

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1678

Form 8879-EO

For calendar year 2014, or fiscal year beginning JUL 1, 2014, and ending JUN 30, 20 15

2014

Department of the Treasury Internal Revenue Service

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

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

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.

Table with 5 rows (1a-5a) and 3 columns: Form type, Total revenue/tax/amount, and Amount. Row 1a is checked with amount 82,187,645.

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 2014 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 2014 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 2014 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

Handwritten signature of James Moore & Co., P.L.

Date

5/16/16

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.

59561204152

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 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 JAMES MOORE & CO., P.L.

Date

05/10/16

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

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2014

Open to Public Inspection

Form 990

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

Form header section containing organization name (BIG BEND COMMUNITY BASED CARE, INC.), EIN (03-0423156), address (525 NORTH MARTIN LUTHER KING BLVD, TALLAHASSEE, FL 32301), and principal officer (MICHAEL WATKINS).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue (82,187,645), expenses (82,203,718), and net assets (20,968,778).

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.

Signature block section with handwritten signatures and dates for Michael Watkins (Chief Executive Officer) and Bob Powell (Preparer).

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

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

1 Briefly describe the organization's mission: TO PROVIDE THE HIGHEST QUALITY CHILD WELFARE, SUBSTANCE AND MENTAL HEALTH SERVICES TO CHILDREN, ADULTS AND THEIR FAMILIES WITHIN THEIR COMMUNITIES THROUGH A MANAGED NETWORK OF ACCREDITED PROVIDERS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 80,299,555. including grants of \$ 60,192,418.) (Revenue \$ 239,692.) TO PROVIDE THE HIGHEST QUALITY CHILD WELFARE, SUBSTANCE 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 80,299,555.

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 <i>Schedule B, Schedule of Contributors</i> ? | 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 of 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 <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> | | |

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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | 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? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | | 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? <i>If "Yes," complete Schedule L, Part III</i> | | 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | 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? <i>If "Yes," complete Schedule R, Part I</i> | X | |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | 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? <i>If "Yes," complete Schedule R, Part VI</i> | | 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

Main form body containing questions 1a through 14b and corresponding input fields and Yes/No columns.

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 | 1a | | |
| 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. | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b | | |
| 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? | 2 | | 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? | 3 | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 Did the organization have members or stockholders? | 6 | | 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? | 7a | | 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? | 7b | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | 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 | 9 | | 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? | | |
| 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 | |
| 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? | | |

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, address, and telephone number of the person who possesses the organization's books and records: **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 0.50 | X | | X | | | | 0. | 0. | 0. |
| (2) JEFFREY PIC VICE PRESIDENT | 1.00 0.50 | X | | X | | | | 0. | 0. | 0. |
| (3) PAULINE PATRICK TREASURER | 1.00 0.50 | X | | X | | | | 0. | 0. | 0. |
| (4) KATHY MILTON SECRETARY | 1.00 0.50 | X | | X | | | | 0. | 0. | 0. |
| (5) DR. LIZ HOLIFIELD DIRECTOR | 1.00 0.50 | X | | | | | | 0. | 0. | 0. |
| (6) CATHY HARCUS DIRECTOR | 1.00 0.50 | X | | | | | | 0. | 0. | 0. |
| (7) REGGIE JOHNS DIRECTOR | 1.00 0.50 | X | | | | | | 0. | 0. | 0. |
| (8) BAMBI SMITH DIRECTOR | 1.00 0.50 | X | | | | | | 0. | 0. | 0. |
| (9) GERALD WATERS DIRECTOR | 1.00 0.50 | X | | | | | | 0. | 0. | 0. |
| (10) SCOTT CLEMONS DIRECTOR | 1.00 0.50 | X | | | | | | 0. | 0. | 0. |
| (11) BRIAN TESNAR DIRECTOR | 1.00 0.50 | X | | | | | | 0. | 0. | 0. |
| (12) BRIAN HALCOMB DIRECTOR | 1.00 0.50 | X | | | | | | 0. | 0. | 0. |
| (13) JOHN STEIGNER DIRECTOR | 1.00 0.50 | X | | | | | | 0. | 0. | 0. |
| (14) MARK STAVROS, MD DIRECTOR | 1.00 0.50 | X | | | | | | 0. | 0. | 0. |
| (15) DENISE MYERS DIRECTOR | 1.00 0.50 | X | | | | | | 0. | 0. | 0. |
| (16) CATHERINE WYNNE DIRECTOR | 1.00 0.50 | X | | | | | | 0. | 0. | 0. |
| (17) RONALD PICKETT DIRECTOR | 1.00 0.50 | X | | | | | | 0. | 0. | 0. |

