

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: DACCO BEHAVIORAL HEALTH PROPERTIES INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address): 4422 E COLUMBUS DRIVE
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: TAMPA, FL 33605

D Employer identification number: 45-3036902
E Telephone number: (813) 384-4202

F Name and address of principal officer: DEANNA OBREGON, 4422 E COLUMBUS DRIVE, TAMPA, FL 33605

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.DACCO.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 2011

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: DACCO BEHAVIORAL HEALTH PROPERTIES, INC. (DACCO-P) WAS FORMED FOR THE BENEFIT OF DACCO BEHAVIORAL HEALTH, INC. (DACCO) A NONPROFIT ORGANIZATION WHOSE MISSION IS TO WORK TOWARDS A DRUG-FREE COMMUNITY BY PROVIDING BEHAVIORAL HEALTH SERVICES...

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 2 columns: Description, Amount. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue—add lines 8 through 11...

Table with 2 columns: Description, Amount. Rows include: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 2 columns: Description, Amount. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

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: DEANNA OBREGON PRESIDENT/CEO
Date: 2021-02-25

Paid Preparer Use Only
Print/Type preparer's name: GUNNCHAMBERLAIN PL
Preparer's signature
Date: 2021-02-25
Check if self-employed
PTIN: P00309880
Firm's EIN: 46-1041593
Firm's address: 4350 PABLO PROFESSIONAL CT STE 200 JACKSONVILLE, FL 322243224
Phone no.: (904) 296-2024

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

DACCO BEHAVIORAL HEALTH PROPERTIES, INC. (DACCO-P) WAS FORMED FOR THE BENEFIT OF DACCO BEHAVIORAL HEALTH, INC. (DACCO) A NONPROFIT ORGANIZATION WHOSE MISSION IS TO WORK TOWARDS A DRUG-FREE COMMUNITY BY PROVIDING BEHAVIORAL HEALTH SERVICES. THROUGH ITS SERVICES, DACCO SAVES LIVES AND KEEPS FAMILIES TOGETHER BY ADDRESSING SUBSTANCE AND MENTAL HEALTH ISSUES. DACCO-P PARTICIPATED IN A NEW MARKETS TAX CREDIT TRANSACTION THAT PROVIDED FUNDS TO DACCO, IN ORDER FOR DACCO TO REHABILITATE THE BUILDING IN WHICH DACCO IS HOUSED AND TO CONSTRUCT AN ADDITIONAL BUILDING ADJACENT THERETO. THIS ORGANIZATION ALSO PROVIDES SUPPORTING SERVICES TO DACCO IN FURTHERANCE OF ITS MISSION, WHICH INCLUDES OPERATING A FOOD SERVICE PROGRAM ON BEHALF OF DACCO.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )







**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

**Part IV Checklist of Required Schedules (continued)**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   |     | No |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  |     | No |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .  |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   |     | No |
| <b>b</b>   | Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   |     | No |
| <b>26</b>  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .   |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . |     | No |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b>   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  |     | No |
| <b>b</b>   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   |     | No |
| <b>c</b>   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>   |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .   | Yes |    |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .   |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .   | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | No |
| <b>b</b>   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   |     |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .    |     | No |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>    |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .   | Yes |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response or note to any line in this Part V . . . . .

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   |     |    |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |     |    |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . |     |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

