

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

BIG BEND COMMUNITY BASED CARE, INC.

03-0423156

Name and title of officer

OFFICER

CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 82,124,152.
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize JAMES MOORE & CO., P.L. to enter my PIN 05322
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature [Signature] Date 2/16/15

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59729304152 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature BOB POWELL Date 02/10/15

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

CLIENT'S COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BIG BEND COMMUNITY BASED CARE, INC.		D Employer identification number 03-0423156
	Doing Business As		E Telephone number 850-410-1020
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 82,172,698.
	525 NORTH MARTIN LUTHER KING BLVD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE, FL 32301		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: MICHAEL WATKINS SAME AS C ABOVE			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.BIGBENDCBC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2002 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE THE HIGHEST QUALITY CHILD WELFARE, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	72
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-7,990.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-7,327.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	45,439,257.	81,459,068.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	111,587.	114,989.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,114.	1,484.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	423,631.	548,611.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	45,975,589.	82,124,152.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	27,010,407.	59,404,719.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,027,641.	4,655,646.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,960,583.	18,190,706.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45,998,631.	82,251,071.
19 Revenue less expenses. Subtract line 18 from line 12	-23,042.	-126,919.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	16,761,815.	19,033,974.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,387,252.	18,786,330.
		374,563.	247,644.

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.

Sign Here	<i>[Signature]</i>	2/10/15
	MICHAEL WATKINS, CHIEF EXECUTIVE OFFICER	Date 2/10/15

Paid Preparer Use Only	Print/Type preparer's name BOB POWELL	Preparer's signature BOB POWELL	Date 02/10/15	Check <input type="checkbox"/> if self-employed	PTIN P00005498
	Firm's name ▶ JAMES MOORE & CO., P.L.	Firm's EIN ▶ 59-3204548			
	Firm's address ▶ 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386		Phone no. 850-386-6184		

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

CLIENT'S COPY

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO DEVELOP COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES SERVED BY THE CHILD PROTECTION AND FOSTER CARE SYSTEM; AND TO PROVIDE THE HIGHEST QUALITY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO CHILDREN, ADULTS, AND THEIR FAMILIES WITHIN THEIR COMMUNITIES

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 [X] 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 [X] 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 \$ 80,636,552. including grants of \$ 59,404,719.) (Revenue \$ 114,989.)

DEVELOPED COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES SERVED BY THE CHILD PROTECTION AND FOSTER CARE SYSTEM; PROVIDED THE HIGHEST QUALITY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO CHILDREN, ADULTS, AND THEIR FAMILIES WITHIN THEIR COMMUNITIES THROUGH A MANAGED NETWORK OF ACCREDITED PROVIDERS.

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 80,636,552.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 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? If "Yes," complete Schedule J	X	
24a 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	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)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 850-410-1020**
525 NORTH MARTIN LUTHER KING BLVD, TALLAHASSEE, FL 32301

