

EXTENDED TO MAY 16, 2016

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545 0687

For calendar year 2014 or other tax year beginning JUL 1, 2014 and ending JUN 30, 2015

2014

Department of the Treasury Internal Revenue Service

Information about Form 990 T and its instructions is available at www.irs.gov/form990t Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Section A: Check box if address changed; Section B: Exempt under section 501(c)(3); Section D: Employer identification number 95-2833205; Section E: Unrelated business activity codes 531190

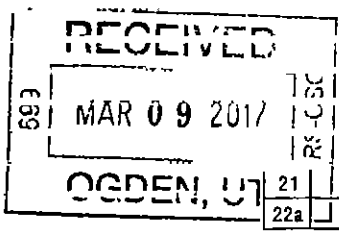
Section C: Book value of all assets at end of year 188021339; Section F: Group exemption number; Section G: Check organization type 501(c) corporation

Section H: Describe the organization's primary unrelated business activity RENTAL REAL ESTATE; Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subidiary controlled group? No

Section J: The books are in care of RICARDO ROMAN, CFO Telephone number 619-515-2465

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Income (loss) from partnerships and S corporations, Rent income, Unrelated debt financed income, Interest, annuities, royalties, and rents from controlled organizations, Investment income, Exploited exempt activity income, Advertising income, Other income, Total. Total Income: 219,605; Total Expenses: 120,599; Total Net: 99,006.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Charitable contributions, Depreciation, Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions, Total deductions, Unrelated business taxable income before net operating loss deduction, Net operating loss deduction, Unrelated business taxable income before specific deduction, Specific deduction, Unrelated business taxable income. Total Deductions: 0; Unrelated business taxable income before net operating loss deduction: 99,006; Net operating loss deduction: 0; Unrelated business taxable income before specific deduction: 99,006; Specific deduction: 1,000; Unrelated business taxable income: 98,006.



SCANNED MAY 2 2017

Part III Tax Computation

35 Organizations Taxable as Corporations See instructions for tax computation
 Controlled group members (sections 1561 and 1563) check here See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)
 (1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 **35c** 21,572.

36 Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 34 from
 Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax See instructions **37**

38 Alternative minimum tax **38**

39 Total Add lines 37 and 38 to line 35c or 36, whichever applies **39** 21,572.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit Attach Form 3800 **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41** 21,572.

42 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**

43 Total tax Add lines 41 and 42 **43** 21,572.

44a Payments A 2013 overpayment credited to 2014 **44a**

b 2014 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Credit for small employer health insurance premiums (Attach Form 8941) **44f**

g Other credits and payments Form 2439 Form 4136 Other _____ Total **44g**

45 Total payments Add lines 44a through 44g **45**

46 Estimated tax penalty (see instructions) Check if Form 2220 is attached **46** 438.

47 Tax due If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 22,010.

48 Overpayment If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48**

49 Enter the amount of line 48 you want Credited to 2015 estimated tax Refunded **49**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114 Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

Schedule A - Cost of Goods Sold Enter method of inventory valuation **N/A**

1 Inventory at beginning of year **1**

2 Purchases **2**

3 Cost of labor **3**

4a Additional section 263A costs (att. schedule) **4a**

b Other costs (attach schedule) **4b**

5 Total Add lines 1 through 4b **5**

6 Inventory at end of year **6**

7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2 **7**

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes** **No**

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

Sign Here Signature of officer *Rui My* Date *3/1/17* Title **CFO**

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only

Print/Type preparer's name **KENNETH H. PUN** Preparer's signature *KH Pun* Date *2/27/17* Check if self employed PTIN **P01443751**

Firm's name **THE PUN GROUP, LLP** Firm's EIN **46-4016990**

Firm's address **200 EAST SANDPOINTE AVENUE, SUITE 600 SANTA ANA, CA 92707** Phone no **949-777-8800**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	SEE STATEMENT 2		
(1)				
(2)				
(3)				
(4) SEE STATEMENT 1				
Total		0.	137,941.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)			137,941.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 28,880.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 5 x total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
		STATEMENT 3			STATEMENT 4
(1) LANDIS STREET, CHULA VISTA	47,607.	23,881.	43,063.		
(2) BROADWAY AVENUE, LEMON GROVE	61,530.	27,071.	29,815.		
(3) HILLCREST, CA	14,670.	5,737.	8,291.		
(4)					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5			
STATEMENT 5	STATEMENT 6				
(1) 449,097.	645,050.	69.62%	33,144.	46,606.	
(2) 251,149.	381,606.	65.81%	40,493.	37,437.	
(3) 2,569,147.	4,694,977.	54.72%	8,027.	7,676.	
(4)		%			
Totals			81,664.	91,719.	
Total dividends-received deductions included in column 8					0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations				6 Deductions directly connected with income in column 5
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income		
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B)		
			0.	0.		

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set asides (attach schedule)	5 Total deductions and set asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) if a gain compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line by line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) if a gain compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II, line 14			0.