|  |  |            |            |  |            |  |
|--|--|------------|------------|--|------------|--|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .  | <table border="1"> <tr> <td data-bbox="885 68 949 147"><b>2a</b></td> <td data-bbox="949 68 1185 147">0</td> </tr> </table>            | <b>2a</b>  | 0          | <table border="1"> <tr> <td data-bbox="1185 68 1328 147"><b>2b</b></td> <td data-bbox="1328 68 1399 147"></td> </tr> </table>        | <b>2b</b>  |  |
| <b>2a</b>  | 0  |            |            |  |            |  |
| <b>2b</b>  |  |            |            |  |            |  |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                   | <table border="1"> <tr> <td data-bbox="1185 147 1328 205"><b>2b</b></td> <td data-bbox="1328 147 1399 205"></td> </tr> </table>        |            | <b>2b</b>  |  |            |  |
| <b>2b</b>  |  |            |            |  |            |  |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .  | <table border="1"> <tr> <td data-bbox="1185 205 1328 235"><b>3a</b></td> <td data-bbox="1328 205 1399 235">No</td> </tr> </table>      |            | <b>3a</b>  | No   |            |  |
| <b>3a</b>  | No   |            |            |  |            |  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .  | <table border="1"> <tr> <td data-bbox="1185 235 1328 264"><b>3b</b></td> <td data-bbox="1328 235 1399 264"></td> </tr> </table>        |            | <b>3b</b>  |  |            |  |
| <b>3b</b>  |  |            |            |  |            |  |
| <b>4a</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)? . . . | <table border="1"> <tr> <td data-bbox="1185 264 1328 323"><b>4a</b></td> <td data-bbox="1328 264 1399 323">No</td> </tr> </table>      |            | <b>4a</b>  | No   |            |  |
| <b>4a</b>  | No   |            |            |  |            |  |
| <b>b</b> If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   | <table border="1"> <tr> <td data-bbox="1185 323 1328 382"></td> <td data-bbox="1328 323 1399 382"></td> </tr> </table>                 |            |            |  |            |  |
|  |  |            |            |  |            |  |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .  | <table border="1"> <tr> <td data-bbox="1185 382 1328 411"><b>5a</b></td> <td data-bbox="1328 382 1399 411">No</td> </tr> </table>      |            | <b>5a</b>  | No   |            |  |
| <b>5a</b>  | No   |            |            |  |            |  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | <table border="1"> <tr> <td data-bbox="1185 411 1328 441"><b>5b</b></td> <td data-bbox="1328 411 1399 441">No</td> </tr> </table>      |            | <b>5b</b>  | No   |            |  |
| <b>5b</b>  | No   |            |            |  |            |  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .  | <table border="1"> <tr> <td data-bbox="1185 441 1328 470"><b>5c</b></td> <td data-bbox="1328 441 1399 470"></td> </tr> </table>        |            | <b>5c</b>  |  |            |  |
| <b>5c</b>  |  |            |            |  |            |  |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .                                    | <table border="1"> <tr> <td data-bbox="1185 470 1328 529"><b>6a</b></td> <td data-bbox="1328 470 1399 529">No</td> </tr> </table>      |            | <b>6a</b>  | No   |            |  |
| <b>6a</b>  | No   |            |            |  |            |  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .   | <table border="1"> <tr> <td data-bbox="1185 529 1328 588"><b>6b</b></td> <td data-bbox="1328 529 1399 588"></td> </tr> </table>        |            | <b>6b</b>  |  |            |  |
| <b>6b</b>  |  |            |            |  |            |  |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |  |            |            |  |            |  |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .   | <table border="1"> <tr> <td data-bbox="1185 617 1328 676"><b>7a</b></td> <td data-bbox="1328 617 1399 676"></td> </tr> </table>        |            | <b>7a</b>  |  |            |  |
| <b>7a</b>  |  |            |            |  |            |  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .   | <table border="1"> <tr> <td data-bbox="1185 676 1328 705"><b>7b</b></td> <td data-bbox="1328 676 1399 705"></td> </tr> </table>        |            | <b>7b</b>  |  |            |  |