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 (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA NELSON PRESIDENT	1.00	X		X				0.	0.	0.
(2) JEFFREY PIC VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) PAULINE PATRICK TREASURER	1.00	X		X				0.	0.	0.
(4) KATHY MILTON SECRETARY	1.00	X		X				0.	0.	0.
(5) DR. LIZ HOLIFIELD DIRECTOR	1.00	X						0.	0.	0.
(6) CATHY HARCUS DIRECTOR	1.00	X						0.	0.	0.
(7) REGGIE JOHNS DIRECTOR	1.00	X						0.	0.	0.
(8) BAMBI SMITH DIRECTOR	1.00	X						0.	0.	0.
(9) GERALD WATERS DIRECTOR	1.00	X						0.	0.	0.
(10) SCOTT CLEMONS DIRECTOR	1.00	X						0.	0.	0.
(11) BRIAN TESNAR DIRECTOR	1.00	X						0.	0.	0.
(12) BRIAN HALCOMB DIRECTOR	1.00	X						0.	0.	0.
(13) JOHN STEIGNER DIRECTOR	1.00	X						0.	0.	0.
(14) MARK STAVROS, MD DIRECTOR	1.00	X						0.	0.	0.
(15) DENISE MYERS DIRECTOR	1.00	X						0.	0.	0.
(16) CATHERINE WYNNE DIRECTOR	1.00	X						0.	0.	0.
(17) MIKE WATKINS CHIEF EXECUTIVE OFFICER	40.00			X				363,189.	0.	38,659.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	81,426,544.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	32,524.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		81,459,068.				
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code 624100	114,989.	114,989.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		114,989.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,484.			1,484.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	597,157.				
		(ii) Personal					
		b Less: rental expenses	48,546.				
		c Rental income or (loss)	548,611.				
	d Net rental income or (loss)		548,611.	110,627.	-7,990.	445,974.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			82,124,152.	225,616.	-7,990.	447,458.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	59,404,719.	59,404,719.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	692,687.	534,823.	157,864.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,023,331.	2,281,938.	741,393.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	134,243.	50,469.	83,774.	
9 Other employee benefits	516,626.	432,200.	84,426.	
10 Payroll taxes	288,759.	234,590.	54,169.	
11 Fees for services (non-employees):				
a Management				
b Legal	101,960.		101,960.	
c Accounting	90,383.	28,183.	62,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,542,603.	1,390,890.	151,713.	
12 Advertising and promotion				
13 Office expenses	46,481.	28,142.	18,339.	
14 Information technology	35,261.	29,575.	5,686.	
15 Royalties				
16 Occupancy	2,523,830.	2,475,202.	48,628.	
17 Travel	94,062.	90,464.	3,598.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	109,257.	69,508.	39,749.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	276,807.	276,807.		
23 Insurance				
24 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.)				
a DIRECT PROGRAM EXPENSES	13,080,900.	13,080,900.		
b EXPENDABLE EQUIPMENT, F	138,985.	132,919.	6,066.	
c OTHER STAFF RELATED COS	80,063.	63,248.	16,815.	
d DUES, MEMBERSHIPS AND S	48,241.	12,629.	35,612.	
e All other expenses	21,873.	19,346.	2,527.	
25 Total functional expenses. Add lines 1 through 24e	82,251,071.	80,636,552.	1,614,519.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	4,024,140.	2	4,855,334.
	3 Pledges and grants receivable, net	4,257,423.	3	3,715,909.
	4 Accounts receivable, net	15,280.	4	20,839.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	425,348.	9	162,206.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,495,043.		
	b Less: accumulated depreciation	10b 1,394,416.	7,926,610.	10c 10,100,627.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	4,726.
	15 Other assets. See Part IV, line 11	113,014.	15	174,333.
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,761,815.	16	19,033,974.	
Liabilities	17 Accounts payable and accrued expenses	8,064,733.	17	8,378,459.
	18 Grants payable		18	
	19 Deferred revenue	695,828.	19	379,787.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	140,895.	21	109,724.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,485,796.	23	9,786,588.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	0.	25	131,772.
	26 Total liabilities. Add lines 17 through 25	16,387,252.	26	18,786,330.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	374,563.	27	247,644.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	374,563.	33	247,644.	
34 Total liabilities and net assets/fund balances	16,761,815.	34	19,033,974.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	82,124,152.
2	Total expenses (must equal Part IX, column (A), line 25)	2	82,251,071.
3	Revenue less expenses. Subtract line 2 from line 1	3	-126,919.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	374,563.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	247,644.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?	X	
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	X	

Form 990 (2013)

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30781461.	31871671.	32779350.	45439257.	81459068.	222330807
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	30781461.	31871671.	32779350.	45439257.	81459068.	222330807
5 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)						
6 Public support. Subtract line 5 from line 4.						222330807

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	30781461.	31871671.	32779350.	45439257.	81459068.	222330807
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	494,526.	505,161.	517,772.	532,257.	488,014.	2537730.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						224868537
12 Gross receipts from related activities, etc. (see instructions)					12	560,377.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	98.87	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	98.62	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. 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 9 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 (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

BIG BEND COMMUNITY BASED CARE, INC.

Employer identification number

03-0423156

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization BIG BEND COMMUNITY BASED CARE, INC.	Employer identification number 03-0423156
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE, SW WASHINGTON, DC 20201	\$ 28,960,532.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES 1317 WINEWOOD BLVD, BLDG 1, RM 202 TALLAHASSEE, FL 32399	\$ 52,466,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BIG BEND COMMUNITY BASED CARE, INC.

03-0423156

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization BIG BEND COMMUNITY BASED CARE, INC.	Employer identification number 03-0423156
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

BIG BEND COMMUNITY BASED CARE, INC.

Employer identification number

03-0423156

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- (ii) Assets included in Form 990, Part X
- ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- b Assets included in Form 990, Part X
- ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		616,010.		616,010.
b Buildings		10,441,215.	1,338,298.	9,102,917.
c Leasehold improvements				
d Equipment		437,818.	56,118.	381,700.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,100,627.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO GRANTOR	131,772.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 131,772.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

BIG BEND COMMUNITY BASED CARE HOLDS SOCIAL SECURITY BENEFITS RECEIVED BY THE CHILDREN AND FAMILIES SERVED BY BBCBC IN CUSTODIAL ACCOUNTS AND DISBURSES UPON NEED BY THE CHILDREN AND FAMILIES.

PART X, LINE 2:

THE ORGANIZATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF THEIR TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

BIG BEND COMMUNITY BASED CARE, INC.

