.00	1,726.		1,726.	1,726.	0.
23	LASER PRINTER	042899SL		5.00	429.		429.	429.	0.
37	HP COMPUTER	021705SL		5.00	1,464.		1,464.	1,464.	0.
40	LCD PROJECTOR	042806SL		5.00	751.		751.	751.	0.
43	PRINTER FOR COUNSELING	011310SL		5.00	200.		200.	200.	0.
44	SHREDDER FOR FRONT DESK	011310SL		5.00	250.		250.	250.	0.
47	LAPTOP & REFURBISHED COMPUTER TOWER	010913SL		5.00	450.	225.	225.	225.	0.
* 990	PAGE 10 TOTAL OTHER				12,018.	225.	11,793.	11,793.	0.
* 990	PAGE 10 TOTAL - MACHINERY & EQUIPMENT				12,470.	451.	12,019.	12,019.	0.
1	EQUIPMENT	061586PRE		5.00	1,826.		1,826.	1,826.	0.
2	EQUIPMENT	052589200DB		5.00	1,696.		1,696.	1,696.	0.
3	EQUIPMENT	061489200DB		5.00	304.		304.	304.	0.
4	EQUIPMENT	061689200DB		5.00	606.		606.	606.	0.
5	EQUIPMENT	083189200DB		5.00	688.		688.	688.	0.
6	FAX MACHINE	042494200DB		5.00	286.		286.	286.	0.
7	COPIER	050494200DB		5.00	778.		778.	778.	0.
16	OFFICE EQUIPMENT	060696SL		5.00	352.		352.	352.	0.
17	VIDEO & MONITOR	093096SL		5.00	402.		402.	402.	0.
21	PAGER REPLACEMENT	061699SL		5.00	409.		409.	409.	0.
22	NEW TELEPHONE SYSTEM	092099SL		5.00	1,233.		1,233.	1,233.	0.
31	POLAROID CAMERA	052101SL		5.00	546.		546.	546.	0.
32	NEW COPIER	120204SL		5.00	476.	238.	238.	238.	0.
33	DENTAL HANDPIECE	072005SL		5.00	636.		636.	636.	0.

(D) - Asset disposed

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

2021 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
34	SCICAN STATIM AUTOCLAVE	072505SL		5.00	2,369.		2,369.	2,369.	0.
35	VIDEO EQUIPMENT	072705SL		5.00	1,228.		1,228.	1,228.	0.
41	PANASONIC VOICEMAIL EQUIPMENT& SOFTWARE	051507SL		7.00	602.		602.	602.	0.
42	EKG MACHINE	091109SL		5.00	2,287.	1,144.	1,143.	1,143.	0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				16,724.	1,382.	15,342.	15,342.	0.
	OTHER								
46	URINE ANALYZER	121313SL		5.00	364.	182.	182.	182.	0.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FREEZER	092314SL		5.00	230.		230.	230.	0.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGERATOR	092314SL		5.00	705.		705.	705.	0.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR CLINIC	040815SL		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	063098SL		39.00	3,550.		3,550.	2,051.	91.
25	LEASEHOLD IMPROVEMENTS	051101SL		39.00	367.		367.	177.	9.
26	LEASEHOLD IMPROVEMENTS(HAVC)	060401SL		39.00	3,947.		3,947.	1,974.	101.
27	LEASEHOLD IMPROVEMENTS(CARPETING) LEASEHOLD IMPROVEMENTS(LIGHTING FIXTURES) )	060801SL		7.00	1,960.		1,960.	1,960.	0.
28	LEASEHOLD IMPROVEMENTS(NEW DOORS & LOCKS)	021401SL		39.00	662.		662.	338.	17.
29	LEASEHOLD IMPROVEMENTS	041001SL		39.00	598.		598.	296.	15.
	* 990 PAGE 10 TOTAL BUILDINGS				11,084.		11,084.	6,796.	233.
	* 990 PAGE 10 TOTAL - GRAND TOTAL 990 PAGE 10 DEPR				11,084.	2,015.	11,084.	6,796.	233.
					2200695.		2198680.	100,788.	68,547.