| <b>7b</b>  |  |            |            |  |            |  |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .  | <table border="1"> <tr> <td data-bbox="1185 705 1328 764"><b>7c</b></td> <td data-bbox="1328 705 1399 764"></td> </tr> </table>        |            | <b>7c</b>  |  |            |  |
| <b>7c</b>  |  |            |            |  |            |  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .   | <table border="1"> <tr> <td data-bbox="885 764 949 813"><b>7d</b></td> <td data-bbox="949 764 1185 813"></td> </tr> </table>           | <b>7d</b>  |            | <table border="1"> <tr> <td data-bbox="1185 764 1328 813"></td> <td data-bbox="1328 764 1399 813"></td> </tr> </table>               |            |  |
| <b>7d</b>  |  |            |            |  |            |  |
|  |  |            |            |  |            |  |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <table border="1"> <tr> <td data-bbox="1185 813 1328 842"><b>7e</b></td> <td data-bbox="1328 813 1399 842"></td> </tr> </table>        |            | <b>7e</b>  |  |            |  |
| <b>7e</b>  |  |            |            |  |            |  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .  | <table border="1"> <tr> <td data-bbox="1185 842 1328 872"><b>7f</b></td> <td data-bbox="1328 842 1399 872"></td> </tr> </table>        |            | <b>7f</b>  |  |            |  |
| <b>7f</b>  |  |            |            |  |            |  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .  | <table border="1"> <tr> <td data-bbox="1185 872 1328 931"><b>7g</b></td> <td data-bbox="1328 872 1399 931"></td> </tr> </table>        |            | <b>7g</b>  |  |            |  |
| <b>7g</b>  |  |            |            |  |            |  |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .  | <table border="1"> <tr> <td data-bbox="1185 931 1328 989"><b>7h</b></td> <td data-bbox="1328 931 1399 989"></td> </tr> </table>        |            | <b>7h</b>  |  |            |  |
| <b>7h</b>  |  |            |            |  |            |  |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   | <table border="1"> <tr> <td data-bbox="1185 989 1328 1019"><b>8</b></td> <td data-bbox="1328 989 1399 1019"></td> </tr> </table>       |            | <b>8</b>   |  |            |  |
| <b>8</b>   |  |            |            |  |            |  |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   | <table border="1"> <tr> <td data-bbox="1185 1019 1328 1048"></td> <td data-bbox="1328 1019 1399 1048"></td> </tr> </table>             |            |            |  |            |  |
|  |  |            |            |  |            |  |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .  | <table border="1"> <tr> <td data-bbox="1185 1048 1328 1078"><b>9a</b></td> <td data-bbox="1328 1048 1399 1078"></td> </tr> </table>    |            | <b>9a</b>  |  |            |  |
| <b>9a</b>  |  |            |            |  |            |  |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .   | <table border="1"> <tr> <td data-bbox="1185 1078 1328 1107"><b>9b</b></td> <td data-bbox="1328 1078 1399 1107"></td> </tr> </table>    |            | <b>9b</b>  |  |            |  |
| <b>9b</b>  |  |            |            |  |            |  |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |  |            |            |  |            |  |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .  | <table border="1"> <tr> <td data-bbox="885 1136 949 1176"><b>10a</b></td> <td data-bbox="949 1136 1185 1176"></td> </tr> </table>      | <b>10a</b> |            | <table border="1"> <tr> <td data-bbox="1185 1136 1328 1176"></td> <td data-bbox="1328 1136 1399 1176"></td> </tr> </table>           |            |  |
| <b>10a</b>   |  |            |            |  |            |  |
|  |  |            |            |  |            |  |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | <table border="1"> <tr> <td data-bbox="885 1176 949 1215"><b>10b</b></td> <td data-bbox="949 1176 1185 1215"></td> </tr> </table>      | <b>10b</b> |            | <table border="1"> <tr> <td data-bbox="1185 1176 1328 1215"></td> <td data-bbox="1328 1176 1399 1215"></td> </tr> </table>           |            |  |
| <b>10b</b>   |  |            |            |  |            |  |
|  |  |            |            |  |            |  |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |  |            |            |  |            |  |