Employer identification number
03-0423156

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
211 BIG BEND INC. PO BOX 10950 TALLAHASSEE, FL 32302	51-0201771	501(C)(3)	69,139.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES
ABILITY 1ST 1823 BUFORD CT TALLAHASSEE, FL 32308	59-3241960	501(C)(3)	211,570.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
APALACHEE CENTER, INC. 2634 CAPITAL CIR NE TALLAHASSEE, FL 32308	59-1662148	501(C)(3)	12,824,940.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
BAY DISTRICT SCHOOLS 1311 BALBOA AVE. PANAMA CITY, FL 32401	59-6000511	BAY COUNTY	108,351.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
CHEMICAL ADDICTIONS RECOVERY EFFORT, INC. - 4000 E 3RD ST - PANAMA CITY, FL 32404	59-2912345	501(C)(3)	3,608,069.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
CHILDREN'S HOME SOCIETY OF FLORIDA 1485 SOUTH SEMORAN BLVD, SUITE 1448 WINTER PARK, FL 32792	59-0192430	501(C)(3)	6,624,010.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **23.**

3 Enter total number of other organizations listed in the line 1 table **4.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS
26

Schedule I (Form 990) (2013)

BIG BEND COMMUNITY BASED CARE, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MEDICAL SERVICES 5192 BAYOU BLVD PENSACOLA, FL 32503	59-3502843	FL DEPT OF HEALTH	264,968.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
COMMUNITY DRUG & ALCOHOL COUNCIL 3804 N 9TH AVE. PENSACOLA, FL 32503	59-1380927	501(C)(3)	2,566,537.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
COPE CENTER, INC. 3686 US HWY 331 SOUTH DEFUNIAK SPRINGS, FL 32435	59-1469145	501(C)(3)	1,622,282.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
DISC VILLAGE, INC. 3333 WEST PENSACOLA STREET TALLAHASSEE, FL 32304	59-1491338	501(C)(3)	5,004,212.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES AND TO PROVIDE
ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS - 221 PALAFOX PLACE - PENSACOLA, FL 32502	59-6000598	ESCAMBIA COUNTY	43,971.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
FORT WALTON BEACH MEDICAL CENTER 1000 MAR WALT DRIVE FORT WALTON BEACH, FL 32547	61-1259833		1,486,829.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
INFORMED FAMILIES 2490 CORAL WAY MIAMI, FL 33145	59-2231894	501(C)(3)	175,000.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
LAKEVIEW CENTER INC. 1221 W LAKEVIEW AVE PENSACOLA, FL 32501	59-0737872	501(C)(3)	11,196,252.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC. - 525 E. 15TH STREET - PANAMA CITY, FL 32405	59-1375195	501(C)(3)	8,367,720.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES AND TO PROVIDE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH ASSOCIATION OF OKALOOSA WALTON COUNTY - 571 MOONEY RD NE - FORT WALTON BEACH, FL 32547	59-3282067	501(C)(3)	105,982.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS - 302 WILSON ST N - CRESTVIEW, FL 32536	59-6000765	OKALOOSA COUNTY	160,458.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
TURN ABOUT INC. 2771 MICCOSUKEE RD TALLAHASSEE, FL 32308	59-2147472	501(C)(3)	181,207.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
ANCHORAGE CHILDREN'S HOME OF BAY COUNTY - 2121 LISEBY AVENUE - PANAMA CITY, FL 32405	59-2323037	501(C)(3)	2,323,468.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
AMIKIDS INC 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	59-2878383	501(C)(3)	8,024.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
A TURNING POINT 327 OFFICE PLAZA DRIVE SUITE 200 TALLAHASSEE, FL 32301	TAX EXEMPT	501(C)(3)	95,323.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
BOYS TOWN NORTH FLORIDA 3555 COMMONWEALTH BLVD TALLAHASSEE, FL 32303	20-0655144	501(C)(3)	836,339.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
CAMELOT COMMUNITY CARE 4910-D CREEKSIDE DRIVE CLEARWATER, FL 33760	31-1659302	501(C)(3)	14,844.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
CAPITAL CITY YOUTH SERVICES 2407 ROBERTS AVE TALLAHASSEE, FL 32310	59-3184365	501(C)(3)	126,275.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA BAPTIST CHILDREN'S HOME PO BOX 8190 LAKELAND, FL 33802	59-0657326	501(C)(3)	221,272.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
HABILITATIVE SERVICES OF NORTH FLORIDA - 4440 PUTNAM STREET - MARIANNA, FL 32446	59-3077111	501(C)(3)	522,395.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
INSPIRE GROUP INC 2720 BLAIRSTONE RD UNIT H TALLAHASSEE, FL 32310	13-4364718	501(C)(3)	374,460.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
THE OUNCE OF PREVENTION FUND OF FLORIDA - 111 N GADSDEN STREET SUITE 200 - TALLAHASSEE, FL 32301	59-2908367	501(C)(3)	260,822.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