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

| (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 | | | |
| (18) MIKE WATKINS CHIEF EXECUTIVE OFFICER | 40.00 0.50 | | | X | | | | 433,251. | 0. | 40,872. |
| (19) PAM EAST CHIEF OPERATIONS OFFICER | 40.00 0.50 | | | X | | | | 174,311. | 0. | 34,543. |
| (20) LORI GULLEDGE CHIEF FINANCIAL OFFICER | 40.00 0.50 | | | X | | | | 139,260. | 0. | 39,654. |
| 1b Sub-total | | | | | | | | 746,822. | 0. | 115,069. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 746,822. | 0. | 115,069. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| APALACHEE CENTER, INC, 2634-JCAPITAL CIRCLE NE, TALLAHASSEE, FL 32308 | DIRECT CLIENT SERVICES | 12,770,822. |
| LAKEVIEW CENTER, INC 1221 W. LAKEVIEW ANE, PENSACOLA, FL 32501 | DIRECT CLIENT SERVICES | 11,161,843. |
| LIFE MANAGEMENT CENTER OF NORTH FLORIDA 525 E. 15TH STREET, PANAMA CITY, FL 32405 | DIRECT CLIENT SERVICES | 8,917,757. |
| CHILDREN'S HOME SOCIETY, 1485 SOUTH SEMORAN BLVD, SUITE 1448, WINTER PARK, FL | DIRECT CLIENT SERVICES | 6,761,417. |
| DISC VILLAGE, INC, 3333 WEST PENSACOLA STREET, TALLAHASSEE, FL 32304 | DIRECT CLIENT SERVICES | 4,952,774. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

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 | 81,484,739. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 5,263. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | | 81,490,002. | | | |
| Program Service Revenue | 2 a PROGRAM SERVICE FEES | | Business Code | | | | |
| | | | 624100 | 132,000. | 132,000. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 132,000. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 1,115. | | 1,115. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | 622,932. | | | | |
| | | (ii) Personal | | | | | |
| | b Less: rental expenses | | 44,736. | | | | |
| | c Rental income or (loss) | | 578,196. | | | | |
| | d Net rental income or (loss) | | | 578,196. | 107,692. | -3,556. | 474,060. |
| | 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 PARTNERSHIP INCOME | | 900099 | -13,668. | | | -13,668. | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | -13,668. | | | | |
| 12 Total revenue. See instructions. | | | 82,187,645. | 239,692. | -3,556. | 461,507. | |

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 domestic organizations and domestic governments. See Part IV, line 21 | 60,192,418. | 60,192,418. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 850,966. | 659,254. | 191,712. | |
| 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 | 3,228,713. | 2,449,810. | 778,903. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 142,856. | 76,303. | 66,553. | |
| 9 Other employee benefits | 604,691. | 517,481. | 87,210. | |
| 10 Payroll taxes | 324,059. | 264,774. | 59,285. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 179,093. | | 179,093. | |
| c Accounting | 84,602. | 15,677. | 68,925. | |
| 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.) | 1,059,738. | 871,514. | 188,224. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 101,157. | 78,053. | 23,104. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,762,316. | 1,636,055. | 126,261. | |
| 17 Travel | 103,345. | 99,464. | 3,881. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 140,250. | 84,628. | 55,622. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 330,810. | 330,810. | | |
| 23 Insurance | 209,951. | 193,102. | 16,849. | |
| 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 | 12,533,848. | 12,533,514. | 334. | |
| b EXPENDABLE EQUIPMENT, F | 251,462. | 241,978. | 9,484. | |
| c DUES, MEMBERSHIPS AND S | 72,866. | 27,140. | 45,726. | |
| d OTHER | 17,069. | 14,880. | 2,189. | |
| e All other expenses | 13,508. | 12,700. | 808. | |
| 25 Total functional expenses. Add lines 1 through 24e | 82,203,718. | 80,299,555. | 1,904,163. | 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 | 4,855,334. | 2 | 5,565,814. |
| | 3 | Pledges and grants receivable, net | 3,715,909. | 3 | 3,660,933. |
| | 4 | Accounts receivable, net | 20,839. | 4 | 12,468. |
| | 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 | 162,206. | 9 | 124,623. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 13,106,940. | | |
| | b | Less: accumulated depreciation | 10b 1,741,133. | | |
| | | | 10,100,627. | 10c | 11,365,807. |
| | 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 | 4,726. | 14 | 0. |
| 15 | Other assets. See Part IV, line 11 | 174,333. | 15 | 239,133. | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 19,033,974. | 16 | 20,968,778. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 8,378,459. | 17 | 8,830,027. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 379,787. | 19 | 810,954. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 109,724. | 21 | 108,038. |
| | 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 | 9,786,588. | 23 | 10,988,188. |
| | 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 | 131,772. | 25 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25 | 18,786,330. | 26 | 20,737,207. |
| 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 | 247,644. | 27 | 231,571. |
| | 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 | 247,644. | 33 | 231,571. | |
| 34 | Total liabilities and net assets/fund balances | 19,033,974. | 34 | 20,968,778. | |