| <b>a</b> Gross income from members or shareholders . . . . .   | <table border="1"> <tr> <td data-bbox="885 1244 949 1283"><b>11a</b></td> <td data-bbox="949 1244 1185 1283"></td> </tr> </table>      | <b>11a</b> |            | <table border="1"> <tr> <td data-bbox="1185 1244 1328 1283"></td> <td data-bbox="1328 1244 1399 1283"></td> </tr> </table>           |            |  |
| <b>11a</b>   |  |            |            |  |            |  |
|  |  |            |            |  |            |  |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .  | <table border="1"> <tr> <td data-bbox="885 1283 949 1323"><b>11b</b></td> <td data-bbox="949 1283 1185 1323"></td> </tr> </table>      | <b>11b</b> |            | <table border="1"> <tr> <td data-bbox="1185 1283 1328 1323"></td> <td data-bbox="1328 1283 1399 1323"></td> </tr> </table>           |            |  |
| <b>11b</b>   |  |            |            |  |            |  |
|  |  |            |            |  |            |  |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |  |            |            |  |            |  |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  | <table border="1"> <tr> <td data-bbox="885 1352 949 1391"><b>12b</b></td> <td data-bbox="949 1352 1185 1391"></td> </tr> </table>      | <b>12b</b> |            | <table border="1"> <tr> <td data-bbox="1185 1352 1328 1391"><b>12a</b></td> <td data-bbox="1328 1352 1399 1391"></td> </tr> </table> | <b>12a</b> |  |
| <b>12b</b>   |  |            |            |  |            |  |
| <b>12a</b>   |  |            |            |  |            |  |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |  |            |            |  |            |  |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   | <table border="1"> <tr> <td data-bbox="1185 1421 1328 1479"><b>13a</b></td> <td data-bbox="1328 1421 1399 1479"></td> </tr> </table>   |            | <b>13a</b> |  |            |  |
| <b>13a</b>   |  |            |            |  |            |  |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .   | <table border="1"> <tr> <td data-bbox="885 1479 949 1538"><b>13b</b></td> <td data-bbox="949 1479 1185 1538"></td> </tr> </table>      | <b>13b</b> |            | <table border="1"> <tr> <td data-bbox="1185 1479 1328 1538"></td> <td data-bbox="1328 1479 1399 1538"></td> </tr> </table>           |            |  |
| <b>13b</b>   |  |            |            |  |            |  |
|  |  |            |            |  |            |  |
| <b>c</b> Enter the amount of reserves on hand . . . . .  | <table border="1"> <tr> <td data-bbox="885 1538 949 1568"><b>13c</b></td> <td data-bbox="949 1538 1185 1568"></td> </tr> </table>      | <b>13c</b> |            | <table border="1"> <tr> <td data-bbox="1185 1538 1328 1568"></td> <td data-bbox="1328 1538 1399 1568"></td> </tr> </table>           |            |  |
| <b>13c</b>   |  |            |            |  |            |  |
|  |  |            |            |  |            |  |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .  | <table border="1"> <tr> <td data-bbox="1185 1568 1328 1597"><b>14a</b></td> <td data-bbox="1328 1568 1399 1597">No</td> </tr> </table> |            | <b>14a</b> | No   |            |  |
| <b>14a</b>   | No   |            |            |  |            |  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .  | <table border="1"> <tr> <td data-bbox="1185 1597 1328 1626"><b>14b</b></td> <td data-bbox="1328 1597 1399 1626"></td> </tr> </table>   |            | <b>14b</b> |  |            |  |
| <b>14b</b>   |  |            |            |  |            |  |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>Note.</b> See instructions and file Form 4720, Schedule N.               | <table border="1"> <tr> <td data-bbox="1185 1626 1328 1685"><b>15</b></td> <td data-bbox="1328 1626 1399 1685">No</td> </tr> </table>  |            | <b>15</b>  | No   |            |  |
| <b>15</b>  | No   |            |            |  |            |  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . <b>Note.</b> See instructions and file Form 4720, Schedule O.  | <table border="1"> <tr> <td data-bbox="1185 1685 1328 1734"><b>16</b></td> <td data-bbox="1328 1685 1399 1734">No</td> </tr> </table>  |            | <b>16</b>  | No   |            |  |
| <b>16</b>  | No   |            |            |  |            |  |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (5), 1b (5), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (No), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: FL
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DEANNA OBREGON 4422 E COLUMBUS DRIVE TAMPA, FL 33605 (813) 384-4231