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626

2014

Name FAMILY HEALTH CENTERS OF SAN DIEGO, INC.		Employer identification number 95-2833205
<p>Note See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e)</p>		
1	Taxable income or (loss) before net operating loss deduction	98,006.
2	Adjustments and preferences	
a	Depreciation of post 1986 property	2a
b	Amortization of certified pollution control facilities	2b
c	Amortization of mining exploration and development costs	2c
d	Amortization of circulation expenditures (personal holding companies only)	2d
e	Adjusted gain or loss	2e
f	Long-term contracts	2f
g	Merchant marine capital construction funds	2g
h	Section 833(b) deduction (Blue Cross Blue Shield, and similar type organizations only)	2h
i	Tax shelter farm activities (personal service corporations only)	2i
j	Passive activities (closely held corporations and personal service corporations only)	2j
k	Loss limitations	2k
l	Depletion	2l
m	Tax-exempt interest income from specified private activity bonds	2m
n	Intangible drilling costs	2n
o	Other adjustments and preferences	2o
3	Pre adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o	98,006.
4	Adjusted current earnings (ACE) adjustment	
a	ACE from line 10 of the ACE worksheet in the instructions	98,006.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	0.
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions) Note You must enter an amount on line 4d (even if line 4b is positive)	
e	ACE adjustment	
	<ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	0.
5	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT	98,006.
6	Alternative tax net operating loss deduction (see instructions)	
7	Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	98,006.
8	Exemption phase out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)	
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	0.
b	Multiply line 8a by 25% (.25)	0.
c	Exemption Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-	58,006.
10	Multiply line 9 by 20% (.20)	11,601.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	
12	Tentative minimum tax Subtract line 11 from line 10	11,601.
13	Regular tax liability before applying all credits except the foreign tax credit	21,572.
14	Alternative minimum tax Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	0.

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions

1		Pre-adjustment AMTI Enter the amount from line 3 of Form 4626	1	98,006.
2		ACE depreciation adjustment		
a		AMT depreciation	2a	
b		ACE depreciation		
(1)	Post-1993 property	2b(1)		
(2)	Post-1989, pre 1994 property	2b(2)		
(3)	Pre-1990 MACRS property	2b(3)		
(4)	Pre-1990 original ACRS property	2b(4)		
(5)	Property described in sections 168(f)(1) through (4)	2b(5)		
(6)	Other property	2b(6)		
(7)	Total ACE depreciation Add lines 2b(1) through 2b(6)	2b(7)		
c		ACE depreciation adjustment Subtract line 2b(7) from line 2a	2c	
3		Inclusion in ACE of items included in earnings and profits (E&P)		
a		Tax exempt interest income	3a	
b		Death benefits from life insurance contracts	3b	
c		All other distributions from life insurance contracts (including surrenders)	3c	
d		Inside buildup of undistributed income in life insurance contracts	3d	
e		Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
f		Total increase to ACE from inclusion in ACE of items included in E&P Add lines 3a through 3e	3f	
4		Disallowance of items not deductible from E&P		
a		Certain dividends received	4a	
b		Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b	
c		Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d		Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e		Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e	
f		Total increase to ACE because of disallowance of items not deductible from E&P Add lines 4a through 4e	4f	
5		Other adjustments based on rules for figuring E&P		
a		Intangible drilling costs	5a	
b		Circulation expenditures	5b	
c		Organizational expenditures	5c	
d		LIFO inventory adjustments	5d	
e		Installment sales	5e	
f		Total other E&P adjustments Combine lines 5a through 5e	5f	
6		Disallowance of loss on exchange of debt pools	6	
7		Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8		Depletion	8	
9		Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10		Adjusted current earnings Combine lines 1, 2c, 3f, 4f, and 5f through 9 Enter the result here and on line 4a of Form 4626	10	98,006.

FORM 990-T SCHEDULE C - RENT INCOME FROM REAL PROPERTY AND STATEMENT 1
 PERSONAL PROPERTY LEASED WITH REAL PROPERTY

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
LAND LEASE (TELECOMMUNICATIONS PROVIDERS)	1
2. RENT RECEIVED OR ACCRUED	
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B
	82,140.
	400.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
240 LANDIS	2
2. RENT RECEIVED OR ACCRUED	
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B
	15,000.
	77.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
1659 LOGAN AND 1841 NATIONAL AVENUE	3
2. RENT RECEIVED OR ACCRUED	
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B
	25,900.
	6,920.

1. DESCRIPTION OF PROPERTY	2. RENT RECEIVED OR ACCRUED		ACTIVITY NUMBER
	A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B
OLD GLOBE			4
		12,480.	
			21,383.
1. DESCRIPTION OF PROPERTY	2. RENT RECEIVED OR ACCRUED		ACTIVITY NUMBER
	A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B
CLEAR CHANNEL			5
		2,421.	
			100.
TOTALS		137,941.	28,880.

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE		400.	
- SUBTOTAL -	1		400.
INSURANCE		77.	
- SUBTOTAL -	2		77.
PROPERTY TAX		6,525.	
INSURANCE		395.	
- SUBTOTAL -	3		6,920.
RENT EXPENSE		21,168.	
INSURANCE		215.	
- SUBTOTAL -	4		21,383.
INSURANCE		100.	
- SUBTOTAL -	5		100.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			28,880.

FORM 990-T	SCHEDULE E - DEPRECIATION DEDUCTION		STATEMENT	3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
CHULA VISTA, CA			23,881.	
	- SUBTOTAL -	1		23,881.
LEMON GROVE, CA			27,071.	
	- SUBTOTAL -	2		27,071.
HILLCREST, CA			5,737.	
	- SUBTOTAL -	3		5,737.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)				56,689.

FORM 990-T	SCHEDULE E - OTHER DEDUCTIONS		STATEMENT	4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
CHULA VISTA, CA			43,063.	
	- SUBTOTAL -	1		43,063.
LEMON GROVE, CA			29,815.	
	- SUBTOTAL -	2		29,815.
HILLCREST, CA			8,291.	
	- SUBTOTAL -	3		8,291.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)				81,169.

FORM 990-T	AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY		STATEMENT	5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
CHULA VISTA, CA			449,097.	
	- SUBTOTAL -	1		449,097.
LEMON GROVE, CA			251,149.	
	- SUBTOTAL -	2		251,149.
HILLCREST, CA			2,569,147.	
	- SUBTOTAL -	3		2,569,147.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4				3,269,393.

