		EXTENDED TO MAY 15, 2020		
Form	990-T	Exempt Organization Business Income Tax Return		OMB No 1545-0687
			( <u>)</u> W	2010
		For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 201	<u> </u>	2018
	rtment of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.	、Ͱ	Open to Public Inspection for
_	al Revenue Service	▶ 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 50 1(c)(3) Organizations Only over identification number
A L	Check box if address changed	Name of organization ( Check box if name changed and see instructions.)	(Empl	oyees' trust, see ctions)
	<del>_</del>	Print FAMILY HEALTH CENTERS OF SAN DIEGO, INC.		5-2833205
	xempt under section 501(CV(3_ )	or Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrela	ited business activity code
	408(e) 220(e)	I IVNA I	(See in	nstructions)
_	408A 530(a)		1	
	529(a)	SAN DIEGO, CA 92102	531	190
C 8c	ok value of all assets	F Group exemption number (See instructions.)		
	and of year 301,767,0	075. G Check organization type 🕨 🐰 501(c) corporation 💹 501(c) trust 💹 401(a)	) trust	Other trust
H Er	iter the number of the (	e organization's unrelated trades or businesses.   1 Describe the only (or first) un		
		► RENTAL REAL ESTATE . If only one, complete Parts I-V.		
de	scribe the first in the b	blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each addition	nal trade	or
	siness, then complete		——————————————————————————————————————	s X No
	•	s the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Ye:	S LAL IVO
		and identifying number of the parent corporation. ►  f ► RICARDO ROMAN, CFO  Telephone number ► 6	19-	906-4603
		ed Trade or Business Income (A) Income (B) Expenses		(C) Net
	Gross receipts or sale			, 1
	Less returns and allow	<del></del>		4
2	Cost of goods sold (S		$\neg$	"
3	Gross profit, Subtract	N		
4 a	•	me (attach Schedule D) 4a		
b	Net gain (loss) (Form	n 4797, Part II, line 17) (attach Form 4797) 4b		
C	Capital loss deduction	on for trusts 4c		
5	Income (loss) from a	a partnership or an S corporation (attach statement) 5		
6	Rent income (Schedu		72.	77,384.
7		ced income (Schedule E)		
8		byalties, and rents from a controlled organization (Schedule F) 8		<del></del>
9		of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 hivity income (Schedule I)		
10		,		
11 12	Advertising income (S	nstructions; attach schedule) 12		
13	Total. Combine lines		72.	77,384.
		ons Not Taken Elsewhere (See instructions for limitations on deductions )		
,	(Except for o	contributions, deductions must be directly connected with the unrelated business income)		
14	Compensation of off	fficers, directors, and trustees (Sched RECEIVED	14	
15	Salaries and wages		15	
<u> 16</u>	Repairs and mainten	$ \begin{array}{c c}  & \mathbb{E} \\  & \mathbb{E} \\  & \mathbb{E} \end{array} $ MAY, <b>0 4</b> 2020	16	- ·-···
3 17	Bad debts		17	
10		edule) (see ilistructions)	18	
19	Taxes and licenses	OGDEN, UT	19	
20	Depreciation (attach	tions (See instructions for limitation rules) n Form 4562)   21	20	<del></del>
21 22		laimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	Maintee of Contour A and Ciscontol Contourn	23	<del></del>
24		ferred compensation plans	24	
25	Employee benefit pro	·	25	
26	Excess exempt exper		26	
27	Excess readership co	costs (Schedule J)	27	
28	Other deductions (at	attach schedule)	28	
29		Add lines 14 through 28	29	0.
30		taxable income before net operating loss deduction. Subtract line 29 from line 13	30	77,384.
31	•	perating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  taxable income. Subtract line 31 from line 30	31	-, <u>'  </u>
32	Unrelated business to	taxable income. Subtract line 31 from line 30	32	77,384.

Form 990-1		<u>-2833</u>	3205	Page 2
Partil	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	L	33	77,384.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	77,384.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	395	37	77,384.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	آ ۾		
**	enter the smaller of zero or line 36	39	38	76,384.
Parti	/ Tax Computation			
39		( a > 1	39	16,041.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	$\omega$		<u>-</u>
70	Tax rate schedule or Schedule D (Form 1041)	<b>•</b>	40	
41	Proxy tax, See instructions		41	
42	Alternative minimum tax (trusts only)	<b>-</b>	42	·
	Tax on Noncompliant Facility Income. See instructions	⊢	43	
43	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	us	48	16,041.