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 | 82,187,645. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 82,203,718. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -16,073. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 247,644. |
| 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 | 231,571. |

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? | | X |
| 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 | | | |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 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 | | | |
| 2c | 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? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| 3b | 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 (2014)

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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 31871671. | 32779350. | 45439257. | 81459068. | 81490002. | 273039348 |
| 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 | 31871671. | 32779350. | 45439257. | 81459068. | 81490002. | 273039348 |
| 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. | | | | | | 273039348 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 31871671. | 32779350. | 45439257. | 81459068. | 81490002. | 273039348 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 505,161. | 517,772. | 532,257. | 488,014. | 516,355. | 2559559. |
| 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 VI.) | | | | | -13,668. | -13,668. |
| 11 Total support. Add lines 7 through 10 | | | | | | 275585239 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 800,069. |
| 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 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.08 | % |
| 15 Public support percentage from 2013 Schedule A, Part II, line 14 | 15 | 98.87 | % |
| 16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 VI 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 - 2013. 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 VI 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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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 VI.) | | | | | | |
| 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 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----|-----|----|
| 1 | | |
| 2 | | |
| 3a | | |
| 3b | | |
| 3c | | |
| 4a | | |
| 4b | | |
| 4c | | |
| 5a | | |
| 5b | | |
| 5c | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 10a | | |
| 10b | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014: | | | |
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e From 2013 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2014 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b | | | |
| c | | | |
| d Excess from 2013 | | | |
| e Excess from 2014 | | | |

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

2014

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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) (2014)

| | |
|--|---|
| 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 | \$ 29,033,394. | 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 | \$ 52,451,345. | 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

Employer identification number

BIG BEND COMMUNITY BASED CARE, INC.

03-0423156

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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 | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No. 1545-0047

2014

Open to Public Inspection

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 value of contributions to (during year) | | |
| 3 Aggregate value of 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).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

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) Revenue 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 Revenue 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, for escrow or custodial account liability? 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?
- 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 | | 684,347. | | 684,347. |
| b Buildings | | 11,739,627. | 1,645,409. | 10,094,218. |
| c Leasehold improvements | | | | |
| d Equipment | | 682,966. | 95,724. | 587,242. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 11,365,807. |

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) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

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 | 82,232,381. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) 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 | 44,736. |
| e | Add lines 2a through 2d | 2e | 44,736. |
| 3 | Subtract line 2e from line 1 | 3 | 82,187,645. |
| 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 | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 82,187,645. |

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 | 82,248,454. |
| 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 | 44,736. |
| e | Add lines 2a through 2d | 2e | 44,736. |
| 3 | Subtract line 2e from line 1 | 3 | 82,203,718. |
| 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 | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 82,203,718. |

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.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT RENTAL EXPENSE 44,736.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT RENTAL EXPENSE 44,736.

