				TENDED TO M		•		1				
Form	990-T	6	Exempt Orga	nization Bus	sine	ess Income I	ax, Retu	įrn,	OWB	No 1545-0047		
A		(and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020 2019										
	ノ:	For cal	For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020 Go to www.irs.gov/Form990T for instructions and the latest information.									
Depar	tment of the Treasury al Revenue Service		■ Go to www.irs.gov/Form9901 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									
A	Check box if address changed		Name of organization (Check box if name changed and see instructions.) Demployer identification number (Employees' trust, see instructions)									
			DAMITY UDAL			33305						
	xempt under section	Print or	Of Number start and come south as 16 p.O. hou accomply transport									
	408(e) 220(e)	Type	I MULTIDEL, SUEEL, AND DOUBLE OF SUEE OF U. II A F.O. DOA. SEE HISTORIUMS.									
<u> </u>	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code									
]529(a)		SAN DIEGO, CA 92102 531190									
C Bo	ok value of all assets		F Group exemption num	ber (See instructions.)								
	352,477,0	68.	G Check organization typ	pe ► X 501(c) corp	poratio	n 501(c) trust	40	1(a) trust		Other trust		
7 H FU	iter the number of the (organiza	tion's unrelated trades or	businesses.	1	Describe	the only (or first					
~			NTAL REAL ES				complete Parts			e,		
			co at the end of the previo	us sontonce, complete Pa	arte I ar	nd II, complete a Schodule	M for each add	itional trade	or or			
` —	siness, then complete			#1 • •		d				I No		
			oration a subsidiary in an lifying number of the pare		nt-subs	sidiary controlled group?	•	► I IY6	es l∡n	L I NO		
. <u> </u>			RICARDO ROMA			Telenh	one number 🕨	619-	906-	4603		
			de or Business Inc			(A) Income	(B) Expe		700	(C) Net		
[Gross receipts or sale				I	. , ,				1.351		
b	Less returns and allow			c Balance	1c		- , `	•	- "			
2	Cost of goods sold (S	cost of goods sold (Schedule A, line 7)								٠ ، ا		
3	Gross profit. Subtract	oss profit. Subtract line 2 from line 1c										
4 a	Capital gain net incom	ie (attac	h Schedule D)		4a		•	_/_				
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Forn	n 4797)	4b		10	<u>/ </u>				
	Capital loss deduction				4c							
5	, ,	•	thip or an S corporation (a	ittach statement)	5	69,531.	3 / 2 14 1			69,531.		
6	Rent income (Schedul	•	no (Cabadula E)		7	09,551.			<u> </u>	09,331.		
7 8	Unrelated debt-finance		nd rents from a controlled	ergenization (Schodule E)	-							
9		-	on 501(c)(7), (9), or (17) c	•								
10	Exploited exempt activ			ga	10		···········					
11	Advertising income (S				11							
12	Other income (See ins	struction	s; attach schedule)		12		1					
	Total. Combine lines				13	69,531.				69,531.		
∣Pa	rt II Deductio	ns No	t Taken Elsewhe	re (See instructions of	or limita	ations on deductions)						
	· · · · · · · · · · · · · · · · · · ·		e directly connected w		ness ir	ncome)						
14	-	icers, di	rectors, and trustees (Sch	edule K)				14				
15 16	Salaries and wages Repairs and mainten	2000						16				
17	Bad debts	ance						17				
18		lebts est (attach schedule) (see instructions)										
19	Taxes and licenses	/ (50						18				
20		Form 45	562)			20						
21	Less depreciation cla	claimed on Schedule A and elsewhere on return RECEIVED										
22	Depletion			I LUE		FN [22				
23	Contributions to defe	erred compensation plans										
24	Employee benefit pro	-/		JUN 0	8 20	21 3		24				
25 26	Excess exempt exper	1991										
26 27	Excess readership co Other deductions (at			OGDE	1	TT= =		26				
28	Total deductions. Ac			L YUL	W.			28		0.		
29	/	iness taxable income before net operating loss deduction. Subtract line 20 from line 13								69,531.		
30			oss arising in tax years be	=				29				
	(see instructions)	· . .	5,	_ •	- ,			30	<u></u>	0.		
31	Unrelated business to	axable ır	ncome. Subtract line 30 fro	om line 29				31		69,531.		
00070	1 01 27 20 I HA FO	r Paner	work Reduction Act Notic	e see instructions					Form	990-T (2019)		