44	Tax and Payments	4.5	7	10,041.
		16		
	· · · · · · · · · · · · · · · · · · ·			
	Other credits (see instructions) 45b			
	General business credit. Attach Form 3800			
	Credit for prior year minimum tax (attach Form 8801 or 8827)		11.	
	Total credits. Add lines 45a through 45d	⊢	45e	16,041.
46	Subtract line 45e from line 44	⊢	46	10,041.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach so		47	16 041
48	Total tax. Add lines 46 and 47 (see instructions)	U9_	48	16,041.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	<del> </del>	49	0.
		382.		
b	· · · · · · · · · · · · · · · · · · ·	110.		
C	Tax deposited with Form 8868			
đ	Foreign organizations: Tax paid or withheld at source (see instructions)  50d	{		
	Backup withholding (see instructions) 50e			
f	Credit for small employer health insurance premiums (attach Form 8941)  50f			
g	Other credits, adjustments, and payments: Form 2439	i		
	Form 4136 Other Total ▶ <b>50g</b>		<b>S</b> pecial Control	
51	Total payments. Add lines 50a through 50g	L	51	47,492.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛣	L	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<i>,,</i> ▶ L	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	5,▶ L	54	<u>31,451.</u>
55′	Enter the amount of line 54 you want; Credited to 2019 estimated tax 🕨 20,000. Refunder	70>	55	11,451.
[Part]	[J] Statements Regarding Certain Activities and Other Information (see instructions)	<u> </u>		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	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 <b>&gt;</b>			_ <u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tru	st?		X
	If "Yes," see instructions for other forms the organization may have to file.			223 122 13
58	Enter the amount of tax-exempt interest received or accrued during the tax year   \$\$			نتلنا إلى
	Under penalties of perjuryal declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete Daclaration of preparer (other) than taxpayer is based on all information of which preparer has any knowledge	of my knowle	edge and belief,	it is true,
Sign		May	the IRS discuss	this return with
Here	Kicarat Koman 4.21.20 CFO		reparer shown b	
	Signature of officer Date Title	instr	uctions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf	PTIN	
Doid	self- en	ıployed		
Paid	EDANGES VIIO (2012)		P0205	7020
Prepa	Tell S. MUE DIN CROUD LID	EIN ►		16990
Use C	200 EAST SANDPOINTE AVENUE, SUITE 600			
		no. 94	9-777-	8800
200744 04	00.40			990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inven	itory v	raluation ► N/A	<u> </u>				
1 Inventory at beginning of year	1		6	Inventory at end of ye	ar		6		
2 Purchases	2		7	Cost of goods sold. S	ubtract l	ine 6			
3 Cost of labor	3		Solution   Solution						
4a Additional section 263A costs		<u>-</u> .	7	line 2			7		
(attach schedule)	4a		8	Do the rules of section	1 263A (1	with respect to		Yes No	
b Other costs (attach schedule)	4b		]	property produced or	acquirec	I for resale) apply to			
5 Total. Add lines 1 through 4b	5								
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pe	rsonal Property	Leas	ed With Real Pro	pert	y) 	
1. Description of property									
· · · · · · · · · · · · · · · · · · ·	COMMUNI	CATIONS I	PRO	VIDERS)					
(2) OUTFRONT MEDIA									
(3) CLEAR CHANNEL	_								
(4) ACE PARKING									
	2. Rent receiv	ed or accrued				3(a) Deductions directly	, connec	cted with the income in	
rent for personal property is more than of rent for				l property exceeds 50% or i	columns 2(a) a	2(a) and 2(b) (attach schedule)			
(1)				31,9	144.			74.	
(2)				3,7	717.		5.		
(3)			3,6	45.		42			
(4)				39,5	550.			1,351.	
Total	0.	Total		78,8	356.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -		78,8	356.	Enter here and on page 1,	<b>&gt;</b>	1,472.	
Schedule E - Unrelated Del	ot-Financed	l Income (see	ınstru	ictions)					
			١,	Gross income from		<ol><li>Deductions directly cor to debt-finant</li></ol>	nnected ced prop	with or allocable perty	
1. Description of debt-fi	nanced property			or allocable to debt-	(a)			(b) Other deductions (attach schedule)	
/1\	_		-					<u> </u>	
(1)	·		†		<del> </del>		+		
(3)			1		<del></del>		1		
(4)			<del>                                     </del>				<del></del>		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6			reportable (column	(	8. Allocable deductions column 6 x total of columns 3(a) and 3(b))	
(1)			1	%					
(2)						-			
(3)				%				· · · · ·	
(4)				%					
			•	-				Enter here and on page 1, Part I, line 7, column (8)	
Totals				<b>.</b>		0		0.	