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers... List all of the organization's former directors or trustees...

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A)<br>Name and title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                       |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |
|                       |  |   |                       |         |              |                              |        |  |   |   |

|  |  |
|--|--|
| <b>1b Sub-Total</b>  |  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |

|  |            |           |
|--|------------|-----------|
| <b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶   |            |           |
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  | <b>Yes</b> | <b>No</b> |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |            | No        |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |            | No        |

**Section B. Independent Contractors**

|  |                                  |                                |                     |
|--|----------------------------------|--------------------------------|---------------------|
| <b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. |                                  |                                |                     |
|  | (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|  |                                  |                                |                     |
|  |                                  |                                |                     |
|  |                                  |                                |                     |
|  |                                  |                                |                     |

|   |  |
|---|--|
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ |  |
|---|--|



Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, other contributions, and noncash contributions.

Table for Program Service Revenue with 5 columns (A-D) and rows 2a-f for various revenue types and a total line 2g.

Main table for Other Revenue with 5 columns (A-D) and rows 3-12 for investment income, royalties, rental income, gains from sales, fundraising events, gaming activities, and inventory sales.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  |                              |  |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .   |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .   |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  |                              |  |   |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                              |  |   |                                    |
| <b>7</b> Other salaries and wages . . . . .  |                              |  |   |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .   |                              |  |   |                                    |
| <b>9</b> Other employee benefits . . . . .   |                              |  |   |                                    |
| <b>10</b> Payroll taxes . . . . .  |                              |  |   |                                    |
| <b>11</b> Fees for services (non-employees):   |                              |  |   |                                    |
| <b>a</b> Management . . . . .  |                              |  |   |                                    |
| <b>b</b> Legal . . . . .   |                              |  |   |                                    |
| <b>c</b> Accounting . . . . .  |                              |  |   |                                    |
| <b>d</b> Lobbying . . . . .  |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                              |  |   |                                    |
| <b>f</b> Investment management fees . . . . .  |                              |  |   |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  |                              |  |   |                                    |
| <b>12</b> Advertising and promotion . . . . .  |                              |  |   |                                    |
| <b>13</b> Office expenses . . . . .  |                              |  |   |                                    |
| <b>14</b> Information technology . . . . .   |                              |  |   |                                    |
| <b>15</b> Royalties . . . . .  |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .  |                              |  |   |                                    |
| <b>17</b> Travel . . . . .   |                              |  |   |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .   |                              |  |   |                                    |
| <b>20</b> Interest . . . . .   |                              |  |   |                                    |
| <b>21</b> Payments to affiliates . . . . .   |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  |                              |  |   |                                    |
| <b>23</b> Insurance . . . . .  |                              |  |   |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                              |  |   |                                    |
| <b>a</b>   |                              |  |   |                                    |
| <b>b</b>   |                              |  |   |                                    |
| <b>c</b>   |                              |  |   |                                    |
| <b>d</b>   |                              |  |   |                                    |
| <b>e</b> All other expenses  |                              |  |   |                                    |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e  | 0                            | 0                                      | 0   | 0                                  |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year |   |
|---|--|--------------------------|-----------|--------------------|---|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   |                          | <b>1</b>  |                    |   |
|   | <b>2</b> Savings and temporary cash investments . . . . .  |                          | <b>2</b>  |                    |   |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>  |                    |   |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>  |                    |   |
|   | <b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .  |                          | <b>5</b>  |                    |   |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |                          | <b>6</b>  |                    |   |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>  |                    |   |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>  |                    |   |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                          | <b>9</b>  |                    |   |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b>               |           |                    |   |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b>               | 2,140,325 | <b>10c</b>         |   |
|   | <b>11</b> Investments—publicly traded securities . . . . .   |                          |           | <b>11</b>          |   |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                          |           | <b>12</b>          |   |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          |           | <b>13</b>          |   |
|   | <b>14</b> Intangible assets . . . . .  |                          |           | <b>14</b>          |   |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   |                          | 6,115,776 | <b>15</b>          |   |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . |  | 8,256,101                | <b>16</b> | 0                  |   |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  |                          | <b>17</b> |                    |   |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b> |                    |   |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b> |                    |   |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b> |                    |   |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          |           | <b>21</b>          |   |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |                          |           | <b>22</b>          |   |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          |           | <b>23</b>          |   |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          |           | <b>24</b>          |   |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  |                          |           | <b>25</b>          |   |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   |                          | 0         | <b>26</b>          | 0 |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |           |                    |   |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 8,256,101                | <b>27</b> |                    |   |
|   | <b>28</b> Net assets with donor restrictions . . . . .   |                          | <b>28</b> |                    |   |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |           |                    |   |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b> |                    |   |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b> |                    |   |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b> |                    |   |
| <b>32</b> Total net assets or fund balances . . . . .                         | 8,256,101  | <b>32</b>                |           | 0                  |   |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 8,256,101  | <b>33</b>                |           | 0                  |   |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 0          |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 0          |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 0          |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 8,256,101  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -8,256,101 |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 0          |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 45-3036902

**Name:** DACCO BEHAVIORAL HEALTH  
PROPERTIES INC

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

DACCO BEHAVIORAL HEALTH PROPERTIES, INC. (DACCO-P) IS INACTIVE.

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

**Public Charity Status and Public Support**  
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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DACCO BEHAVIORAL HEALTH  
PROPERTIES INC

Employer identification number  
45-3036902

**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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . . 1
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization                             | (ii) EIN  | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|--|-----------|--|---|----|---|---|
|  |           |  | Yes   | No |   |   |
| (A) DACCO BEHAVIORAL HEALTH INC<br>DACCO BEHAVIORAL HEALTH INC | 591514993 | 10   | Yes   |    | 8,256,102   | 8,256,102                                       |
| <b>Total</b>   | <b>1</b>  |  |   |    | <b>8,256,102</b>                                  | <b>8,256,102</b>                                |

**Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..  |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3   |          |          |          |          |          |           |
| <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). . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019  | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4. . .   |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .  |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .  |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .  |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          |          | <b>12</b> |           |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |           |           |

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

|   |           |  |
|---|-----------|--|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> |  |
| <b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .   | <b>15</b> |  |
| <b>16a 33 1/3% support test—2019.</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 . . . . . <input type="checkbox"/>   |           |  |
| <b>b 33 1/3% support test—2018.</b> If the organization did not check a 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 . . . . . <input type="checkbox"/>  |           |  |
| <b>17a 10%-facts-and-circumstances test—2019.</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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>    |           |  |
| <b>b 10%-facts-and-circumstances test—2018.</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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |           |  |
| <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 . . . . . <input type="checkbox"/>   |           |  |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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</b>   | <b>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</b>   | <b>Public support.</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 VI.) . . . . .                           |          |          |          |          |          |           |
| <b>13</b>  | <b>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 section 501(c)(3) organization, check this box and **stop here.** . . . . .