ALL REPORTING REQUIREMENTS ASSOCIATED WITH CONTRACT COMPLIANCE DURING THE YEAR WENT THROUGH MARGARET PETRONIO, CONTRACT MANAGER, AND FELICIA WILHELMY, CONTRACT MANAGER, AT BBCBC. THE CFO IS RESPONSIBLE FOR VERIFYING COMPLIANCE TO THE CONTRACT AGREEMENT AND MATCHING ALL EXPENSES TO INVOICES BEFORE PROCESSING RECOMMENDATION FOR PAYMENT. MARGARET, FELICIA, AND DARCY LOLLEY, QUALITY MANAGEMENT DIRECTOR, ALSO MONITORED THE CONTRACT PERFORMANCE DURING SUBRECIPIENT MONITORING FOR COMPLIANCE WITH CONTRACTUAL AGREEMENTS AND PREPARED HER REPORTS BASED ON HER FINDINGS. LORI GULLEDGE,

Part IV Supplemental Information

CPA AND CFO, AND PAM EAST, COO, AT BBCBC REVIEW THE REPORTS PREPARED BY MARGARET AND FELICIA BEFORE THEY ARE SENT OUT TO SUB-RECIPIENTS. ONCE THE REPORTS ARE SENT TO THE SUB-RECIPIENT INFORMING THEM OF THE CORRECTIVE ACTION, THE SUB-RECIPIENTS HAVE 30 BUSINESS DAYS TO CORRECT / COMPLY AND SEND BACK TO BBCBC A CORRECTIVE LETTER.

IN ADDITION TO REGULAR CONTRACT PERFORMANCE MONITORING, BBCBC ALSO PERFORMS SUBRECIPIENT FISCAL MONITORING AS PART OF THEIR MONITORING PROCEDURES. DURING THIS REVIEW, LORI GULLEDGE, CFO, REVIEWS THE CLIENTS SUPPORTING FINANCIAL REPORTS UNDERLYING THE REIMBURSEMENTS WHICH ARE BASED ON A FIXED FEE. LORI IS RESPONSIBLE FOR COMMUNICATING TO THE PROVIDER IN THEIR CORRECTIVE ACTION PLAN REGARDING ADJUSTING THEIR RECORDS FOR UNALLOWABLE COSTS. SHE STATED THAT DURING THE YEAR OF HER MONITORING, SHE NOTED NO MATERIAL UNALLOWABLE COSTS AND THE PROVIDERS THAT DID HAVE ITEMS THAT WERE CONSIDERED TO BE UNALLOWED, ADJUSTED THEIR FINANCIAL STATEMENTS ACCORDINGLY.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ABILITY 1ST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: APALACHEE CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: BAY DISTRICT SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND

Part IV Supplemental Information

MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT:

CHEMICAL ADDICTIONS RECOVERY EFFORT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S MEDICAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY DRUG & ALCOHOL COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: COPE CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: DISC VILLAGE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES AND TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT:

ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FORT WALTON BEACH MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: INFORMED FAMILIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: LAKEVIEW CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT:

LIFE MANAGEMENT CENTER OF NORTHWEST FLORIDA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES AND TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH ASSOCIATION OF OKALOOSA WALTON COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT:

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TURN ABOUT INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT:

ANCHORAGE CHILDREN'S HOME OF BAY COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: AMIKIDS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: A TURNING POINT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: BOYS TOWN NORTH FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: CAMELOT COMMUNITY CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL CITY YOUTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND

Part IV Supplemental Information

MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: FLORIDA BAPTIST CHILDREN'S HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT:

HABILITATIVE SERVICES OF NORTH FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: INSPIRE GROUP INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT:

THE OUNCE OF PREVENTION FUND OF FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

BIG BEND COMMUNITY BASED CARE, INC.

Employer identification number

03-0423156

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

BIG BEND COMMUNITY BASED CARE, INC.

Employer identification number

03-0423156

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDREN, ADULTS, AND THEIR FAMILIES WITHIN THEIR COMMUNITIES THROUGH A
MANAGED NETWORK OF ACCREDITED PROVIDERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH A MANAGED NETWORK OF ACCREDITED PROVIDERS.

FORM 990, PART VI, SECTION B, LINE 11:

LORI GULLEDGE, CFO, REVIEWS THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD SIGN NEW CONFLICT OF INTEREST STATEMENTS
ANNUALLY WHICH ARE REVIEWED BY THE ORGANIZATION PER THE BOARD POLICY
MANUAL.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, CHIEF
OPERATIONS OFFICER, AND THE CHIEF FINANCIAL OFFICER ARE DETERMINED BASED
UPON MARKET COMPARISONS OF SALARIES FOR SIMILAR POSITIONS WITHIN THE
INDUSTRY TAKING INTO CONSIDERATION THE FOLLOWING:

(1) QUALIFICATIONS OF THE EXECUTIVE, CONSIDERING SUCH THINGS AS EDUCATION
AND EXPERIENCE;

(2) SCOPE OF THE RESPONSIBILITIES OF THE EXECUTIVE, INCLUDING:

(A) NUMBER OF FTE'S MANAGED,

(B) BUDGET OF THE ORGANIZATION,

(C) RETENTION OF CURRENT EMPLOYEES,

Name of the organization

BIG BEND COMMUNITY BASED CARE, INC.

