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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150  
**2009**  
**Open to Public Inspection**

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**  
 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
 The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: WESTMINSTER FREE CLINIC  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: 5560 NAPOLEON AVENUE  
 City or town, state or country, and ZIP + 4: OAK PARK, CA 91377

**D** Employer identification number: 77-0563241  
**E** Telephone number: (805) 241-8366  
**F** Group Exemption Number:

**G** Accounting method:  Cash  Accrual  
 Other (specify):

**I** Website: www.westminsterclinic.org  
**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Tax-Exempt status (check only one):  501(c)(3) (insert no.)  4947(a)(1) or  527  
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 443,456

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

| Revenue |  | Expenses |   | Net Assets |  |
|---------|--|----------|---|------------|--|
| 1       | Contributions, gifts, grants, and similar amounts received   | 10       | Grants and similar amounts paid (attach schedule)               | 18         | Excess or (deficit) for the year (Subtract line 17 from line 9)  |
| 2       | Program service revenue including government fees and contracts  | 11       | Benefits paid to or for members                                 | 19         | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) |
| 3       | Membership dues and assessments  | 12       | Salaries, other compensation, and employee benefits             | 20         | Other changes in net assets or fund balances (attach explanation)  |
| 4       | Investment income  | 13       | Professional fees and other payments to independent contractors | 21         | Net assets or fund balances at end of year. Combine lines 18 through 20  |
| 5a      | Gross amount from sale of assets other than inventory  | 14       | Occupancy, rent, utilities, and maintenance                     |            |  |
| 5b      | Less cost or other basis and sales expenses  | 15       | Printing, publications, postage, and shipping                   |            |  |
| 5c      | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | 16       | Other expenses (describe <input type="checkbox"/> )             |            |  |
| 6       | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | 17       | <b>Total expenses.</b> Add lines 10 through 16                  |            |  |
| 6a      | Gross revenue (not including \$ of contributions reported on line 1)   |          |   |            |  |
| 6b      | Less direct expenses other than fundraising expenses   |          |   |            |  |
| 6c      | Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  |          |   |            |  |
| 7a      | Gross sales of inventory, less returns and allowances  |          |   |            |  |
| 7b      | Less cost of goods sold  |          |   |            |  |
| 7c      | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   |          |   |            |  |
| 8       | Other revenue (describe <input type="checkbox"/> )   |          |   |            |  |
| 9       | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  |          |   |            |  |

**Part II Balance Sheets**—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

|   | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments   | 791,418               | 755,379         |
| 23 Land and buildings   |                       |                 |
| 24 Other assets (describe <input type="checkbox"/> )                                  | 2,217                 | 3,842           |
| 25 <b>Total assets</b>  | 793,635               | 759,221         |
| 26 <b>Total liabilities</b> (describe <input type="checkbox"/> )                      |                       | 1,324           |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 793,635               | 757,897         |

| <b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )   | <b>Expenses</b><br>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others ) |         |
|---|---|---------|
| What is the organization's primary exempt purpose?<br>TO PROVIDE FREE MEDICAL CARE TO THE HOMELESS AND UNINSURED WORKING POOR RESIDENTS OF EAST VENTURA COUNTY, CA<br>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. |   |         |
| <b>28</b> See Additional Data Table   |   |         |
| (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>  | <b>28a</b>  |         |
| <b>29</b>   |   |         |
| (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>  | <b>29a</b>  |         |
| <b>30</b>   |   |         |
| (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>  | <b>30a</b>  |         |
| <b>31</b> Other program services (attach schedule) . . . . . <input type="checkbox"/>   |   |         |
| (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>  | <b>31a</b>  |         |
| <b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . <input checked="" type="checkbox"/>  | <b>32</b>   | 430,319 |

| <b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV ) |  |  |   |  |
|--|--|--|---|--|
| (a) Name and address   | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|  |  |  |   |  |
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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

