`	ĺ			_			OMB No 1545-0687
Form 990-T		an (an	anization Busii d proxy tax under	r sectio	n 6033(e))	<i>7</i> .	2017
Department of the Treasury	For cal	endar year 2017 or other tax	$_{ extsf{/ear}}$ beginning $10/01$ s.gov/Form990T for insti				Open to Public Inspection for
Internal Revenue Service	▶ Do	not enter SSN numbers					501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name cha	nged and see	instructions)	D Employer ider	ntification number
B Exempt under section						(Employees' trus	st, see instructions)
X 501(C)(<u>03</u>)	Print	CODAC HEAL	TH, RECOVER	Y AND	WELLNESS	_]	
408(e) 220(e)	or or		suite no. If a P.O. box, see instru			23-70	86112
408A 530(a)	Type	1650 E. FO	RT LOWELL R	OAD,	SUITE 202		iness activity codes
529(a)		City or town, state or provin	ce, country, and ZIP or foreign			(See instruction	' F
C Book value of all assets	7	TUCSON		AZ 8	35719	53112	.0
at end of year		roup exemption numbe					
24,335,865	G C	heck organization type	► X 501(c) corp	oration	501(c) trust	401(a) trust	Other trust
H Describe the organizat	-	•	activity				
► RENTAL PR							
I During the tax year, wa If "Yes," enter the nam		poration a subsidiary in ntifying number of the p		parent-su	bsidiary controlled gro	up?	► ∐ Yes X No
J The books are in care	of ▶ T	HE ORGANIZA	TION		Teleg	ohone number ▶	520-327-450
Part I Unrelate	d Trad	e or Business Inc	ome		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sal	es						
b Less returns and allo	wances		c Balance	► 1c			
2 Cost of goods sold (Schedule	A, line 7)		2			
3 Gross profit Subtract	t line 2 fro	om line 1c		3			,,,,,,
4a Capital gain net inco	•	•		4a			
b Net gain (loss) (Form 47	'97, Part II,	line 17) (attach Form 4797)	4b			
c Capital loss deduction	n for trus	ts		4c			
5 Income (loss) from partnersh	ips and S cor	porations (attach statement)		5			
6 Rent income (Sched)	-			6	70.000	70.0	200
7 Unrelated debt-finan-		` '		7	70,920	70,9	920
	•	ents from controlled organiz	•	8		•	· · · · · · · · · · · · · · · · · · ·
		1(c)(7), (9), or (17) organiza	ition (Schedule G)	9			-
10 Exploited exempt act				10			
11 Advertising income (•		11		·····	
12 Other income (See ii				12	70,920	70,9	120
Part II Deducti		t Taken Elsewher	a (See instructions				
deductio	ns mus	t be directly connec	cted with the unrela	ated bus	iness income)	/// / (Except i	or contributions,
		ctors, and trustees (Sc					14
15 Salaries and wages			DEOCN/E	n			15
16 Repairs and mainten	ance		RECEIVE	ان		_	16
17 Bad debts			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	. K	i		17
18 Interest (attach sche	dule)	18	AUG 19 20	13 RS-OS(-	18
19 Taxes and licenses				J	1	-	19
	•	uctions for limitation rules	OCDEN	LFT_	1	00 077	20
21 Depreciation (attach			COLLINE	No.	21	92,877	
	aimed on	Schedule A and elsewit	Têre on return		22a		22b (
23 Depletion						<u> -</u>	23
24 Contributions to defe		pensation plans				F	24 25
25 Employee benefit pro		hadula I\				<u> </u>	26
26 Excess exempt expe27 Excess readership c	•	•				<u> </u>	27
27 Excess readership c28 Other deductions (at	•	•				<u> </u>	28
29 Total deductions. A		•				}-	29
		come before net operat	ing loss deduction. Sub	tract line :	29 from line 13	<u> </u>	30
		limited to the amount o	-			<u> </u>	31
		come before specific de		31 from line	e 30	<u> </u>	32
		\$1,000, but see line 33			-	-	33
, ,	•	income. Subtract line 3	•	•	er than line 32,	,	
enter the smaller of							34