Employer identification number

03-0423156

(D) RISKS ASSUMED BY THE POSITION CONSIDERING THE FRAGILE AND CRITICAL POPULATION BEING SERVED BY THE ORGANIZATION;

(3) ANNUAL PERFORMANCE OF THE EXECUTIVE; AND

(4) RESULTS OF MARKET COMPARISONS FOR SIMILAR POSITIONS WITHIN THE INDUSTRY.

THE CHIEF EXECUTIVE OFFICER'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS. THE CHIEF OPERATIONS OFFICER AND THE CHIEF FINANCIAL OFFICER'S SALARY IS APPROVED BY THE CHIEF EXECUTIVE OFFICER.

KEY EMPLOYEES ARE PAID A BASE COMPENSATION DETERMINED BASED ON PREVAILING WAGE RATES OF SIMILAR ORGANIZATIONS WITH SIMILAR SIZES AND OPERATING BUDGETS, AS WELL AS RISKS ASSUMED BY THE POSITIONS.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS FOR SELECTION OF AN INDEPENDENT ACCOUNTANT AND OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR.

Related Organizations and Unrelated Partnerships
 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990. See separate instructions.

Department of the Treasury
 Internal Revenue Service

Name of the organization: **BIG BEND COMMUNITY BASED CARE, INC.**

Employer identification number
03-0423156

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
INDEPENDENCE VILLAGE, LLC - 26-3768393 525 NORTH MARTIN LUTHER KING BLVD TALLAHASSEE, FL 32301	PROVIDE HOUSING TO CHILDREN AND FAMILIES SERVED BY BBCBC	FLORIDA	111,170	2,506,770	BIG BEND COMMUNITY BASED CARE, INC.

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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
1	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?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b	Gift, grant, or capital contribution to related organization(s)	1b	
c	Gift, grant, or capital contribution from related organization(s)	1c	
d	Loans or loan guarantees to or for related organization(s)	1d	
e	Loans or loan guarantees by related organization(s)	1e	
f	Dividends from related organization(s)	1f	
g	Sale of assets to related organization(s)	1g	
h	Purchase of assets from related organization(s)	1h	
i	Exchange of assets with related organization(s)	1i	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o	Sharing of paid employees with related organization(s)	1o	
p	Reimbursement paid to related organization(s) for expenses	1p	
q	Reimbursement paid by related organization(s) for expenses	1q	
r	Other transfer of cash or property to related organization(s)	1r	
s	Other transfer of cash or property from related organization(s)	1s	

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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

For calendar year 2013 or other tax year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Open to Public Inspection for 501(c)(3) Organizations Only

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BIG BEND COMMUNITY BASED CARE, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 525 NORTH MARTIN LUTHER KING BLVD City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE, FL 32301	D Employer identification number (Employees' trust, see instructions.) 03-0423156 E Unrelated business activity codes (See instructions.) 531120
C Book value of all assets at end of year 19,033,974.		F Group exemption number (See instructions.) ▶	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity. ▶ **FACILITIES**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **850-410-1020**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Form 8949 and Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	37,190.	44,517.	-7,327.
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule.)			
13	Total. Combine lines 3 through 12	37,190.	44,517.	-7,327.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules.)			
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28			0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			-7,327.
31	Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 1			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			-7,327.
33	Specific deduction (Generally \$1,000, but see instructions for exceptions.)			1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			-7,327.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

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

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

Sign Here: Declaration of preparer, Signature of officer (Bob Powell), Date (2/10/15), Title (Chief Executive Officer).

Paid Preparer Use Only: Print preparer's name (Bob Powell), Preparer's signature, Date (02/10/15), Check self-employed, PTIN (P00005498), Firm's name (James Moore & Co., P.L.), Firm's EIN (59-3204548), Firm's address (Tallahassee, FL), Phone no. (850-386-6184).

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

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.		Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** **(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule) STATEMENT 2	(b) Other deductions (attach schedule) STATEMENT 3	
(1) THARPE STREET BUILDING	40,556.	10,223.	38,323.	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 4	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) STATEMENT 5	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 270,634.	295,120.	91.70%	37,190.	44,517.
(2)		%		
(3)		%		
(4)		%		
Totals			37,190.	44,517.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I		0.	0.			0.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 1	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/09	39,287.	0.	39,287.	39,287.	
06/30/10	29,085.	0.	29,085.	29,085.	
06/30/11	11,692.	0.	11,692.	11,692.	
06/30/12	3,771.	0.	3,771.	3,771.	
06/30/13	6,422.	0.	6,422.	6,422.	
NOL CARRYOVER AVAILABLE THIS YEAR			90,257.	90,257.	