|   |            | <b>Yes</b> | <b>No</b> |
|---|------------|------------|-----------|
| <b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .  | <b>33</b>  |            | No        |
| <b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .  | <b>34</b>  |            | No        |
| <b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .  |            |            |           |
| <b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .  | <b>35a</b> |            | No        |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .  | <b>35b</b> |            |           |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .   | <b>36</b>  |            | No        |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> _____   |            |            |           |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .  | <b>37b</b> |            | No        |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .  | <b>38a</b> |            | No        |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .   | <b>38b</b> |            |           |
| <b>39</b> <i>Section 501(c)(7) organizations.</i> Enter   |            |            |           |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . .   | <b>39a</b> | 0          |           |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .  | <b>39b</b> | 0          |           |
| <b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____  |            |            |           |
| <b>b</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .  | <b>40b</b> |            | No        |
| <b>c</b> <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/> _____   |            |            |           |
| <b>d</b> <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____   |            |            |           |
| <b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .  | <b>40e</b> |            | No        |
| <b>41</b> List the states with which a copy of this return is filed <input type="checkbox"/> CA _____   |            |            |           |
| <b>42a</b> The organization's books are in care of <input type="checkbox"/> KAREN YTURRALDE _____ Telephone no <input type="checkbox"/> (805) 383-6636<br>5560 NAPOLEON AVENUE<br>Located at <input type="checkbox"/> OAK PARK, CA _____ ZIP + 4 <input type="checkbox"/> 91377   |            |            |           |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b> | <b>42b</b> | <b>Yes</b> | <b>No</b> |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____   | <b>42c</b> |            | No        |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> <input checked="" type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> <b>43</b> _____  |            |            |           |
| <b>44</b> Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.   | <b>44</b>  | <b>Yes</b> | <b>No</b> |
| <b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.  | <b>45</b>  |            | No        |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

|  | Yes | No |
|--|-----|----|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I |     | No |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   |     | No |
| <b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     | No |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?   |     | No |
| <b>49b</b> If "Yes," was the related organization a section 527 organization?  |     | No |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |

**50(f)** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . .

**Please Sign Here**

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

Signature of officer: \*\*\*\*\* Date: 2010-07-01

Type or print name and title: LISA SAFAEINILI Executive Direc

**Paid Preparer's Use Only**

Preparer's signature: Sharon Iler Roberts Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Soares Sandall Bernacchi & Petrovich LLP PO Box 522 Oxnard, CA 93032

Preparer's identifying number (See instructions): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no: (805) 485-7965

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WESTMINSTER FREE CLINIC

Employer identification number

77-0563241

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
  
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---------------------------------------|-------------|---|---|----|--|----|---|----|-----------------------------|
|                                       |             |   | Yes   | No | Yes  | No | Yes   | No |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
|                                       |             |   |   |    |  |    |   |    |                             |
| <b>Total</b>                          |             |   |   |    |  |    |   |    |                             |

**Part II Support Schedule for Organizations Described in IRC 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 701,553  | 711,102  | 730,326  | 747,528  | 400,474  | 3,290,983 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          | 0         |
| <b>4 Total.</b> Add lines 1 through 3  | 701,553  | 711,102  | 730,326  | 747,528  | 400,474  | 3,290,983 |
| <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) |          |          |          |          |          | 595,966   |
| <b>6 Public Support.</b> Subtract line 5 from line 4   |          |          |          |          |          | 2,695,017 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4  | 701,553  | 17,472   | 730,326  | 747,528  | 400,474  | 3,290,983 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 4,510    | 17,472   | 20,184   | 12,778   | 4,387    | 59,331    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |          | 0         |
| <b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets                                |          |          |          |          |          | 0         |
| <b>11 Total support</b> (Add lines 7 through 10)  |          |          |          |          |          | 3,350,314 |