_		FAMILY HEALTH CENTERS OF SAN DIEGO, INC.		95-48.	33205 Page 2
		Total Unrelated Business Taxable Income	+-		
,32	₹otal o	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	$I \perp$	32 33	69,531.
33	Amour	nts paid for disallowed fringes	L	33	
34		ible contributions (see instructions for limitation rules)		34	0.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 3	⊋L	35	69,531.
36		tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	٦L	36	
37	Total o	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	٦١.	37	69,531.
38	Specifi	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	∂	\$8	1,000.
39	Unrela	ited business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	ιΓ		
/	enter ti	he smaller of zero or line 37	1	39	68,531.
Part	· IX	Tax Computation			
		izations Taxable as Corporations. Multiply line 39 by 21% (0.21)	▶	40	14,392.
41	-	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		 	
• • •		ax rate schedule or Schedule D (Form 1041)	▶ -	41	
42	_	tax. See instructions		42	
48		ative minimum tax (trusts only)	_	43	
. \		Noncompliant Facility Income See instructions		44	
11		· · · · · · · · · · · · · · · · · · ·		45	14,392.
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments	<u></u>	45	14,332.
Part					
		n tax credit (corporations attach Form 1118; trusts attach Form 1116)	\dashv	.	
		eredits (see instructions)			
		l business credit. Attach Form 3800	_	.	
		for prior year minimum tax (attach Form 8801 or 8827)		<u></u>	
е	Total c	redits. Add lines 46a through 46d	-	46e	
47	Subtra	ct line 46e from line 45		47	14,392.
48	Other t	axes. Check if from. 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 Other (attach schedu		48	
49	Total t	ax. Add lines 47 and 48 (see instructions)		49	14,392.
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		\$ 0	0.
51 a	Payme	nts: A 2018 overpayment credited to 2019 5 a 20,000).		
b	2019 e	stimated tax payments 5jb		.]	
C	Tax de	posited with Form 8868 51c	\neg	'	
d	Foreign	organizations: Tax paid or withheld at source (see instructions) 51d	\neg		
е	Backup	withholding (see instructions) 5te	\neg	•	
		for small employer health insurance premiums (attach Form 8941)	ヿ.		
		redits, adjustments, and payments: Form 2439	7		
•		orm 4136 ☐ Other Total ► 51g	-		
52		payments. Add lines 51a through 51g	┥-	52	20,000.
53		ted tax penalty (see instructions). Check if Form 2220 is attached		52 53	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► ⊢	1 4	
. 55		syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	5,608.
1		ne amount of line 55 you want: Credited to 2020 estimated tax 5,608. Refunded	- ⊢	56	0.
Part		Statements Regarding Certain Activities and Other Information (see instructions)		<u> </u>	
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
3/	•	• • • • • • • • • • • • • • • • • • • •			TES NO
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			$-\frac{x}{x}$
	here	<u> </u>			
58	_	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			Х
	•	see instructions for other forms the organization may have to file.			1 1
59		ne amount of tax-exempt interest received or accrued during the tax year		 _	ــــــــــــــــــــــــــــــــــــــ
c:	l Co	nder penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my prect, and complete "Declaration of preparer tother than taxpayer) is based on all information of which preparer has any knowledge	knowle	age and belief	, it is true,
Sign		$K \sim 1/L$			s this return with
Here		CFO CFO		reparer shown	
		Signature of officer Date Title	ınstru	uctions)?	Yes No
		Print/Type preparer's name Preparer's signature Date Check	ıf	PTIN	
Paid	ı	5/14/21 self- employ	ed		
	oarer	FRANCES KUO Moncepacy 3/14/21			57020
-	Only	Firm's name ► THE PUN GROUP, LLP Firm's EIN		46-4	016990
Jac	Unity	200 EAST SANDPOINTE AVENUE, SUITE 600			
		·	94	9-777	-8800
923711	01-27-20	· · · · · · · · · · · · · · · · · · ·			990-T (2019

Schedule A - Cost of Good	Sold. Enter	method of inve	ntory v	valuation N/	<u> </u>	<u>.</u>		•		- 14
1 Inventory at beginning of year	11		6	Inventory at end of y	ear		6	T .		
2 Purchases	2 7 Cost (st of goods sold. Subtract line 6					
3 Cost of labor	3]	from line 5. Enter he	re and in F	Part I,				
4 a Additional section 263A costs				line 2			7			
(attach schedule)	4a		8	Do the rules of section	on 263A (v	with respect to			Yes	No
 Other costs (attach schedule) 		property produced or acquired for resale) apply to					l _b			
5 Total. Add lines 1 through 4b	5			the organization?		·-a				
Schedule C - Rent Income (see instructions)	(From Real	Property an	id Pe	rsonal Propert	y Leas	ed With Real Pro	pert	ty) 		
1. Description of property										
(1) LAND LEASE (TELE	COMMUNI	CATIONS	PRO	VIDERS)						
(2) OUTFRONT MEDIA									_	
(3) CLEAR CHANNEL										
(4) ACE PARKING										
	2. Rent receiv	ed or accrued				0/0\0-4444				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` 'of rent for	personal	sonal property (if the perce property exceeds 50% o sed on profit or income)	ntage r if	3(a) Deductions directly columns 2(a) ai				n
(1)				29,	282.					
(2)				3,	829.					
(3)				4,	057.					
(4)				32,	363.					
Total	0.	Total		69,	531.					
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter >		69,	531.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>			0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ictions)			,			
			Τ,)		3. Deductions directly conto debt-finance			ote	
1 . Dansard and district			'	2. Gross income from or allocable to debt-	(a)	Straight line depreciation	Jed pio	(b) Other de	duction	
1. Description of debt-fir	1	financed property			(attach schedule)		(attach schedule)			
(1)							Ц_			
(2)										
(3)							Ц_			
(4)							٠.			
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property a schedule)		5. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 ‡Allocable (column 6 x tot 3(a) and	al of co	
(1)			1	%			1			
(2)				%		·				
(3)				%			$oldsymbol{ol}}}}}}}}}}}}}}$			
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)		Enter here and Part I, line 7, c		
Totals		-		•	▶	0				0.
Total dividends-received deductions in	cluded in column	8				٠.	\cdot			0.
						<u> </u>		Form	990-T	(2019)

1. Name of periodical

2. Gross advertising income

3. Direct advertising costs

4. Advertising gain or (loss) (col 2 minus coll 3) if a gain, compute costs

(1)

(2)

(3)

(4)

Totals (carry to Part II, line (5))

4. Advertising gain or (loss) (col 2 minus coll 3) if a gain, compute costs

5. Circulation

income

6. Readership costs (column 6 minus column 4)

7. Excess readership costs (column 6 minus column 4)

7. Excess readership costs

(4)

7. Excess readership costs

(4)

7. Excess readership costs

(5)

(6)

(7)

(8)

(9)

(1)

(1)

(2)

(3)

(4)

(4)

(4)

(5)

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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, tine 11, col (B)]	. :		Enter here and on page 1, Part II, line 26
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.

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