	990-T (2017) CODAC HEALTH, RECOVERY AN	ID WELLNES	S 23-708	36112		Pag	ge 2
Pa	rt III Tax Computation	-					
35	Organizations Taxable as Corporations. See instructions for tax of		olled group				
	members (sections 1561 and 1563) check here ▶ ☐ See instru						
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable in	ncome brackets (in	that order)				
	(1) \[\\$ \		┙,		1 1		
b	Enter organization's share of (1) Additional 5% tax (not more than \$	511,750)	\$		- 1		
	(2) Additional 3% tax (not more than \$100,000)		\$]		
C	Income tax on the amount on line 34			>	35c		
36	Trusts Taxable at Trust Rates. See instructions for tax computatio	n Income tax on					
	the amount on line 34 from Tax rate schedule or	Schedule D (Form 1	041)	>	36		
37	Proxy tax. See instructions			•	37		
38	Alternative minimum tax				38		
39	Tax on Non-Compliant Facility Income. See instructions				39	····	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies				40		
Pa	rt IV Tax and Payments						
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form	m 1116)	41a				
b	Other credits (see instructions)		41b] [
C	General business credit Attach Form 3800 (see instructions)		41c]		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		41d]]		
е	Total credits. Add lines 41a through 41d				41e		
42	Subtract line 41e from line 40	_			42		
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8	3866 Other (att.s.	ch)		43		
44	Total tax. Add lines 42 and 43		_		44		0
45a	Payments A 2016 overpayment credited to 2017	200/	45a	1,814]]		
b	2017 estimated tax payments		45b				
С	Tax deposited with Form 8868		45c	· · · · · · · · · · · · · · · · · · ·			
d	Foreign organizations Tax paid or withheld at source (see instruction	ins)	45d				
е	Backup withholding (see instructions)		45e]]	,	
f	Credit for small employer health insurance premiums (Attach Form	8941)	45f]]		
g	Other credits and payments Form 2439						
	Form 4136 Other	Total ▶	45g],		
46	Total payments. Add lines 45a through 45g			97	46	1,8	<u>14</u>
47	Estimated tax penalty (see instructions) Check if Form 2220 is attack	ched		▶ []	47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter am	ount owed		>	48		
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, e	nter amount overpa	aid	Ø^\ ►	49	1,8	<u>14</u>
50	Enter the amount of line 49 you want Credited to 2018 estimated tax ▶	1,8		Refunded >	50		
<u>Pa</u>	rt V Statements Regarding Certain Activities an	<u>d Other Inform</u>	ation (see in	structions)			
51	At any time during the 2017 calendar year, did the organization have		•	•		Yes	<u>No</u>
	over a financial account (bank, securities, or other) in a foreign coun						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts	If YES, enter the n	ame of the fore	gn country			3.7
	here >					 	$\frac{X}{X}$
52	During the tax year, did the organization receive a distribution from,	-	or of, or transfer	or to, a foreign tri	ust?		<u>X</u>
	If YES, see instructions for other forms the organization may have to					1	
<u>53</u>	Enter the amount of tax-exempt interest received or accrued during Under penalties of penjury, I declare that I have examined this return, including accompanyi		nts and to the hest of	ny knowledge and helie	of itis		
Sig	true correct, and complete Declaration of propager (other than tax payor) is based on all inf			ny raiomeage and bene	1,1013	May the IRS discuss this re	etum
Hei	of the thinks in the	~~ ~~~~	22211722			with the preparer shown be (see instructions)?	wols
1 ICI		OF ADMIN	SERVICE	5	 !		No
	Signature of officer Date Title Print/Type preparer's name Preparer's sign	nature)		Date	Check	If PTIN	
Paid		1		Maha	self-emplo	J."	
Prep	THEFT CHILD C DUDY	R PLLC		<u> </u>	EIN	36-45382	<u>a 3</u>
•	only 4783 E CAMP LOWELL DR			Pirm's	LIII F		<u> </u>
JJE	Firm's address • TUCSON . A7 85712	•		Phone	- no	520-545-05	٥٥