(D) - Asset disposed

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

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
51	RITTER 107 EXAM VACUUM & AIR	061516	SL	5.00	16	750.			750.	538.		150.
52	COMPRESSOR FOR DENTAL EQUIP-(2)	030817	SL	5.00	16	6,100.			6,100.	3,457.		1,220.
53	SCHICK SENORS & CON	042017	SL	5.00	16	7,236.			7,236.	3,859.		1,447.
54	DENTAL SENSOR (2)	080718	SL	5.00	16	1,800.			1,800.	510.		360.
55	SCHICK CDR DIGITAL X-RAY SENSOR	110718	SL	5.00	16	5,472.			5,472.	1,276.		1,094.
56	CARDIO TECH GT-300 EKG	022318	SL	5.00	16	1,638.			1,638.	601.		328.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	053018	SL	5.00	16	4,303.			4,303.	1,363.		861.
58	SPOT VS 4400 BLOOD PRESSURE AND SURETE	052220	SL	5.00	16	2,312.			2,312.			270.
59	GENERATOR	090920	SL	5.00	16	536.			536.			36.
60	COMPUTER EQUIPMENT	033020	SL	5.00	16	2,034.			2,034.			305.
61	DENTAL EQUIPMENT LEASEHOLD	082120	SL	5.00	16	7,595.			7,595.			506.
62	IMPROVEMENTS	050120	SL	39.00	16	2071766.			2071766.			35,415.
63	DENTAL EQUIPMENT	082120	SL	5.00	16	36,560.			36,560.			2,437.
8	OFFICE FURNITURE	06308920	DB	7.00	16	169.			169.	169.		0.
9	OFFICE FURNITURE	072192	SL	7.00	16	4,790.			4,790.	4,790.		0.
10	WINDOW BLIND	081192	SL	7.00	16	215.			215.	215.		0.
11	CARPETING	082592	SL	7.00	16	1,281.			1,281.	1,281.		0.
15	OFFICE CABINETS	011896	SL	7.00	16	1,319.			1,319.	1,319.		0.

(D) - Asset disposed

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

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
24	USED OFFICE FURNITURE	112900	SL	7.00	16	429.			429.	429.		0.
30	SINK UNIT (2) CABINETS W/ 106" TO	061501	SL	7.00	16	1,489.			1,489.	1,474.		0.
36	FILE CABINET	082405	SL	7.00	16	461.			461.	461.		0.
38	FILE CABINET	062306	SL	7.00	16	212.			212.	212.		0.
39	FILE CABINET	082306	SL	7.00	16	126.			126.	126.		0.
45	PRINTER FOR COUNSELING	081913	SL	5.00	16	452.			452.	452.		0.
12	COMPUTER EQUIPMENT	050192	SL	5.00	16	250.			250.	250.		0.
13	COMPUTER EQUIPMENT	050792	SL	5.00	16	1,620.			1,620.	1,620.		0.
14	COMPUTER EQUIPMENT	041194	200DB	5.00	16	3,685.			3,685.	3,685.		0.
18	COMPUTER	071097	SL	5.00	16	1,193.			1,193.	1,193.		0.
19	COMPUTER SYSTEM	082198	SL	5.00	16	1,726.			1,726.	1,726.		0.
23	LASER PRINTER	042899	SL	5.00	16	429.			429.	429.		0.
37	HP COMPUTER	021705	SL	5.00	16	1,464.			1,464.	1,367.		0.
40	LCD PROJECTOR	042806	SL	5.00	16	751.			751.	725.		0.
43	PRINTER FOR COUNSELING	011310	SL	5.00	16	200.			200.	200.		0.
44	SHREDDER FOR FRONT DESK	011310	SL	5.00	16	250.			250.	250.		0.
47	LAPTOP & REFURBISHED COMPUTE	010913	SL	5.00	16	450.			450.	450.		0.
1	EQUIPMENT	061586	PRE	5.00	16	1,826.			1,826.	1,826.		0.

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	EQUIPMENT	052589	200DB	5.00	16	1,696.			1,696.	1,696.		0.
3	EQUIPMENT	061489	200DB	5.00	16	304.			304.	304.		0.
4	EQUIPMENT	061689	200DB	5.00	16	606.			606.	606.		0.
5	EQUIPMENT	083189	200DB	5.00	16	688.			688.	688.		0.
6	FAX MACHINE	042494	200DB	5.00	16	286.			286.	286.		0.
7	COPIER	050494	200DB	5.00	16	778.			778.	778.		0.
16	OFFICE EQUIPMENT	060696	SL	5.00	16	352.			352.	352.		0.
17	VIDEO & MONITOR	093096	SL	5.00	16	402.			402.	402.		0.
21	PAGER REPLACEMENT	061699	SL	5.00	16	409.			409.	409.		0.
22	NEW TELEPHONE SYSTEM	092099	SL	5.00	16	1,233.			1,233.	1,233.		0.
31	POLAROID CAMERA	052101	SL	5.00	16	546.			546.	546.		0.
32	NEW COPIER	120204	SL	5.00	16	476.			476.	332.		0.
33	DENTAL HANDPIECE	072005	SL	5.00	16	636.			636.	636.		0.
34	SCICAN STATIM AUTOCLAVE	072505	SL	5.00	16	2,369.			2,369.	2,369.		0.
35	VIDEO EQUIPMENT	072705	SL	5.00	16	1,228.			1,228.	1,228.		0.
41	PANASONIC VOICEMAIL EQUIPMENT & SOFTWARE	051507	SL	7.00	16	602.			602.	588.		0.
42	EKG MACHINE	091109	SL	5.00	16	2,287.			2,287.	2,287.		0.
46	URINE ANALYZER	121313	SL	5.00	16	364.			364.	364.		0.

