

EXTENDED TO MAY 15, 2019

Form 990-T

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

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information.

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

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

FAMILY HEALTH CENTERS OF SAN DIEGO, INC.

95-2833205

Number, street, and room or suite no. If a P O. box, see instructions. 823 GATEWAY CENTER WAY

E Unrelated business activity codes (See instructions)

City or town, state or province, country, and ZIP or foreign postal code

SAN DIEGO, CA 92102

531190

C Book value of all assets at end of year 278,227,242.

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity RENTAL REAL ESTATE

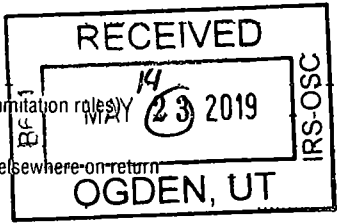
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of RICARDO ROMAN, CFO Telephone number 619-906-4603

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table with 2 columns: Description, Amount. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Charitable contributions; etc.



SCANNED JUN 10 2019

916

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> 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 SEE STATEMENT 2 35c 39,946.	
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) 36	
37 Proxy tax. See instructions 37	
38 Alternative minimum tax 38	
39 Tax on Non-Compliant Facility Income. See instructions 39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 39,946.	

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a	
b Other credits (see instructions) 41b	
c General business credit. Attach Form 3800 41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d	
e Total credits. Add lines 41a through 41d 41e	
42 Subtract line 41e from line 40 42 39,946.	
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 43	
44 Total tax. Add lines 42 and 43 44 39,946.	
45a Payments: A 2016 overpayment credited to 2017 45a	
b 2017 estimated tax payments 506 45b 45,080.	
c Tax deposited with Form 8868 45c	
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d	
e Backup withholding (see instructions) 45e	
f Credit for small employer health insurance premiums (Attach Form 8941) 45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total 45g	
46 Total payments. Add lines 45a through 45g 46 45,080.	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/> 47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49 5,134.	
50 Enter the amount of line 49 you want credited to 2018 estimated tax 5,134. Refunded 50 0.	

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

51 At any time during the 2017 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
52 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.		<input checked="" type="checkbox"/>
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$	<input type="checkbox"/>	<input type="checkbox"/>

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: *Frances Kuo* Date: 5-14-19 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: FRANCES KUO Preparer's signature: *Frances Kuo* Date: 5/14/19 Check if self-employed PTIN: P02057020

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

1 Inventory at beginning of year	1		6 Inventory at end of year	6			
2 Purchases	2		7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3 Cost of labor	3						
4a Additional section 263A costs (attach schedule)	4a					Yes	No
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?				
5 Total. Add lines 1 through 4b	5						

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

1. Description of property		
(1)		
(2)		
(3)		
(4) SEE STATEMENT 3		
2. Rent received or accrued		
(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		SEE STATEMENT 4
(2)		
(3)		
(4)		
Total 0.	Total 139,824.	
(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)
139,824.		60,952.

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	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			STATEMENT 5	STATEMENT 6
(1) HILLCREST, CA		90,943.	24,290.	37,606.
(2)				
(3)				
(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	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
STATEMENT 7	STATEMENT 8			
(1) 369,643.	1,082,306.	34.15%	31,057.	21,137.
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			31,057.	21,137.
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			
		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	6. Deductions directly connected with income in column 5
(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		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
		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		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
		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.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

2017

Name **FAMILY HEALTH CENTERS OF SAN DIEGO, INC.** Employer identification number **95-2833205**

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).

1	Taxable income or (loss) before net operating loss deduction		1	160,902.
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		3	160,902.
4	Adjusted current earnings (ACE) adjustment:			
a	ACE from line 10 of the ACE worksheet in the instructions	4a	160,902.	
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b	0.	
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c		
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)	4d		
e	ACE adjustment		4e	0.
	<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 			
5	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT		5	160,902.
6	Alternative tax net operating loss deduction. See instructions		6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions		7	160,902.
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-	8a	10,902.	
b	Multiply line 8a by 25% (0.25)	8b	2,726.	
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-	8c	37,274.	
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	123,628.	
10	Multiply line 9 by 20% (0.20)	10	24,726.	
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11		
12	Tentative minimum tax. Subtract line 11 from line 10	12	12,465.	
13	Regular tax liability before applying all credits except the foreign tax credit	13	39,946.	
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	14	0.	

JWA For Paperwork Reduction Act Notice, see separate instructions

Form 4626 (2017)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	160,902.
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 (as affected by P.L. 113-295, Div. A, section 221(a)(4)(A), Dec. 19, 2014, 128 Stat. 4043)	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	160,902.

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

AMOUNTS PAID FOR DISALLOWED FRINGES-SECTION 274

73,110.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

73,110.

FORM 990-T	LINE 35C TAX COMPUTATION	STATEMENT	2
1.	TAXABLE INCOME	160,902	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	50,000	
3.	LINE 1 LESS LINE 2	110,902	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	25,000	
5.	LINE 3 LESS LINE 4	85,902	
6.	INCOME SUBJECT TO 34% TAX RATE	85,902	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	7,500	
9.	25 PERCENT OF LINE 4	6,250	
10.	34 PERCENT OF LINE 6	29,207	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX	3,045	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL INCOME TAX		<u>46,002</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	<u>33,789</u>	
		DAYS	
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	184	23,190
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	181	16,756
18.	TOTAL TAX PRORATED	<u>365</u>	<u>39,946</u>

FORM 990-T SCHEDULE C - RENT INCOME FROM REAL PROPERTY AND STATEMENT 3
 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
	28,499.	100.

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.	167.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER	
OUTFRONT MEDIA	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
	3,659.	100.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
CLEAR CHANNEL	4
2. RENT RECEIVED OR ACCRUED	
A.	B.
FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
3.	
	DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B
	3,619.
	100.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
ACE PARKING	5
2. RENT RECEIVED OR ACCRUED	
A.	B.
FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
3.	
	DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B
	8,627.
	384.

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
BROADWAY, LEMON GROVE	8
2. RENT RECEIVED OR ACCRUED	
A.	B.
FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
3.	
	DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B
	77,900.
	60,001.

1.
DESCRIPTION OF PROPERTY

ACTIVITY
NUMBER

OTHER

9

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

170.

1.
DESCRIPTION OF PROPERTY

ACTIVITY
NUMBER

PATH

10

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

2,350.

100.

TOTALS

139,824.

60,952.

FORM 990-T

DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT

4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE		100.	
- SUBTOTAL -	1		100.
INSURANCE		167.	
- SUBTOTAL -	2		167.
INSURANCE		100.	
- SUBTOTAL -	3		100.
INSURANCE		100.	
- SUBTOTAL -	4		100.
INSURANCE		384.	
- SUBTOTAL -	5		384.
DEPRECIATION		27,417.	
ALL OTHER EXPENSES		32,584.	
- SUBTOTAL -	8		60,001.
INSURANCE		100.	

- SUBTOTAL - 10

100.

TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3

60,952.

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
HILLCREST, CA		24,290.	
- SUBTOTAL -	1		24,290.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			24,290.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
HILLCREST, CA		37,606.	
- SUBTOTAL -	1		37,606.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			37,606.

FORM 990-T AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
HILLCREST, CA		369,643.	
- SUBTOTAL -	1		369,643.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			369,643.