**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
2014
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 Domestic Organizations and Domestic Governments. 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| APALACHEE CENTER, INC. 2634 CAPITAL CIR NE TALLAHASSEE, FL 32308 | 59-1162148 | 501(C)(3) | 12,770,822. | 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 | 108,346. | 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) | 3,473,175. | 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) | 6,761,417. | 0. | | | DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES |
| CHILDREN'S MEDICAL SERVICES 2390 PHILLIPS ROAD TALLAHASSEE, FL 32308 | 59-3502843 | FL DEPT OF HEALTH | 220,823. | 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) | 2,481,720. | 0. | | | TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **24.**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| COPE CENTER, INC. 3686 US HWY 331 SOUTH DEFUNIAK SPRINGS, FL 32435 | 59-1469145 | 501(C)(3) | 1,598,022. | 0. | | | TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES AND TO PROVIDE |
| DISC VILLAGE, INC. 3333 WEST PENSACOLA STREET TALLAHASSEE, FL 32304 | 59-1491338 | 501(C)(3) | 4,952,774. | 0. | | | TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED |
| 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 PO BOX 402939 ATLANTA, GA 30384-2939 | 61-1259833 | 501(C)(3) | 1,170,245. | 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) | 11,161,843. | 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) | 8,917,757. | 0. | | | DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES AND TO PROVIDE |
| 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 WILLSON ST N - CRESTVIEW, FL 32536 | 59-6000765 | OKALOOSA COUNTY | 160,456. | 0. | | | TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED |
| ANCHORAGE CHILDREN'S HOME OF BAY COUNTY - 2121 LISENBY AVENUE - PANAMA CITY, FL 32405 | 59-2323037 | 501(C)(3) | 2,433,775. | 0. | | | DEVELOPING CBC AND SUPPORTS FOR CHILDREN AND FAMILIES. |

BIG BEND COMMUNITY BASED CARE, INC.

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| A TURNING POINT 327 OFFICE PLAZA DRIVE SUITE 200 TALLAHASSEE, FL 32301 | TAX EXEMPT | 501(C)(3) | 113,411. | 0. | | | DEVELOPING CBC AND SUPPORTS FOR CHILDREN AND FAMILIES. |
| BOYS TOWN NORTH FLORIDA 3555 COMMONWEALTH BLVD TALLAHASSEE, FL 32303 | 20-0656144 | 501(C)(3) | 745,234. | 0. | | | DEVELOPING CBC AND SUPPORTS FOR CHILDREN AND FAMILIES. |
| CAMELOT COMMUNITY CARE 4910-D CREEKSIDE DRIVE CLEARWATER, FL 33760 | 31-1659302 | 501(C)(3) | 14,879. | 0. | | | DEVELOPING CBC AND SUPPORTS FOR CHILDREN AND FAMILIES. |
| CAPITAL CITY YOUTH SERVICES 2407 ROBERTS AVE TALLAHASSEE, FL 32310 | 59-3184365 | 501(C)(3) | 116,478. | 0. | | | DEVELOPING CBC AND SUPPORTS FOR CHILDREN AND FAMILIES. |
| FLORIDA BAPTIST CHILDREN'S HOME 8415 BUCK LAKE ROAD TALLAHASSEE, FL 32317 | 59-0657326 | 501(C)(3) | 200,828. | 0. | | | DEVELOPING CBC AND SUPPORTS FOR CHILDREN AND FAMILIES. |
| HABILITATIVE SERVICES OF NORTH FLORIDA - 4440 PUTNAM STREET - MARIANNA, FL 32446 | 59-3077111 | 501(C)(3) | 482,540. | 0. | | | DEVELOPING CBC AND SUPPORTS FOR CHILDREN AND FAMILIES. |
| INSPIRE GROUP INC 1404 RAA AVENUE TALLAHASSEE, FL 32303 | 13-4364718 | 501(C)(3) | 327,713. | 0. | | | DEVELOPING CBC AND SUPPORTS FOR CHILDREN AND FAMILIES. |
| THE OUNCE OF PREVENTION FUND OF FLORIDA - 111 N GADSDEN STREET SUITE 200 - TALLAHASSEE, FL 32301 | 59-2908367 | 501(C)(3) | 185,256. | 0. | | | DEVELOPING CBC AND SUPPORTS FOR CHILDREN AND FAMILIES. |
| BRIDGEWAY CENTER, INC 137 HOSPITAL DRIVE WALTON BEACH, FL 32548 | 59-1278085 | 501(C)(3) | 1,644,951. | 0. | | | TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED |

Part III Grants and Other Assistance to Domestic Individuals. 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: 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 MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT:

CHEMICAL ADDICTIONS RECOVERY EFFORT, INC.