Form **990-T** (2017)

		HEALTH, REC				23-7	086112			Р	age 3
Sch	edule A - Cost of Go	ods Sold. Enter me	thod of inver	nto	y valuation ▶						
1	Inventory at beginning of ye	ear <u>1</u>	6 Inventory at end of y			ear		6			
2	Purchașes	2		7 Cost of goods sold. Subtr			ct				
3	Cost of labor	3			line 6 from line 5 En	ter here	er here and		1		
4a	Additional sec 263A costs		}		ın Part I, line 2		[7			
	(attach schedule)	4a		8 Do the rules of section 263A (with respect to			(with respect to			Yes	No
b	Other costs	4b		property produced or acquired for resale) apply							
5	(attach schedule) Total. Add lines 1 through	4b 5		to the organization?							Ì
	edule C – Rent Incom		perty and Pe	rse	onal Property Le	ased \	With Real Prope	erty)		
	ee instructions)						<u> </u>		<u></u>		
1 Des	cription of property										
(1)	N/A										
(2)											
(3)			-								
(4)		<u> </u>									
		2 Rent received or	accrued						-		
	(a) From personal property (if the p	percentage of rent	(b) From rea	l and	personal property (if the		3(a) Deductions d	lirectly	connected with the	ıncome	
	for personal property is more that	- I					1	-	d 2(b) (attach schedu		
	more than 50%)		50% or if the re	0% or if the rent is based on profit or income)							
(1)											
(2)											
(3)											
(4) Total		Tr	otal				(b) T-4-1 d- d		• • • • • • • • • • • • • • • • • • • •		
							(b) Total deduction Enter here and on page				
	otal income. Add totals of c and on page 1, Part I, line 6		ntei		_		Part I, line 6, column		•		
	edule E – Unrelated [nme (see insti	ruc	tions)			(5) -			
<u> 3011</u>	iedule L - Officialed L	Jebt-i illancea me	Jille (see msu	iuc	110113)		3 Deductions directly co		ted with or allocable	<u> </u>	
			2. 0	Gross	income from or	STM	-			'MT	2
	 Description of debt-fi 	nanced property	atloc		to debt-financed				- 01		
				1	property	(a) S	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
	RENTAL			_	105,300		92,87	7		12,	123
<u>(1)</u>	KENIAL				103,300		92,01	+		12,	423
(2)			- -					+			
(3)	 		-				· · · · · · · · · · · · · · · · · · ·				
(4)							· · · · · · · · · · · · · · · · · · ·	+			
	4 Amount of average acquisition debt on or	5 Average adjusted basis of or allocable to			Column I divided	7 Crean assemble 1		8 Allocable ded (column 6 x total d			
	allocable to debt-financed	debt-financed property			column 5	(0	column 2 x column 6)		3(a) and 3(13
	property (attach schedule)	(attach schedule)	00			70.000		. -			
(1)	991,134	1,471,5	99		67.35%		70,920	띡		70,	920
(2)					%			_			
(3)					%						
(4)					%			\perp			
SI	EE STATEMENT 3	SEE STATEMENT	4				here and on page 1, line 7, column (A)		Enter here and o Part I, line 7, col		
T-4-	1-						70 921	Λl		70	920