(D) - Asset disposed

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

2020 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE - FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE FR	092314	SL	5.00	16	230.			230.	230.		0.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRIGE	092314	SL	5.00	16	705.			705.	705.		0.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR C	040815	SL	5.00	16	525.			525.	499.		26.
20	AIR CONDITIONING SYSTEM	063098	SL	39.00	16	3,550.			3,550.	1,960.		91.
25	LEASEHOLD IMPROVEMENTS	051110	SL	39.00	16	367.			367.	168.		9.
26	LEASEHOLD IMPROVEMENTS(HAVC)	060401	SL	39.00	16	3,947.			3,947.	1,873.		101.
27	LEASEHOLD IMPROVEMENTS(CARPET	060801	SL	7.00	16	1,960.			1,960.	1,937.		0.
28	LEASEHOLD IMPROVEMENTS(LIGHTI	021401	SL	39.00	16	662.			662.	321.		17.
29	LEASEHOLD IMPROVEMENTS(NEW DO	041001	SL	39.00	16	598.			598.	281.		15.
	TOTAL FORM 199 DEPRECIATION					2200695.			2200695.	59,331.	0.	44,688.
	TOTALS FOR CALIFORNIA					2200695.			2200695.	59,331.	0.	44,688.

2021 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR STATE -

FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
51	RITTER 107 EXAM	061516SL		5.00	750.		750.	688.	62.
52	VACUUM & AIR COMPRESSOR FOR DENTAL C	030817SL		5.00	6,100.		6,100.	4,677.	1,220.
53	DENTAL EQUIP-(2) SCHICK SENORS & CON	042017SL		5.00	7,236.		7,236.	5,306.	1,447.
54	DENTAL SENSOR	080718SL		5.00	1,800.		1,800.	870.	360.
55	(2) SCHICK CDR DIGITAL X-RAY SENSORS	110718SL		5.00	5,472.		5,472.	2,370.	1,094.
56	CARDIO TECH GT-300 EKG	022318SL		5.00	1,638.		1,638.	929.	328.
57	RITTER 75 EVOLUTION PROCEDURE CHAIR	053018SL		5.00	4,303.		4,303.	2,224.	861.
58	SPOT VS 4400 BLOOD PRESSURE AND SURE	052220SL		5.00	2,312.		2,312.	270.	462.
59	GENERATOR	090920SL		5.00	536.		536.	36.	107.
60	COMPUTER EQUIPMENT	033020SL		5.00	2,034.		2,034.	305.	407.
61	DENTAL EQUIPMENT	082120SL		5.00	7,595.		7,595.	506.	1,519.
62	LEASEHOLD IMPROVEMENTS	050120SL		39.00	2071766.		2071766.	35,415.	53,122.
63	DENTAL EQUIPMENT	082120SL		5.00	36,560.		36,560.	2,437.	7,312.
8	OFFICE FURNITURE	063089200DB		7.00	169.		169.	169.	0.
9	OFFICE FURNITURE	072192SL		7.00	4,790.		4,790.	4,790.	0.
10	WINDOW BLIND	081192SL		7.00	215.		215.	215.	0.
11	CARPETING	082592SL		7.00	1,281.		1,281.	1,281.	0.
15	OFFICE CABINETS	011896SL		7.00	1,319.		1,319.	1,319.	0.
24	USED OFFICE FURNITURE	112900SL		7.00	429.		429.	429.	0.
30	SINK UNIT (2) CABINETS W/ 106" TOP(B	061501SL		7.00	1,489.		1,489.	1,474.	0.
36	FILE CABINET	082405SL		7.00	461.		461.	461.	0.
38	FILE CABINET	062306SL		7.00	212.		212.	212.	0.
39	FILE CABINET	082306SL		7.00	126.		126.	126.	0.
45	PRINTER FOR COUNSELING	081913SL		5.00	452.		452.	452.	0.
12	COMPUTER EQUIPMENT	050192SL		5.00	250.		250.	250.	0.
13	COMPUTER EQUIPMENT	050792SL		5.00	1,620.		1,620.	1,620.	0.
14	COMPUTER EQUIPMENT	041194200DB		5.00	3,685.		3,685.	3,685.	0.
18	COMPUTER	071097SL		5.00	1,193.		1,193.	1,193.	0.
19	COMPUTER SYSTEM	082198SL		5.00	1,726.		1,726.	1,726.	0.
23	LASER PRINTER	042899SL		5.00	429.		429.	429.	0.
37	HP COMPUTER	021705SL		5.00	1,464.		1,464.	1,367.	0.
40	LCD PROJECTOR	042806SL		5.00	751.		751.	725.	0.
43	PRINTER FOR COUNSELING	011310SL		5.00	200.		200.	200.	0.
44	SHREDDER FOR FRONT DESK	011310SL		5.00	250.		250.	250.	0.