Part IV Supplemental Information

(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

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

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGEWAY CENTER, INC

(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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

BIG BEND COMMUNITY BASED CARE, INC.

Employer identification number

03-0423156

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <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) |

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

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?

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.

- | | |
|--|---|
| <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 |

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----------|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2014

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

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 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,
 - (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

Name of the organization

BIG BEND COMMUNITY BASED CARE, INC.

Employer identification number

03-0423156

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.

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.

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?

| | Yes | No |
|---|-----|----|
| 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.

| (1) | (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 2014 or other tax year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Department of the Treasury
Internal Revenue Service

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).

| | | | |
|---|---------------|--|---|
| 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 20,968,778. | 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 | 1c | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4a Capital gain net income (attach Schedule D) | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 | | |
| 6 Rent income (Schedule C) | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | 36,687. | 39,855. |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | |
| 11 Advertising income (Schedule J) | 11 | | |
| 12 Other income (See instructions; attach schedule) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 | 36,687. | 39,855. |
| | | | -3,168. |

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) | 14 | | |
| 15 Salaries and wages | 15 | | |
| 16 Repairs and maintenance | 16 | | |
| 17 Bad debts | 17 | | |
| 18 Interest (attach schedule) | 18 | | |
| 19 Taxes and licenses | 19 | | |
| 20 Charitable contributions (See instructions for limitation rules) | 20 | | |
| 21 Depreciation (attach Form 4562) | 21 | | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | | |
| 23 Depletion | 23 | | |
| 24 Contributions to deferred compensation plans | 24 | | |
| 25 Employee benefit programs | 25 | | |
| 26 Excess exempt expenses (Schedule I) | 26 | | |
| 27 Excess readership costs (Schedule J) | 27 | | |
| 28 Other deductions (attach schedule) | 28 | | |
| 29 Total deductions. Add lines 14 through 28 | 29 | | 0. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | | -3,168. |
| 31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 1 | 31 | | |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | | -3,168. |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | 33 | | 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 | 34 | | -3,168. |

Part III Tax Computation

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

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 40a-40d (Credits), 41-43 (Total tax), 44a-44g (Payments), 45-46 (Tax due/overpayment), and 47-49 (Total tax due).

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

Table with 3 columns: Question number, Question text, and Yes/No response. 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: Line number, Description, and Amount. Includes lines 1-8 for inventory and cost of goods sold.

Preparer information section including signature of Bob Powell, date 05/10/16, title CHIEF EXECUTIVE OFFICER, and firm information for James Moore & Co., P.L.

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) | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | |
| 0. | | 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 | 41,180. | 10,241. | 34,495. | |
| (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) 255,462. | 286,741. | 89.09% | 36,687. | 39,855. |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | 36,687. | 39,855. |
| 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 | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). | |
| 0. | | | 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 | 0. | | | 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 | 0. | 0. | | | | 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) | 0. | 0. | | | | 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. |
| 06/30/14 | 7,327. | 0. | 7,327. | 7,327. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 97,584. | 97,584. |

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 2

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|--|-----------------|---------|---------|
| DEPRECIATION | | 10,241. | |
| - SUBTOTAL - | 1 | | 10,241. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) | | | 10,241. |

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 3

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|--|-----------------|---------|---------|
| OCCUPANCY | | 14,757. | |
| INTEREST | | 19,738. | |
| - SUBTOTAL - | 1 | | 34,495. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) | | | 34,495. |

FORM 990-T AVERAGE ACQUISITION DEBT ON OR STATEMENT 4
 ALLOCABLE TO DEBT-FINANCED PROPERTY

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|---|--------------------|----------|----------|
| AVERAGE ACQUISITION INDEBTNESS | | 255,462. | |
| - SUBTOTAL - | 1 | | 255,462. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4 | | | 255,462. |

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 5

| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
|---|--------------------|----------|----------|
| AVERAGE ADJUSTED BASIS ON DEBT FINANCED PROPERTY | | 286,741. | |
| - SUBTOTAL - | 1 | | 286,741. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5 | | | 286,741. |