Total dividends-received deductions included in column 8

Schedule F - Interest, Annu	ities, Royal	ties, and Ren	ts Fron	n Controll	ed Org	janiza	ations	(see instruc	tions)		
				t Controlle							
Name of controlled organization	ide	2 Employer Intification number	ı	related income e instructions)	l	Total of specified payments made 5 Part of column included in the colorganization's gross		ontrolling	olling connected with income		
(1) N/A											
(2)	l l										
(3)											
(4)											
Nonexempt Controlled Organization	tions										
7. Tayabla lasama		Net unrelated income oss) (see instructions)		9. Total of speci		ıncl	luded in th	lumn 9 that is se controlling gross income		11. Deductions directly connected with income in column 10	
(1)							,				
(2)									ļ	·····	
(3)									<u> </u>		
(4)							dal a.a.l	- F and 10	ļ	Id ask was C and Id	
						Ente	er here an	s 5 and 10 id on page 1, column (A)	Ent	id columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Totals		2-4: 504/-	\ /7_/0\	(47) O	<u> </u>		/ i				
Schedule G – Investment In	come of a S	ection 501(c)(7), (9)	, or (17) O	rganiz	ation	(see ir				
1. Description of income		2 Amount of II	ncome	directly	ductions connected schedule)		4 Set-asides (attach schedule)			5 Total deductions and set-asides (col. 3 plus col. 4)	
(1) N/A											
(2)											
(3)											
(4)											
Totals	•	Enter here and o Part I, line 9, co	on page 1, lumn (A)							ter here and on page 1, art I, line 9, column (B)	
Schedule I – Exploited Exer	npt Activity	Income, Oth	er Than	Advertis	ing Inc	ome	(see in	structions)			
Description of exploited activity	2 Gross unrelated business incom from trade or business	3 Expen	nses ly d with on of ed	4 Net income (from unrelated or business (cc 2 minus colum If a gain, com cols 5 throug	(loss) trade olumn n 3) pule	5 Gross income from activity that is not unrelated business income 6 Expenses attributable to column 5		table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1) N/A .											
(2)											
(3)								<u> </u>			
Enter here and o page 1, Part I, tine 10, cot (A)		page 1, P	Part I,						Enter here and on page 1, Part II, line 26		
Totals Schedule J – Advertising In	come (see in	structions)					 · · · · · · ·			1	
Part I Income From P			Consc	lidated B	asis						
1 Name of periodical	2 Gross advertising income	3 Dire advertising	ect	4 Advertisii gain or (loss) 2 minus col 3 a gain, comp cols 5 throug	ng (col 3) If ute	. 5 Circulation 6 Readership income costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)			
(1) N/A				•••••							
(2)											
(3)										_	
(4)											
Totals (carry to Part II, line (5)) ▶							_				

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 5 Circulation 6 Readership 3 Direct advertising 2 minus col 3) If minus column 5, but 1 Name of periodical ıncome costs advertising costs a gain, compute not more than income cols 5 through 7 column 4) (1) N/A (2) (3) (4) ▶ Totals from Part i Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable to time devoted to 1 Name unrelated business business (1) N/A % % (2) % (3) %

Form 990-T (2017)

Total. Enter here and on page 1, Part II, line 14

23-7086112

Federal Statements

Statement 1 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation

	Description	 Deduction
RENTAL DEPRECIATION		92,877
TOTAL		92,877

Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	<u>′</u> .	Deduction
RENTAL		
INTEREST		10,777
INSURANCE		2,615
CLEANING & MAINTENANCE		1,176
REPAIRS		1,787
TAXES		16,167
UTILITIES		3,038
GAIN/LOSS ON DISPOSITION OF ASSET		1,492
SECURITY SYSTEM		672
DEDUCTION FOR LACK OF PROFIT MOTIVE		-25,301
TOTAL		12,423

Statement 3 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

Description	Deduction
RENTAL SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	11,893,602
AVERAGE ACQUISITION DEBT	991,134

Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

Description	<u>Deduction</u>
RENTAL ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	1,639,235 1,303,963
DIVIDED BY 2	2,943,198
AVERAGE ADJUSTED BASIS	1,471,599