**12** Gross receipts from related activities, etc (See instructions) **12**

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

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

|  |           |          |
|--|-----------|----------|
| <b>14</b> Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))   | <b>14</b> | 80 440 % |
| <b>15</b> Public Support Percentage for 2008 Schedule A, Part II, line 14  | <b>15</b> | 79 560 % |
| <b>16a 33 1/3% support test—2009.</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 <span style="float: right;"><input checked="" type="checkbox"/></span>  |           |          |
| <b>b 33 1/3% support test—2008.</b> If the organization did not check the 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 <span style="float: right;"><input checked="" type="checkbox"/></span>   |           |          |
| <b>17a 10%-facts-and-circumstances test—2009.</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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;"><input checked="" type="checkbox"/></span>    |           |          |
| <b>b 10%-facts-and-circumstances test—2008.</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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;"><input checked="" type="checkbox"/></span> |           |          |
| <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 <span style="float: right;"><input checked="" type="checkbox"/></span>  |           |          |

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 IV.)                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11 and 12)   |          |          |          |          |          |           |

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

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

|  |           |  |
|--|-----------|--|
| <b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15                    | <b>16</b> |  |

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

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17                      | <b>18</b> |  |

**19a 33 1/3% support tests—2009.** 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—2008.** 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

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**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 77-0563241  
**Name:** WESTMINSTER FREE CLINIC

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.   | Expenses<br>(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) |  |
|---|--|--|
| <p><b>28</b> Diabetes Management &amp; Education Program Including Community Outreach This program assists parents who have Type 2 diabetes with education and early treatment The purpose of this program is also to help prevent children from getting diabetes like their parents High school interns and a college student work in partnership with the bi-lingual health educator and dietitian to implement the program Program participants are encouraged to get involved too While they are helping they are also learning how they can improve their own family's health The program includes 1) personal dietary and exercise planning, goal setting and monitoring, 2) quarterly lab tests 3) weekly glucose finger sticks 4) weight and circumference measures, 5) weekly nutrition classes and food demonstrations, 6) one-on-one counseling with the dietitian, and 7) free medications, glucometer and test strips All services are provided in Spanish and English The need to identify people earlier with chronic disease issues like diabetes and high blood pressure has been evident for a long time Through WFC's Community Outreach Program, it partners with the business community who have uninsured employees at their workplace (E-HIP) and locations nearby where people are already going (e g the laundry mat, Latino markets) to provide free blood pressure, and blood sugar screening as well as health education and resource referral We have also been able to implement environmental change strategies (HEAL) (e g Latino markets offering diabetic friendly food choices that we are telling the patients they should eat) so clients are actually able to change their eating habits the way the doctors, dietitian and health educators at our clinic classes are telling them to (e g drink 1% or skim milk instead of whole milk) Our teen promotores interns who are already trained interns at our clinic are involved in all aspects of the program planning, marketing, evaluation, assessment and direct service The students are instrumental in the programs success A bi-lingual health educator runs the program and we have many stories of people with blood sugars over 400 (200 or lower is acceptable for non-fasting persons) and people with very high blood pressure who did not know about their serious health situation until they attended one of our screenings The majority are now patients at our free clinic and getting their health conditions under control<br/>                     (Grants \$ 50,153) If this amount includes foreign grants, check here <input type="checkbox"/></p> | <b>28a</b>   |  |
| <p><b>29</b> Mental Health Counseling &amp; Violence Prevention Paraprofessional Training Program The counselor is Spanish and English speaking Family, group sessions and individual counseling is provided during clinic hours The counselor works closely with WFC physicians to address health conditions brought on by psychological issues Client visits average 4-5 sessions The Violence Prevention Paraprofessional Training Program is designed to train women and teenage girls from our patient community to become community educators Participants are enrolled in an 8-week training course where they learn family violence prevention techniques, signs of mental health issues like depression, and suicide and domestic violence prevention They are then placed into teaching groups where they are mentored and supervised as they lead groups in their community and teach others what they have learned These classes are currently taught in Spanish and empower the participants to be leaders and teachers The number of paraprofessional community educators continues to grow as more people graduate from the program The program empowers families who may be in domestic violence situations to help themselves, their children and their community The program is offered where parents naturally congregate<br/>                     (Grants \$ 37,173) If this amount includes foreign grants, check here <input type="checkbox"/></p>  | <b>29a</b>   |  |
| <p><b>30</b> Case Management This program creates linkages to community resources, leverages health care at a discounted rate or for free from local medical specialists, dentists and optometrists For example our optometrists provide free eye exams and glasses for the children and adults we refer to them We partner with local schools to make sure all children receive the vision care and glasses they need to succeed The Case Manager also sets up patient appointments and helps patients follow through with their plan of care provided by our doctors Eligible patients are also assisted with the paperwork related to Medi-Cal, Medicare, SSI, ACE, and Healthy Families insurance programs It makes it possible for some patients to obtain insurance they did not think they were eligible for, or for which they didnt know how to fill out the correct papers The Case Manager also creates partnerships with pharmaceutical and medical supply companies (eg the Patient Assistance Program (PAP) ) to access free medications and other supplies for patients with chronic health conditions During the year ended December 31, 2009, the Clinic received a total of \$647,086 in in-kind donated professional medical services and \$240,000 in donated rent and utilities<br/>                     (Grants \$ 64,922) If this amount includes foreign grants, check here <input type="checkbox"/></p>  | <b>30a</b>   |  |
| <p>Primary Care/Clinical Services Offered to approximately 70 patients each clinic night by volunteer doctors and nurses from 5 pm to 10 pm Services are provided on a first-come-first-serve basis, except for children, who take priority Doctors services are non-invasive and include diagnosis, writing prescriptions and making referrals Lab tests, and diagnostic tests are provided by the clinic so the doctors have more information Other primary health care services include bi-monthly Immunizations, flu shots and TB testing, weekly Blood Pressure and Blood Glucose testing, Dental screening and education, Chiropractic &amp; Physical Therapy services, Mental Health Counseling, nutrition counseling, referrals, a family literacy program called Reach Out and Read, Health Education classes and referrals for free glasses and mammograms Medical volunteers include doctors, nurse practitioners, nurses, pharmacists, chiropractors, physical therapists, dentists, phlebotomists, medical technologists, psychologists, counselors, health educators and a dietitian All clinic services listed are free-of-charge<br/>                     (Grants \$ 135,716) If this amount includes foreign grants, check here <input type="checkbox"/></p>   |  |  |
| <p>Teen Healthcare Training &amp; Internship Program This program offers local teens an opportunity to be mentored by healthcare professionals volunteering at the clinic to improve the medical welfare of fellow community members who do not have health insurance and access to healthcare Over 74 local High School students from Newbury Park, Thousand Oaks, Moorpark, Simi Valley and Westlake High Schools (50% are minority low income teens who have dreams of pursuing careers in healthcare) have the opportunity to volunteer and assist directly with the delivery of patient services, and also receive education, fieldtrips, training in healthcare fields, as well as mentoring and job shadowing opportunities It is a 2-year commitment for the student, with most staying longer The students enjoy helping their community and being part of a medical team We currently have 28 low income, bi-lingual, previous teen interns who are in college studying to go into careers in healthcare Most are interested in becoming nurses 100% of our graduating students are attending college For many, they are the first in their family to do so<br/>                     (Grants \$ 142,355) If this amount includes foreign grants, check here <input type="checkbox"/></p>  |  |  |