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>17</b> | Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> | Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2019.** 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—2018.** 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 . . . . .



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>   |     |    |
| <b>1</b>   |  | Yes |    |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     | No |
| <b>2</b>   |  |     | No |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     | No |
| <b>3a</b>  |  |     | No |
| <b>b</b>   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
| <b>3b</b>  |  |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| <b>3c</b>  |  |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>   |     | No |
| <b>4a</b>  |  |     | No |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>   |     |    |
| <b>4b</b>  |  |     |    |
| <b>c</b>   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>  |     |    |
| <b>4c</b>  |  |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     | No |
| <b>5a</b>  |  |     | No |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>5b</b>  |  |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>5c</b>  |  |     |    |
| <b>6</b>   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>   |     | No |
| <b>6</b>   |  |     | No |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     | No |
| <b>7</b>   |  |     | No |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     | No |
| <b>8</b>   |  |     | No |
| <b>9a</b>  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     | No |
| <b>9a</b>  |  |     | No |
| <b>b</b>   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     | No |
| <b>9b</b>  |  |     | No |
| <b>c</b>   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     | No |
| <b>9c</b>  |  |     | No |
| <b>10a</b> | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>   |     | No |
| <b>10a</b> |  |     | No |
| <b>b</b>   | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>  |     |    |
| <b>10b</b> |  |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     | No |
| <b>b</b>  | A family member of a person described in (a) above?   |     | No |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     | No |

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>  |     |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes | No |
|----------|---|-----|----|
| <b>1</b> | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     | No |
| <b>2</b> | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>  | Yes |    |
| <b>3</b> | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     | No |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |  |    |
|----------|--|--|----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):   |  |    |
| <b>a</b> | <input checked="" type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.  |  |    |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |    |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)   |  |    |
| <b>2</b> | Activities Test. <b>Answer (a) and (b) below.</b>  |  |    |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  | No |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  | No |
| <b>3</b> | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |  |    |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |  |    |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |  |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(optional) |
|---|--|----------------|--------------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>                                | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                                |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                                |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | <b>1</b>       |                                |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                                |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |                |                                |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>       |                                |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                                |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                                |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                   |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                                |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                                |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                                |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                                |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                                |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                                |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                                |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D - Distributions</b>   | <b>Current Year</b> |
|--|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets   |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)   |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |                     |
| <b>9</b> Distributable amount for 2019 from Section C, line 6  |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount   |                     |

| <b>Section E - Distribution Allocations</b><br>(see instructions)  | <b>(i)</b><br><b>Excess Distributions</b> | <b>(ii)</b><br><b>Underdistributions</b><br><b>Pre-2019</b> | <b>(iii)</b><br><b>Distributable</b><br><b>Amount for 2019</b> |
|--|---|---|--|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |   |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.   |   |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2019:  |   |   |  |
| <b>a</b> From 2014. . . . .  |   |   |  |
| <b>b</b> From 2015. . . . .  |   |   |  |
| <b>c</b> From 2016. . . . .  |   |   |  |
| <b>d</b> From 2017. . . . .  |   |   |  |
| <b>e</b> From 2018. . . . .  |   |   |  |
| <b>f Total</b> of lines 3a through e   |   |   |  |
| <b>g</b> Applied to underdistributions of prior years  |   |   |  |
| <b>h</b> Applied to 2019 distributable amount  |   |   |  |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |   |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |   |   |  |
| <b>4</b> Distributions for 2019 from Section D, line 7:  |   |   |  |
| \$   |   |   |  |
| <b>a</b> Applied to underdistributions of prior years  |   |   |  |
| <b>b</b> Applied to 2019 distributable amount  |   |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |   |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions. |   |   |  |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.                        |   |   |  |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |   |   |  |
| <b>8</b> Breakdown of line 7:  |   |   |  |
| <b>a</b> Excess from 2015. . . . .   |   |   |  |
| <b>b</b> Excess from 2016. . . . .   |   |   |  |
| <b>c</b> Excess from 2017. . . . .   |   |   |  |
| <b>d</b> Excess from 2018. . . . .   |   |   |  |
| <b>e</b> Excess from 2019. . . . .   |   |   |  |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 45-3036902