Total dividends-received deductions in	cluded in column	1 8		•		<u>`</u>	+	0.	
TOTAL STRUCTURE TOUR SECRETARIES	5.54V6 III 50101111	· •			<u>_</u>				

orm 990-T (2018) <b>FAMILY</b>	HEALTH CE	NTERS OF S	SAN DIEGO	, ]	INC.		<u>95-28</u>	3320	5 Pa
chedule F - Interest,	Annuities, Roya	•				atio	ns (see ins	struction	s)
4			Controlled Organ			· -		. [	<u> </u>
1. Name of controlled organizal	Identif		related income 4. Tot payr		ments made inclu		Part of column 4 that is included in the controlling ganization's gross income		6. Deductions directly connected with incoming column 5
1	···								
<u> </u>									
	<del></del>								
3)									
1)		<b>_</b>				L	-		
nexempt Controlled Organi	ı								
7. Taxable Income	8. Net unrelated incor (see instruction		l of specified payments made	6	10. Part of colur in the controlli gross	nn 9 tha ng orgar i income	nization's		ductions directly connections in column 10
1	<del></del>								
1)				-+					
2)				-					
3)			<del></del>	-+					<del> </del>
1)				_					
					Add colum Enter here and line 8, c	on page	1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part line 8, column (B)
tals							0.		
chedule G - Investme (see insti		Section 501(c)	(7), (9), or (17)	) Or	ganization	)	•		
1. Desc	ription of income		2. Amount of incom	ne	3. Deduction directly conne- (attach sched	cted	4. Set-	asides schedule)	5. Total deduction and set-asides (col. 3 plus col.
)			+	$\dashv$	,				,
<del>,</del> )			<u> </u>	<del>-  </del>					1
			+						<del></del>
3)						-			
1)			Enter here and on pa	ge 1	· · · · ·		· · · · ·	7 141	. Enter here and on pa
			Part I, line 9, column			۔ تہ نہ		4.5	Part I, line 9, column
1.1.				ا ۸	e '				1
tals	Francis Astirit	· Imaama Otha		0 .					<u> </u>
chedule I - Exploited (see instru		/ income, Otne	er inan Auvei	rusii	ng income	,			
		3. Expenses	4. Net income (los						7. Excess exemp
1. Description of	2. Gross unrelated business	directly connected	from unrelated trade business (column		5. Gross inco from activity to	me hat	6. Exp	enses	expenses (columi
exploited activity	income from	with production of unrelated	minus column 3) It	fa	is not unrelate	be	attribut colur		6 minus column 5 but not more than
	trade or business	business income	gain, compute cols through 7	5	business inco	me			column 4)
			<del> </del>						<del> </del>
)			<u> </u>	_					
?)					<del></del>				
3)									
1)									
	Enter here and on	Enter here and on			4				Enter here and
	page 1, Part I, line 10, col (A)	page 1, Part I, line 10, col (B)	· ·	1	•				on page 1, Part II, line 26
tals	0.	0.							
chedule J - Advertisi			' l		7		•	<del></del>	
	Periodicals Rep		solidated Ra	eie				_	
art income rioni			isolidated ba	1313					
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, compucols 5 through 7				6. Readership costs		7. Excess readershit costs (column 6 minu column 5, but not mot than column 4)
)	-	<del></del>	3		<del>                                     </del>			+	· · · · · · · · · · · · · · · · · · ·
			┥ ` ・		<del></del>				
2)			<b></b>  .	- '	<del></del>				
3)			<b>⊣</b> ,`. "		<u> </u>				
1)				٠ <u>:</u> .	<u> </u>				** *
tals (carry to Part II, line (5))	•	o.							
									Form 990-T (20

## Form 990-T (2018) FAMILY HEALTH CENTERS OF SAN DIEGO, INC. 95-28332 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.	
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	·			Enter here and on page 1, Part II, line 27	
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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT	1
				AMOUNT	TOTAL	
	GUIDMOMA:	 -		74.		74.
				5.		5.
				42.		42.
				1,351.		
990-T. SCHEDIII			<b>T</b>		<u></u>	
		- SUBTOTA: - SUBTOTA: - SUBTOTA: - SUBTOTA:		ACTIVITY NUMBER  - SUBTOTAL - 1 - SUBTOTAL - 2 - SUBTOTAL - 3 - SUBTOTAL - 4	NUMBER AMOUNT  - SUBTOTAL - 1 - SUBTOTAL - 2 - SUBTOTAL - 3 - SUBTOTAL - 4	ACTIVITY NUMBER AMOUNT TOTAL  - SUBTOTAL - 1