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

| (A) Name and address  | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|--|--|---|--|
| AMANDA VINSON ESQ<br>5560 NAPOLEON AVENUE<br>OAK PARK, CA 91377         | Secretary 2 50   | 0  |   |  |
| JUDY JONES RN<br>5560 NAPOLEON AVENUE<br>OAK PARK, CA 91377             | Director 2 50  | 0  |   |  |
| MANUEL VALDEZ<br>5560 NAPOLEON AVENUE<br>OAK PARK, CA 91377             | CFO 2 50   | 0  |   |  |
| JULIE MARTIN<br>5560 NAPOLEON AVENUE<br>OAK PARK, CA 91377              | Director 2 50  | 0  |   |  |
| DR STEVEN KAMAJIAN<br>5560 NAPOLEON AVENUE<br>OAK PARK, CA 91377        | President 2 50   | 0  |   |  |
| THERESA MICHELINI Pharm D<br>5560 NAPOLEON AVENUE<br>OAK PARK, CA 91377 | Director 2 50  | 0  |   |  |
| CYNTHIA B HUGHES EdD PNP<br>5560 NAPOLEON AVENUE<br>OAK PARK, CA 91377  | Director 2 50  | 0  |   |  |
| CYNTHIA M VINSON MFT<br>5560 NAPOLEON AVENUE<br>OAK PARK, CA 91377      | CHIEF ACT OFFI 2 50                                      | 0  |   |  |
| ADELA AQUINO<br>5560 NAPOLEON AVENUE<br>OAK PARK, CA 91377              | COMMUNITY REP<br>2 50                                    | 0  |   |  |
| WILLIAM T VINSON ESQ<br>5560 NAPOLEON AVENUE<br>OAK PARK, CA 91377      | Chairman 2 50  | 0  |   |  |
| LISA SAFAEINILI<br>5560 NAPOLEON AVENUE<br>OAK PARK, CA 91377           | Executive Direc 60 00                                    | 102,849                                    |   |  |