**Name:** DACCO BEHAVIORAL HEALTH  
PROPERTIES INC

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

SCHEDULE N (Form 990 or 990-EZ)

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No. 1545-0047

2019

Open to Public Inspection

- Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
Attach certified copies of any articles of dissolution, resolutions, or plans.
Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization DACCO BEHAVIORAL HEALTH PROPERTIES INC

Employer identification number 45-3036902

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

Table with 7 columns: (a) Description of asset(s) distributed or transaction expenses paid, (b) Date of distribution, (c) Fair market value of asset(s) distributed or amount of transaction expenses, (d) Method of determining FMV for asset(s) distributed or transaction expenses, (e) EIN of recipient, (f) Name and address of recipient, (g) IRC section of recipient(s) (if tax-exempt) or type of entity.

Table with 3 columns: Question (2a-2d), Yes, No. Questions include: Did or will any officer, director, trustee, or key employee of the organization: a) Become a director or trustee of a successor or transferee organization? b) Become an employee of, or independent contractor for, a successor or transferee organization? c) Become a direct or indirect owner of a successor or transferee organization? d) Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? e) If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

**Part I** Liquidation, Termination, or Dissolution (continued)

**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

**Yes** **No**

- 3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III . . . . .
- 4a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? . . . . .
- b** If "Yes," did the organization provide such notice? . . . . .
- 5** Did the organization discharge or pay all of its liabilities in accordance with state laws? . . . . .
- 6a** Did the organization have any tax-exempt bonds outstanding during the year? . . . . .
- b** If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?
- c** If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

|           |  |  |
|-----------|--|--|
| <b>3</b>  |  |  |
| <b>4a</b> |  |  |
| <b>4b</b> |  |  |
| <b>5</b>  |  |  |
| <b>6a</b> |  |  |
| <b>6b</b> |  |  |

**Part II** Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part

if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

See Additional Data Table

| <b>1</b> | <b>(a)</b> Description of asset(s) distributed or transaction expenses paid | <b>(b)</b> Date of distribution | <b>(c)</b> Fair market value of asset(s) distributed or amount of transaction expenses | <b>(d)</b> Method of determining FMV for asset(s) distributed or transaction expenses | <b>(e)</b> EIN of recipient | <b>(f)</b> Name and address of recipient | <b>(g)</b> IRC section of recipient(s) (if tax-exempt) or type of entity |
|----------|---|---------------------------------|--|---|-----------------------------|--|--|
|          |   |                                 |  |   |                             |  |  |
|          |   |                                 |  |   |                             |  |  |
|          |   |                                 |  |   |                             |  |  |
|          |   |                                 |  |   |                             |  |  |
|          |   |                                 |  |   |                             |  |  |
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|          |   |                                 |  |   |                             |  |  |
|          |   |                                 |  |   |                             |  |  |
|          |   |                                 |  |   |                             |  |  |
|          |   |                                 |  |   |                             |  |  |
|          |   |                                 |  |   |                             |  |  |

- 2** Did or will any officer, director, trustee, or key employee of the organization:
  - a** Become a director or trustee of a successor or transferee organization? . . . . .
  - b** Become an employee of, or independent contractor for, a successor or transferee organization? . . . . .
  - c** Become a direct or indirect owner of a successor or transferee organization? . . . . .
  - d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? . . . . .
  - e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ►

|           |            |           |
|-----------|------------|-----------|
|           | <b>Yes</b> | <b>No</b> |
| <b>2a</b> |            |           |
| <b>2b</b> |            |           |
| <b>2c</b> |            |           |
| <b>2d</b> |            |           |

**Part III** **Supplemental Information.**

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 45-3036902

**Name:** DACCO BEHAVIORAL HEALTH  
PROPERTIES INC

**Form 990, Schedule N, Part II - Sale, Exchange, Disposition or Other Transfer of more than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.**

| <b>1</b> | <b>(a)</b> Description of asset(s) distributed or transaction expenses paid | <b>(b)</b> Date of distribution | <b>(c)</b> Fair market value of asset(s) distributed or amount of transaction expenses | <b>(d)</b> Method of determining FMV for asset(s) distributed or transaction expenses | <b>(e)</b> Ein of recipient | <b>(f)</b> Name and address of recipient                                   | <b>(g)</b> IRC Code section recipient(s) (if tax-exempt) or type of entity |
|----------|---|---------------------------------|--|---|-----------------------------|--|--|
|          | TRANS. OF FIXED ASSETS  | 06-30-2020                      | 8,256,102  | BOOK  | 59-1514993                  | DACCO BEHAVIORAL HEALTH INC<br>4422 EAST COLUMBUS DRIVE<br>TAMPA, FL 33605 | 501(C)(3)  |