FORM 990-T		SCHEDULE E - DEPRECIATION DEDUCTION		STATEMENT 2	
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION			10,223.		
	- SUBTOTAL -	1		10,223.	
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)				10,223.	

FORM 990-T		SCHEDULE E - OTHER DEDUCTIONS		STATEMENT 3	
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
OCCUPANCY INTEREST			15,475.		
	- SUBTOTAL -	1	22,848.	38,323.	
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)				38,323.	

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. BIG BEND COMMUNITY BASED CARE, INC.	Employer identification number (EIN) or 03-0423156
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 525 NORTH MARTIN LUTHER KING BLVD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE, FL 32301	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION - 525 NORTH MARTIN LUTHER KING BLVD -

- The books are in the care of ▶ **TALLAHASSEE, FL 32301**
Telephone No. ▶ **850-410-1020** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. BIG BEND COMMUNITY BASED CARE, INC.	Employer identification number (EIN) or 03-0423156
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 525 NORTH MARTIN LUTHER KING BLVD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE, FL 32301	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION - 525 NORTH MARTIN LUTHER KING BLVD -

- The books are in the care of ▶ **TALLAHASSEE, FL 32301**
Telephone No. ▶ **850-410-1020** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

1019
F-7004
R. 01/14
Rule 12C-1.051
Florida Administrative Code
Effective 01/14

Information for Filing Florida Form F-7004

F-7004
R. 01/14

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.myflorida.com/dor

Penalties for failure to pay tax - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

Signature - A person authorized by the taxpayer must sign Florida Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:

B. Type of federal return filed: 990-T

Contact person for questions: MICHAEL WATKINS

Telephone number: 850-410-1020

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. 0.00

Transfer the amount on Line 3 to Tentative tax due .

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

344961
09-18-13

**Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

1019

F-7004
R. 01/14

Name **BIG BEND COMMUNITY BASED CARE, INC.**
Address **525 NORTH MARTIN LUTHER KING BLVD**
City/State/ZIP **TALLAHASSEE, FL 32301**

FEIN **03-0423156**

Taxable Year End **06/30/14**

FILING STATUS Corporation Partnership

Check here if you transmitted funds electronically

Tentative Tax Due \$ **0.00**

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: _____

Date: _____

030423156	0	0	0
1	0	0	0
20140630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

0

8417 0 20140630 0002005030 6 3030423156 0000 1



Florida Corporate Income/Franchise Tax Return

FEIN 03-0423156

F-1120, R. 01/14 1019

For calendar year 2013 or tax year beginning

JUL 1

, 2013 ending

JUN 30, 2014

Rule 12C-1.051 Florida Administrative Code Effective 01/14

841702014063000020050379303042315600001

Name BIG BEND COMMUNITY BASED CARE, INC.
Address 525 NORTH MARTIN LUTHER KING BLVD
City/State/ZIP TALLAHASSEE, FL 32301

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

- 1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return Check here if negative X -7,327.00
2. State income taxes deducted in computing federal taxable income (attach schedule) Check here if negative
3. Additions to federal taxable income (from Schedule I) Check here if negative
4. Total of Lines 1, 2 and 3 Check here if negative X -7,327.00
5. Subtractions from federal taxable income (from Schedule II) Check here if negative 6,422.00
6. Adjusted federal income (Line 4 minus Line 5) Check here if negative X -13,749.00
7. Florida portion of adjusted federal income (see instructions) Check here if negative X -13,749.00
8. Nonbusiness income allocated to Florida (from Schedule R) Check here if negative
9. Florida exemption 0.00
10. Florida net income (Line 7 plus Line 8 minus Line 9) 0.00
11. Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater (see instructions for Schedule VI) 0.00
12. Credits against the tax (from Schedule V)
13. Total corporate income/franchise tax due (Line 11 minus Line 12) 0.00
14. a) Penalty: F-2220 b) Other c) Interest: F-2220 d) Other Line 14 Total
15. Total of Lines 13 and 14
16. Payment credits: Estimated tax payments 16a \$ Tentative tax payment 16b \$
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19 0.00
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon

344081 09-19-13

Florida Corporate Income Tax Return

1019 F-1120 R. 01/14

Do Not Detach

YEAR ENDING 06/30/14

To ensure proper credit to your account, enclose your check with tax return when mailing.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Check here if you transmitted funds electronically

Name BIG BEND COMMUNITY BASED CARE, INC.
Address 525 NORTH MARTIN LUTHER KING BLVD
City/State/ZIP TALLAHASSEE, FL 32301

Table with 4 columns: Identification Number, Amount, and other values. Rows include 030423156, 20130701, 20140630, 00000000, 012, 202, -732700, 0.