# TY 2009 General Explanation Attachment

**Name:** WESTMINSTER FREE CLINIC

**EIN:** 77-0563241

**Software ID:** 09000047

**Software Version:** 2009v1.3

| Identifier | Return Reference | Explanation  |
|------------|------------------|--|
|            |                  | Reconciliation from books to Form 990<br>Book revenue \$ 1,330,542 Book expenses \$ 1,366,281<br>Less donated services and facilities (887,086) and facilities (887,086) -----<br>990 Revenue \$ 443,456<br>990 Expenses \$ 479,195 =====<br>Revenue Per 990 \$ 443,456<br>Expenses Per 990 \$ 479,194<br>Less In-Kind Supplies (38,595) Less In-Kind Supplies (38,595) -----<br>Cash Basis Revenue \$ 404,861<br>Cash Basis Expenses \$ 440,599 ===== |

**TY 2009 Other Assets Schedule**

**Name:** WESTMINSTER FREE CLINIC

**EIN:** 77-0563241

**Software ID:** 09000047

**Software Version:** 2009v1.3

| Description             | Beginning of Year Amount | End of Year Amount |
|-------------------------|--------------------------|--------------------|
| Machinery and Equipment |                          | 2,069              |
| Furniture and Fixtures  | 2,217                    | 1,773              |

## TY 2009 Other Expenses Schedule

**Name:** WESTMINSTER FREE CLINIC

**EIN:** 77-0563241

**Software ID:** 09000047

**Software Version:** 2009v1.3

| Description                  | Amount |
|------------------------------|--------|
| BANK CHARGES                 | 10     |
| INTERNET/WEBPAGE             | 55     |
| TAXES & LICENSES             | 75     |
| REPAIR AND MAINTENANCE       | 79     |
| DENTAL                       | 150    |
| LICENSES & PERMITS           | 235    |
| DONATIONS                    | 250    |
| DUES AND SUBSCRIPTIONS       | 585    |
| COMPUTER                     | 1,300  |
| TRANSPORATION                | 1,608  |
| MISCELLANEOUS                | 1,797  |
| TRAINING                     | 2,870  |
| TELEPHONE                    | 3,880  |
| EMPLOYEE WELFARE             | 4,197  |
| SPECIFIC ASSIST.-TEEN STIPEN | 6,276  |
| LABORATORY/DIAGNOSTIC        | 11,295 |
| PHARMACEUTICALS              | 15,619 |
| X-RAY/CATSCAN/MRI            | 17,567 |
| MEDICAL SUPPLIES             | 20,228 |
| DONATED SUPPLIES EXPENSE     | 38,595 |
| Depreciation                 | 674    |
| Interest                     | 5      |
| Travel                       | 1,385  |
| Office Expenses              | 1,489  |

**TY 2009 Other Liabilities Schedule**

**Name:** WESTMINSTER FREE CLINIC

**EIN:** 77-0563241

**Software ID:** 09000047

**Software Version:** 2009v1.3

| Description          | Beginning of Year Amount | End of Year Amount |
|----------------------|--------------------------|--------------------|
| CREDIT CARDS PAYABLE |                          | 1,324              |