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 | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Daytime telephone number 850-410-1020</td> <td style="width: 40%;">Plan number (if applicable)</td> </tr> </table> | Daytime telephone number 850-410-1020 | Plan number (if applicable) |
| 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 NADIA BATEY 2477 TIM GAMBLE PL. SUITE 200 TALLAHASSEE, FL 32038 Check if to be sent copies of notices and communications <input type="checkbox"/> | CAF No. 0309-90306R PTIN P01452380 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 JEREMY SMITH 2477 TIM GAMBLE PL. SUITE 200 TALLAHASSEE, FL 32038 (Note: IRS sends notices and communications to only two representatives.) | CAF No. 0311-61145R PTIN P01858629 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 other 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 legal 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

 Print Name

 Print name of taxpayer from line 1 if other than individual

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, or ineligible for 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 - licensed to practice as a certified public accountant is active 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 (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 - Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). *See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.*
 - 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.**

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

| Designation - Insert above letter (a-r). | Licensing jurisdiction (State) or other licensing authority (if applicable). | Bar, license, certification, registration, or enrollment number (if applicable). | Signature | Date |
|--|--|--|-----------|------|
| B | FLORIDA | AC0018615 | | |
| B | FLORIDA | AC45903 | | |
| B | FLORIDA | AC46307 | | |
| | | | | |

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Form with fields for Type or print, Name of exempt organization or other filer, Employer identification number (EIN), Number, street, and room or suite no., Social security number (SSN), and City, town or post office, state, and ZIP code.

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

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 990-BL, Form 4720 (individual), Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), and Form 990-T (trust other than above).

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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)...

4 I request an additional 3-month extension of time until MAY 15, 2016
5 For calendar year JUL 1, 2014, and ending JUN 30, 2015
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER ACCOUNTING RECORDS IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.

Table with 3 columns: Description, 8a, 8b, 8c. Rows include 8a: 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. 8b: If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c: Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Handwritten Signature] Title: CHIEF EXECUTIVE OFFICER Date: 5/16/16 Form 8868 (Rev. 1-2014)

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

1019
F-7004
R. 01/15
Rule 12C-1.051
Florida Administrative Code
Effective 01/15

Information for Filing Florida Form F-7004

F-7004
R. 01/15

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.

Make checks payable and mail to:
FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

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
Contact person email address: LGULLEDGE@BIGBENDCB

| 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**.

444961
09-24-14

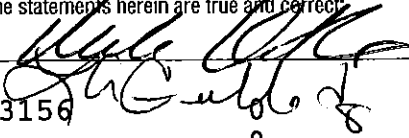
**Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

1019
F-7004
R. 01/15

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 06/30/15
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: 5/16/16
5/16/16

| | | |
|-----------|---|---|
| 030423156 | 0 | 0 |
| 1 | 0 | 0 |
| 20150630 | 0 | 0 |
| 0 | 0 | 0 |
| 012 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |
| 0 | 0 | 0 |



Florida Corporate Income/Franchise Tax Return

FEIN 03-0423156

F-1120, R. 01/15 1019

For calendar year 2014 or tax year beginning

JUL 1

2014 ending

JUN 30, 2015

Rule 12C-1.051 Florida Administrative Code Effective 01/15

851602015063000020050372303042315600001

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

Table with 19 rows detailing tax computation: 1. Federal taxable income -3,168.00; 2. State income taxes deducted; 3. Additions to federal taxable income; 4. Total of Lines 1, 2 and 3 -3,168.00; 5. Subtractions from federal taxable income 97,584.00; 6. Adjusted federal income -100,752.00; 7. Florida portion of adjusted federal income -100,752.00; 8. Nonbusiness income allocated to Florida; 9. Florida exemption 0.00; 10. Florida net income 0.00; 11. Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater 0.00; 12. Credits against the tax (from Schedule V) 0.00; 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

444081 09-24-14

Florida Corporate Income Tax Return

1019 F-1120 R. 01/15

Do Not Detach

YEAR ENDING 06/30/15

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 (0), 20140701 (9758400), 20150630 (-10075200), 00000000 (0.000000), 012 (9758400), 201 (0), -316800 (0), 0 (0)



BIG BEND COMMUNITY BASED CARE, INC.