BIG BEND COMMUNITY BASED CARE, INC.

1019
F-1120
R. 01/14
Page 2

FEIN 03-0423156

06/30/14

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign here	Signature of officer (must be an original signature)	Date	Title
	<i>[Signature]</i>	2/16/15	CHIEF EXECUTIVE OFFI
Paid preparers only	Preparer's signature	Date	Preparer's PTIN
	<i>[Signature]</i>	02/10/15	P00005498
	BOB POWELL		
Firm's name (or yours if self-employed) and address		FEIN	ZIP
JAMES MOORE & CO., P.L. 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL		59-3204548	32308-4386

All Taxpayers Must Answer Questions A through M Below - See Instructions

A. State of incorporation: FLORIDA

B. Florida Secretary of State document number: N0200000

C. Florida consolidated return? YES NO

D. Initial return Final return (final federal return filed)

E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) General Rule
 Election A Election B

F. Principal Business Activity Code (as pertains to Florida)
531120

G. A Florida extension of time was timely filed? YES NO

H-1. Corporation is a member of a controlled group? YES NO If yes, attach list.

H-2. Part of a federal consolidated return? YES NO If yes, provide:
FEIN from federal consolidated return: _____
Name of corporation: _____

H-3. The federal common parent has sales, property, or payroll in Florida? YES NO

I. Location of corporate books:
525 NORTH MARTIN LUTHER KING BLVD
City, State, ZIP: TALLAHASSEE, FL 32301

J. Taxpayer is a member of a Florida partnership or joint venture? YES NO

K. Enter date of latest IRS audit: _____
a) List years examined: _____

L. Contact person concerning this return: MICHAEL WATKINS
a) Contact person telephone number: 850-410-1020
b) Contact person e-mail address: LGULLEDGE@BIGBENDCBC

M. Type of federal return filed 1120 1120S or 990-T

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- ✓ Make your check payable to the Florida Department of Revenue.
- ✓ Write your FEIN on your check.
- ✓ Sign your check and return.
- ✓ Attach a copy of your federal return.
- ✓ Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME BIG BEND COMMUNITY BASED CARE, INC. FEIN 03-0423156 TAXABLE YEAR ENDING 06/30/14

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (attach schedule)	1.	1.
2. Undistributed net long-term capital gains (attach schedule)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. s. 179, IRC expense above \$128,000	14.	14.
15. s. 168(k), IRC special bonus depreciation	15.	15.
16. New markets tax credit	16.	16.
17. Entertainment industry tax credit	17.	17.
18. Research and Development tax credit	18.	18.
19. Energy Economic Zone tax credit	19.	19.
20. Other additions (attach statement)	20.	20.
21. Total Lines 1 through 20 in Columns (a) and (b). Enter totals for each column on Line 21. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	21.	21.

Schedule II - Subtractions from Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 802, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶	1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶	2.	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.		
3. Florida net operating loss carryover deduction (attach schedule) STATEMENT 1	3. 6,422.00	3.
4. Florida net capital loss carryover deduction (attach schedule)	4.	4.
5. Florida excess charitable contribution carryover (attach schedule)	5.	5.
6. Florida employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.	7.
8. Eligible net income of an international banking facility (attach schedule)	8.	8.
9. s. 179, IRC expense (see instructions)	9.	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.	10.
11. Other subtractions (attach statement)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5.	12. 6,422.00	12.



NAME BIG BEND COMMUNITY BASED CARE, INC. FEIN 03-0423156 TAXABLE YEAR ENDING 06/30/14

Schedule III - Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					1.000000
III-B For use in computing average value of property (use original cost).					
	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)	8a. _____				
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)			6b. _____		
7. Rented property (8 times net annual rent)					
a. Rented property in Florida	7a. _____				
b. Rented property Everywhere			7b. _____		
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida	8a. _____				
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere			8b. _____		
III-C Sales Factor			(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)			N/A		
2. Sales delivered or shipped to Florida purchasers				N/A	
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns (a) and (b))					
III-D Special Apportionment Fractions (see instructions)		(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places	
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

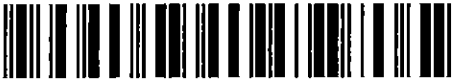
Schedule IV - Computation of Florida Portion of Adjusted Federal Income		
	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. (b))	1.	1.
2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column (c))	2.	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	9.