(D) - Asset disposed

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

2021 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR STATE -

FREE CLINIC OF SIMI VALLEY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
47	LAPTOP & REFURBISHED COMPUTER TOWER	010913SL		5.00	450.		450.	450.	0.
1	EQUIPMENT	061586PRE		5.00	1,826.		1,826.	1,826.	0.
2	EQUIPMENT	052589200DB		5.00	1,696.		1,696.	1,696.	0.
3	EQUIPMENT	061489200DB		5.00	304.		304.	304.	0.
4	EQUIPMENT	061689200DB		5.00	606.		606.	606.	0.
5	EQUIPMENT	083189200DB		5.00	688.		688.	688.	0.
6	FAX MACHINE	042494200DB		5.00	286.		286.	286.	0.
7	COPIER	050494200DB		5.00	778.		778.	778.	0.
16	OFFICE EQUIPMENT	060696SL		5.00	352.		352.	352.	0.
17	VIDEO & MONITOR	093096SL		5.00	402.		402.	402.	0.
21	PAGER REPLACEMENT	061699SL		5.00	409.		409.	409.	0.
22	NEW TELEPHONE SYSTEM	092099SL		5.00	1,233.		1,233.	1,233.	0.
31	POLAROID CAMERA	052101SL		5.00	546.		546.	546.	0.
32	NEW COPIER	120204SL		5.00	476.		476.	476.	0.
33	DENTAL HANDPIECE	072005SL		5.00	636.		636.	636.	0.
34	SCICAN STATIM AUTOCLAVE	072505SL		5.00	2,369.		2,369.	2,369.	0.
35	VIDEO EQUIPMENT	072705SL		5.00	1,228.		1,228.	1,228.	0.
41	PANASONIC VOICEMAIL EQUIPMENT& SOFTW	051507SL		7.00	602.		602.	588.	0.
42	EKG MACHINE	091109SL		5.00	2,287.		2,287.	2,287.	0.
46	URINE ANALYZER	121313SL		5.00	364.		364.	364.	0.
48	SPT ENERGY STAR 1.1 CF UPRIGHT WHITE	092314SL		5.00	230.		230.	230.	0.
49	FRIGIDAIRE 16.7 CF FREEZERLESS REFRI	092314SL		5.00	705.		705.	705.	0.
50	EPSON EX5220 XGA3 LCD PROJECTOR FOR	040815SL		5.00	525.		525.	525.	0.
20	AIR CONDITIONING SYSTEM	063098SL		39.00	3,550.		3,550.	2,051.	91.
25	LEASEHOLD IMPROVEMENTS	051101SL		39.00	367.		367.	177.	9.
26	LEASEHOLD IMPROVEMENTS(HAVC)	060401SL		39.00	3,947.		3,947.	1,974.	101.
27	LEASEHOLD IMPROVEMENTS(CARPETING)	060801SL		7.00	1,960.		1,960.	1,937.	0.
28	LEASEHOLD IMPROVEMENTS(LIGHTING FIXT	021401SL		39.00	662.		662.	338.	17.
29	LEASEHOLD IMPROVEMENTS(NEW DOORS & L	041001SL		39.00	598.		598.	296.	15.
	TOTAL FORM 199 DEPRECIATION				2200695.		2200695.	104,019.	68,534.
	TOTALS FOR CALIFORNIA				2200695.		2200695.	104,019.	68,534.

(D) - Asset disposed

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