1019
F-1120
R. 01/15
Page 2

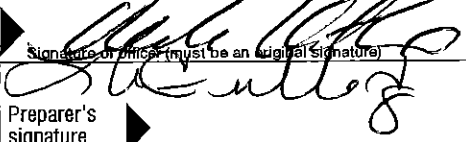
FEIN 03-0423156

06/30/15

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 |  | Date | 5/16/16 | Title | CHIEF EXECUTIVE OFFI |
| Paid preparers only | Preparer's signature | Date | 05/10/16 | Preparer check if self-employed | <input type="checkbox"/> |
| | BOB POWELL | | | Preparer's PTIN | P00005498 |
| Firm's name (or yours if self-employed) and address | | | | FEIN | 59-3204548 |
| JAMES MOORE & CO., P.L. 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL | | | | ZIP | 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 06/30/15

| 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 (see instructions) | 1. | 1. |
| 2. Undistributed net long-term capital gains (see instructions) | 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. New markets tax credit | 14. | 14. |
| 15. Entertainment industry tax credit | 15. | 15. |
| 16. Research and Development tax credit | 16. | 16. |
| 17. Energy Economic Zone tax credit | 17. | 17. |
| 18. Other additions (attach statement) | 18. | 18. |
| 19. Total Lines 1 through 18 in Columns (a) and (b). Enter totals for each column on Line 19. 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. | 19. | 19. |

| 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. 862, 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 8, and complete Schedule IV. | | |
| 3. Florida net operating loss carryover deduction (see instructions) STATEMENT 1 | 3. 97,584.00 | 3. |
| 4. Florida net capital loss carryover deduction (see instructions) | 4. | 4. |
| 5. Florida excess charitable contribution carryover (see instructions) | 5. | 5. |
| 6. Florida employee benefit plan contribution carryover (see instructions) | 6. | 6. |
| 7. Nonbusiness income (from Schedule R, Line 3) | 7. | 7. |
| 8. Eligible net income of an international banking facility (see instructions) | 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. 97,584.00 | 12. |



NAME BIG BEND COMMUNITY BASED CARE, INC. FEIN 03-0423156 TAXABLE YEAR ENDING 06/30/15

| 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) 6a. | | | | | |
| 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 06/30/15

| 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. State housing tax credit (attach certification letter) | 12. |
| 13. Credit for contributions to nonprofit scholarship funding organizations (attach certificate) | 13. |
| 14. Florida renewable energy technologies investment tax credit | 14. |
| 15. Florida renewable energy production tax credit | 15. |
| 16. New markets tax credit | 16. |
| 17. Entertainment industry tax credit | 17. |
| 18. Research and Development tax credit | 18. |
| 19. Energy Economic Zone tax credit | 19. |
| 20. Other credits (attach schedule) | 20. |
| 21. Total credits against the tax (sum of Lines 1 through 20 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12. | 21. |

| 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 06/30/15

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

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

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
(Enter here and on Schedule II, Line 7) 3. _____

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2015**

| | | | |
|--|----|----|--------------------|
| 1. Florida income expected in taxable year | 1. | \$ | <u>-100,752.00</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 | APPORITION FACTOR | CURRENT YR NOL/ SECTION 382 LIMIT | NET OPERATING LOSS CARRYOVER | LOSS PREVIOUSLY DEDUCTED | NET LOSS REMAINING | |
| 2008 | 0% | 0. | 39,287. | 0. | 39,287.00 | |
| 2009 | 0% | 0. | 29,085. | 0. | 29,085.00 | |
| 2010 | 0% | 0. | 11,692. | 0. | 11,692.00 | |
| 2011 | 0% | 0. | 3,771. | 0. | 3,771.00 | |
| 2012 | 0% | 0. | 6,422. | 0. | 6,422.00 | |
| 2013 | 0% | 0. | 7,327. | 0. | 7,327.00 | |
| TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE | | | | | 97,584.00 | |



BIG BEND COMMUNITY BASED CARE, INC.

1019
F-1120
R. 01/15

FEIN 03-0423156

DATA Page 1

| | | | |
|-----------|---|---|---------|
| 030423156 | 0 | 0 | 0 |
| -316800 | 0 | 0 | 0 |
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