NAME BIG BEND COMMUNITY BASED CARE, INC. FEIN 03-0423156 TAXABLE YEAR ENDING 06/30/14

Schedule V - Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. Child care tax credits (attach certification letter)	12.
13. State housing tax credit (attach certification letter)	13.
14. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	14.
15. Florida renewable energy technologies investment tax credit	15.
16. Florida renewable energy production tax credit	16.
17. New markets tax credit	17.
18. Entertainment industry tax credit	18.
19. Jobs for the unemployed tax credit	19.
20. Research and Development tax credit	20.
21. Energy Economic Zone tax credit	21.
22. Other credits (attach schedule)	22.
23. Total credits against the tax (sum of Lines 1 through 22 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	23.

Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)	
1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income (from Schedule I, Column [b])	3.
4. Total of Lines 1 through 3	4.
5. Subtractions from federal taxable income (from Schedule II, Column [b])	5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7. Florida portion of adjusted federal income (see instructions)	7.
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.



NAME **BIG BEND COMMUNITY BASED CARE, INC.** FEIN **03-0423156** TAXABLE YEAR ENDING **06/30/14**

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount
Total allocated to Florida	1. _____
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount
Total allocated elsewhere		2. _____

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2	3. _____
(Enter here and on Schedule II, Line 7)	

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2014**

1. Florida income expected in taxable year	1.	\$	<u>-13,749.00</u>
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2.	\$	_____
3. Estimated Florida net income (Line 1 less Line 2)	3.	\$	_____
4. Total Estimated Florida tax (5.5% of Line 3)*		\$	_____
Less: Credits against the tax	4.	\$	_____
* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.			
5. Computation of installments:			
Payment due dates and payment amounts:	Last day of 4th month - Enter 0.25 of Line 4	5a.	_____
	Last day of 6th month - Enter 0.25 of Line 4	5b.	_____
	Last day of 9th month - Enter 0.25 of Line 4	5c.	_____
	Last day of fiscal year - Enter 0.25 of Line 4	5d.	_____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax	1.	\$	_____
2. Less:			
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a.	\$	_____
(b) Payments made on estimated tax declaration (Florida Form F-1120ES)	2b.	\$	_____
(c) Total of Lines 2(a) and 2(b)	2c.	\$	_____
3. Unpaid balance (Line 1 less Line 2(c))	3.	\$	_____
4. Amount to be paid (Line 3 divided by number of remaining installments)	4.	\$	_____

FL F-1120		NET OPERATING LOSS CARRYOVERS			STATEMENT	1
YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING	
2012	0%	0.	6,422.	0.	6,422.00	
TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE					6,422.00	



BIG BEND COMMUNITY BASED CARE, INC.

1019
F-1120
R. 01/14

FEIN 03-0423156

DATA Page 1

030423156	0	0	0
-732700	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	642200
0	0	0	0
1	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
00000000	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date / /

▶ Information about Form 2848 and its instructions is at www.irs.gov/form2848.

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address BIG BEND COMMUNITY BASED CARE, INC. 525 NORTH MARTIN LUTHER KING BLVD TALLAHASSEE, FL 32301	Taxpayer identification number(s) 03-0423156
	Daytime telephone number 850-410-1020
	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address BOB POWELL 2477 TIM GAMBLE PLACE, STE 200 TALLAHASSEE, FL 32308-4386 Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	CAF No. 6505-69685R PTIN P00005498 Telephone No. 850-386-6184 Fax No. 850-422-2074 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address MARK MAJSZAK 2477 TIM GAMBLE PLACE, STE 200 TALLAHASSEE, FL 32308-4386 Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. 0304-77849R PTIN P00892317 Telephone No. 850-386-6184 Fax No. 850-422-2074 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address KAYLEE PRESCOTT 2477 TIM GAMBLE PLACE, STE 200 TALLAHASSEE, FL 32308-4386 (Note. IRS sends notices and communications to only two representatives.)	CAF No. 0309-45421R PTIN P01454289 Telephone No. 850-386-6184 Fax No. 850-422-2074 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note. IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete this line 3). With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
EXEMPT STATUS	990	201406, 201506, 201606

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Use Not Recorded on CAF**

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

Authorize disclosure to third parties; Substitute or add representative(s); Sign a return;

Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
List any specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document.

If you do not want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ **IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

Signature: *[Handwritten Signature]* CFO
 Print Name: _____
 Date: 2/16/15
 BIG BEND COMMUNITY BASED CARE, INC.
 Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent - enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.
 - d Officer - a bona fide officer of the taxpayer organization.
 - e Full-Time Employee - a full-time employee of the taxpayer.
 - f Family Member - a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer - Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have prepared and signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation h).
 - i Registered Tax Return Preparer - registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have prepared and signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation i).
 - k Student Attorney or CPA - receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.** See the instructions for Part II.

Note. For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

Designation - Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
B	FLORIDA	AC0018615	<i>[Handwritten Signature]</i>	
B	FLORIDA	AC36057		
B	FLORIDA	AC45724		