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
DACCO BEHAVIORAL HEALTH  
PROPERTIES INC

Employer identification number

45-3036902

**990 Schedule O, Supplemental Information**

| Return Reference                  | Explanation   |
|-----------------------------------|---|
| FORM 990 - ORGANIZATION'S MISSION | DACCO BEHAVIORAL HEALTH PROPERTIES, INC. (DACCO-P) WAS FORMED FOR THE BENEFIT OF DACCO BEHAVIORAL HEALTH, INC. (DACCO) A NONPROFIT ORGANIZATION WHOSE MISSION IS TO WORK TOWARDS A DRUG-FREE COMMUNITY BY PROVIDING BEHAVIORAL HEALTH SERVICES. THROUGH ITS SERVICES, DACCO SAVES LIVES AND KEEPS FAMILIES TOGETHER BY ADDRESSING SUBSTANCE AND MENTAL HEALTH ISSUES. DACCO-P PARTICIPATED IN A NEW MARKETS TAX CREDIT TRANSACTION THAT PROVIDED FUNDS TO DACCO, IN ORDER FOR DACCO TO REHABILITATE THE BUILDING IN WHICH DACCO IS HOUSED AND TO CONSTRUCT AN ADDITIONAL BUILDING ADJACENT THERETO. THIS ORGANIZATION ALSO PROVIDES SUPPORTING SERVICES TO DACCO IN FURTHERANCE OF ITS MISSION, WHICH INCLUDES OPERATING A FOOD SERVICE PROGRAM ON BEHALF OF DACCO. |

## 990 Schedule O, Supplemental Information

| Return Reference                             | Explanation   |
|--|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 11B | FORM 990 WAS PRESENTED TO THE BOARD FOR REVIEW AND APPROVAL PRIOR TO THE RETURN BEING SUBMITTED TO THE IRS. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                      | <b>Explanation</b>   |
|--|--|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 12C | A CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED TO EACH BOARD MEMBER ANNUALLY. THE QUESTIONNAIRES ARE COMPLETED AND SIGNED BY EACH MEMBER AND RETURNED TO THE SECRETARY OF THE BOARD. THE SECRETARY REVIEWS THE RESPONSES AND REPORTS TO THE EXECUTIVE COMMITTEE OF THE BOARD. BOARD MEMBERS SHALL DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT AND REFRAIN FROM ADVOCATING OR VOTING WHENEVER THE MATTER CAUSING THE CONFLICT IS BROUGHT BEFORE A COMMITTEE OR THE FULL BOARD. THE BOARD MEMBER WITH THE CONFLICT OF INTEREST MAY ANSWER QUESTIONS OR MAKE SUCH PRESENTATIONS AS THE CHAIRPERSON DIRECTS. |

## 990 Schedule O, Supplemental Information

| Return Reference                            | Explanation   |
|---|---|
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST FROM THE PUBLIC. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>         | <b>Explanation</b>                               |
|---------------------------------|--|
| FORM 990,<br>PART XI,<br>LINE 9 | TRANSFER OF FIXED ASSETS TO AFFILIATE -8,256,101 |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
DACCO BEHAVIORAL HEALTH  
PROPERTIES INC

**Employer identification number**

45-3036902

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1) DACCO BEHAVIORAL HEALTH INC<br>DACCO BEHAVIORAL HEALTH INC4422 E COLUMBUS DRIVE<br><br>TAMPA, FL 33605<br>59-1514993 | DRUG REHAB              | FL   | 509A2                      | 10  | N/A                              |  | No |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |
|  |                         |  |                            |   |                                  |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |   |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No  |
|--|-----------|-----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |     |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               | <b>1a</b> | No  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> | No  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> | No  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> | No  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> | No  |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> | No  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> | No  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> | No  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> | No  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> | No  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> | No  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> | No  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> | No  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> | No  |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> | No  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> | No  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> | No  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> | Yes |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> | No  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) DACCO BEHAVIORAL HEALTH INC     | R                             | 8,256,101              | BOOK/COST                                    |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
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**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |