JAMES MOORE & CO., P.L.
2477 TIM GAMBLE PLACE, SUITE 200
TALLAHASSEE, FL 32308-4386

BIG BEND COMMUNITY BASED CARE INC
525 N MARTIN LUTHER KING JR. BLVD.
TALLAHASSEE, FL 32301-1054

126340
04-01-21

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

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

▶ **Go to www.irs.gov/Form8879TE for the latest information.**

OMB No. 1545-0047

2021

Name of filer	EIN or SSN
BIG BEND COMMUNITY BASED CARE INC	03-0423156

Name and title of officer or person subject to tax MICHAEL WATKINS
CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** 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 one line in Part I.

1a	**Form 990** check here ▶	[ ]	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here ▶	[ ]	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ▶	[ ]	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ▶	[ ]	b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here ▶	[ ]	b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here ▶	[X]	b	**Total tax** (Form 990-T, Part III, line 4)	6b	0.
7a	**Form 4720** check here ▶	[ ]	b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here ▶	[ ]	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here ▶	[ ]	b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here ▶	[ ]	b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) __________, (EIN) ________ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize JAMES MOORE & CO., P.L. to enter my PIN 05312
ERO firm name — Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax ▶ Date ▶

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. 59255304155
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 ▶ 05/15/23

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

LHA **For Privacy act and Paperwork Reduction Act Notice, see instructions.** Form **8879-TE** (2021)

EXTENDED TO MAY 15, 2023

Form 990 — Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 | **2021** | Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

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

C Name of organization: BIG BEND COMMUNITY BASED CARE INC

Doing business as: NORTHWEST FLORIDA HEALTH NETWORK

Number and street (or P.O. box if mail is not delivered to street address): 525 N MARTIN LUTHER KING JR. BLVD. Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: TALLAHASSEE, FL 32301-1054

D Employer identification number: 03-0423156

E Telephone number: 850-575-6183

G Gross receipts $ 131,832,731.

F Name and address of principal officer: MICHAEL WATKINS SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions

H(c) Group exemption number ▶

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

J Website: ▶ HTTPS://WWW.NWFHEALTH.ORG/

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2002 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	186
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-116,448.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	120,478,192.	131,549,390.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,378.	993.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,128,106.	128,532.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	121,607,676.	131,678,915.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	80,903,084.	90,238,329.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,558,773.	10,724,360.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,658,036.	30,914,379.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	121,119,893.	131,877,068.
	19	Revenue less expenses. Subtract line 18 from line 12	487,783.	-198,153.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	34,098,081.	44,066,405.
	21	Total liabilities (Part X, line 26)	31,997,476.	42,460,394.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,100,605.	1,606,011.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ MICHAEL WATKINS, CHIEF EXECUTIVE OFFICER

Type or print name and title

Paid Preparer Use Only				
Print/Type preparer's name: MARK PAYNE	Preparer's signature: MARK PAYNE	Date: 05/15/23	Check ☐ if self-employed	PTIN: P00005495
Firm's name ▶ JAMES MOORE & CO., P.L.			Firm's EIN ▶ 59-3204548	
Firm's address ▶ 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386			Phone no. 850-386-6184	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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 ABUSE 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? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 129,777,354. including grants of $ 90,238,329.) (Revenue $)
TO PROVIDE THE HIGHEST QUALITY CHILD WELFARE, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO CHILDREN, ADULTS AND THEIR FAMILIES WITHIN THEIR COMMUNITIES THROUGH A MANAGED NETWORK OF ACCREDITED PROVIDERS.

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

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

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

4e Total program service expenses ▶ 129,777,354.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4	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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I.* See instructions	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

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 [X]

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	65			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 186			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* See instructions.				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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 on Schedule O. See instructions.*

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

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** 12. 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent **1b** 12			
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, 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 on 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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on 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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on 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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)*

19 Describe on 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 N MARTIN LUTHER KING JR. 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 .... [X]

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

[ ] 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MIKE WATKINS CHIEF EXECUTIVE OFFICER	30.00 30.00			X				0.	504,820.	35,522.
(2) LORI GULLEDGE CHIEF FINANCIAL OFFICER	30.00 30.00			X				0.	236,226.	31,026.
(3) COURTNEY STANFORD CHIEF OPERATIONS OFFICER	30.00 30.00			X				0.	199,014.	10,621.
(4) RALPH HABEN GENERAL COUNSEL	30.00 30.00					X		0.	123,136.	36,021.
(5) JANICE THOMAS DIRECTOR OF SYSTEM CARE	40.00 0.50					X		132,993.	0.	15,726.
(6) CHRISTOPHER MEADOWS DIRECTOR OF CONTRACT ADMIN	30.00 30.00					X		0.	116,498.	22,795.
(7) RAE KERR DIRECTOR OF FINANCE AND ACCOUNTING	30.00 30.00					X		0.	128,669.	7,806.
(8) DAVID DANIELS ME PROGRAM MANAGER	40.00 0.50					X		115,773.	0.	16,073.
(9) RONALD PICKETT PRESIDENT	1.00 0.50	X		X				0.	0.	0.
(10) KATHY MILTON SECRETARY	1.00 0.50	X		X				0.	0.	0.
(11) PAULINE PATRICK TREASURER	1.00 0.50	X		X				0.	0.	0.
(12) DR. LIZ HOLIFIELD DIRECTOR	1.00 0.50	X						0.	0.	0.
(13) BAMBI SMITH DIRECTOR	1.00 0.50	X						0.	0.	0.
(14) GERALD WATERS DIRECTOR	1.00 0.50	X						0.	0.	0.
(15) REGGIE JOHNS DIRECTOR	1.00 1.50	X						0.	0.	0.
(16) MICHAEL BEEDIE DIRECTOR	1.00 0.50	X						0.	0.	0.
(17) MARK STAVROS, MD 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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) CHARLIE STRICKLAND DIRECTOR	1.00 0.50	X						0.	0.	0.
(19) KEITH DEAN DIRECTOR	1.00 0.50	X						0.	0.	0.
(20) MICHELLE SALZMAN DIRECTOR	1.00 0.50	X						0.	0.	0.
1b Subtotal ▶								248,766.	1,308,363.	175,590.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								248,766.	1,308,363.	175,590.

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 ▶ 2

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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*	4	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*	5		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
PANHANDLE BEHAVIORAL SERVICES, LLC 910 HARRISON AVENUE, PANAMA CITY, FL 32401	BEHAVIOR ANALYTIC SERVICES	435,484.
VANCORE JONES COMMUNICATIONS, LLC 906 THOMASVILLE ROAD, TALLAHASSEE, FL 32303	SEE SCHEDULE O	204,355.
LANG COUNSELING AND CONSULTING, LLC PO BOX 1061, MIDWAY, FL 32343	COUNSELING SERVICES	141,841.
TODD C BRISTER, ATTORNEY AT LAW P. O. BOX 1759, PANAMA CITY, FL 32402	LITIGATION SERVICES	117,000.
FAMILIES FIRST OF FLORIDA, LLC, 4902 EISENHOWER BLVD, SUITE 295, TAMPA, FL	MENTAL HEALTH SERVICES	110,639.

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 ☐

Section	Line	Description	Sub-box	Sub-amount	(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	131,536,629.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,761.				
	g	Noncash contributions included in lines 1a-1f	1g	$				
	h	**Total.** Add lines 1a-1f ▶			131549390.			
Program Service Revenue				Business Code				
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			993.			993.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
				(i) Real / (ii) Personal				
	6 a	Gross rents	6a	216,847. /				
	b	Less: rental expenses	6b	153,816. /				
	c	Rental income or (loss)	6c	63,031. /				
	d	Net rental income or (loss) ▶			63,031.		-116,448.	179,479.
				(i) Securities / (ii) Other				
	7 a	Gross amount from sales of assets other than inventory	7a					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	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	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events ▶						
	9 a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue				Business Code				
	11 a	PARTNERSHIP INCOME		812900	65,501.			65,501.
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶			65,501.			
	12	**Total revenue.** See instructions ▶			131678915.	0.	-116,448.	245,973.

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	90,238,329.	90,238,329.		
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				
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	8,684,772.	8,684,772.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	175,383.	175,383.		
9 Other employee benefits	1,277,523.	1,277,523.		
10 Payroll taxes	586,682.	586,682.		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying	162,000.		162,000.	
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.)	529,359.	520,821.	8,538.	
12 Advertising and promotion				
13 Office expenses	169,161.	139,347.	29,814.	
14 Information technology				
15 Royalties				
16 Occupancy	1,963,015.	1,919,161.	43,854.	
17 Travel	133,191.	105,623.	27,568.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,115.	20,015.	5,100.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	217,416.	217,416.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on 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	24,373,170.	24,373,170.		
b FEES FOR SERVICES	2,268,398.	579,599.	1,688,799.	
c EXPENDABLE EQUIPMENT, F	781,289.	727,187.	54,102.	
d OTHER STAFF RELATED COS	179,241.	133,137.	46,104.	
e All other expenses	113,024.	79,189.	33,835.	
25 **Total functional expenses.** Add lines 1 through 24e	131,877,068.	129,777,354.	2,099,714.	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		15,146,804.	2	19,694,298.
	3	Pledges and grants receivable, net		6,960,898.	3	15,762,396.
	4	Accounts receivable, net		922,383.	4	351,734.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		222,737.	9	148,392.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,424,219.			
	b	Less: accumulated depreciation	10b 397,050.	10,760,293.	10c	8,027,169.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		82,416.	12	82,416.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		2,550.	14	0.
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		34,098,081.	16	44,066,405.
Liabilities	17	Accounts payable and accrued expenses		13,098,533.	17	22,446,648.
	18	Grants payable			18	
	19	Deferred revenue		6,388,920.	19	7,376,197.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		206,785.	21	203,881.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		8,627,723.	23	6,263,858.
	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		3,675,515.	25	6,169,810.
	26	**Total liabilities.** Add lines 17 through 25		31,997,476.	26	42,460,394.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,100,605.	27	1,606,011.
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,100,605.	32	1,606,011.
	33	Total liabilities and net assets/fund balances		34,098,081.	33	44,066,405.

Form **990** (2021)

132011 12-09-21

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	131,678,915.
2	Total expenses (must equal Part IX, column (A), line 25)	2	131,877,068.
3	Revenue less expenses. Subtract line 2 from line 1	3	-198,153.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,100,605.
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 on Schedule O)	9	-296,441.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,606,011.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	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: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

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

Part I **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	97481447.	108913049	116739223	119418592	131549390	574101701
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	97481447.	108913049	116739223	119418592	131549390	574101701
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.						574101701

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	97481447.	108913049	116739223	119418592	131549390	574101701
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	651,495.	269,757.	170,194.	179,016.	217,840.	1488302.
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.)	33,099.	20,000.	78,454.	90,000.	65,501.	287,054.
11 **Total support.** Add lines 7 through 10						575877057

12 Gross receipts from related activities, etc. (see instructions) | 12 |

13 **First 5 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

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.69 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 99.54 %

16a **33 1/3% support test - 2021.** 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 ▶ ☒

b **33 1/3% support test - 2020.** 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 ▶ ☐

17a **10% -facts-and-circumstances test - 2021.** 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 ▶ ☐

b **10% -facts-and-circumstances test - 2020.** 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 ▶ ☐

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 ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2021.** 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 - 2020.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
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.*	1		
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).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
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.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) 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.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
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.)*	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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**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 on line 2, above, 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 ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
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 on line 2a, above, 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 lines 3a and 3b 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? *If "Yes" or "No" 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 (*explain in* **Part VI**). **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 0.015 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 0.035.	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 0.85 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 ☐ 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (*describe in* **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2021**	**(iii)** **Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI.** See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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	[X] 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

[X] 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
BIG BEND COMMUNITY BASED CARE INC	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	$ 55,316,934.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES 1317 WINEWOOD BLVD, BLDG 1, RM 202 TALLAHASSEE, FL 32399	$ 75,895,687.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (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
		$	

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

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

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

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

(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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	162,000.	
c Total lobbying expenditures (add lines 1a and 1b)	162,000.	
d Other exempt purpose expenditures	131715068.	
e Total exempt purpose expenditures (add lines 1c and 1d)	131877068.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(e)** Total
2a Lobbying nontaxable amount				1,000,000.	1,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000.
c Total lobbying expenditures				162,000.	162,000.
d Grassroots nontaxable amount				250,000.	250,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000.
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
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" on 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" on 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 (for example, recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 on 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 FASB ASC 958 relating to these items:

a Revenue included on 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 make 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 program
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" on 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 [X] 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? [X] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII [X]

Part V **Endowment Funds.** Complete if the organization answered "Yes" on 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 Term endowment ▶ ______%

The percentages on 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" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on 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		375,173.		375,173.
b Buildings		7,967,919.	322,077.	7,645,842.
c Leasehold improvements				
d Equipment		81,127.	74,973.	6,154.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				8,027,169.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO GRANTOR	6,111,036.
(3) LINE OF CREDIT	58,774.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	6,169,810.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

NORTHWEST FLORIDA HEALTH NETWORK, INC. (NWFHN), HOLDS SOCIAL SECURITY BENEFITS RECEIVED BY THE CHILDREN AND FAMILIES SERVED BY (NWFHN) 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)*

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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2021
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" on 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2-1-1 BIG BEND P.O. BOX 10950 TALLAHASSEE, FL 32302	51-0201771	501(C)(3)	503,094.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
ABILITY FIRST (CENTER FOR INDEPENDENT LIVING) - 1823 BUFORD COURT - TALLAHASSEE, FL 32308	65-1078816	501(C)(3)	190,978.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
ANCHORAGE CHILDREN'S HOME 2121 LISENBY AVENUE PANAMA CITY, FL 32405	59-2323037	501(C)(3)	2,298,186.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES
APALACHEE CENTER, INC. 2634 CAPITAL CIR NE TALLAHASSEE, FL 32308	59-1162148	501(C)(3)	22,597,009.	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	165,529.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
BOYS TOWN OF NORTH FLORIDA 3555 COMMONWEALTH BLVD TALLAHASSEE, FL 32303	20-0655144	501(C)(3)	1,739,220.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 33.

3 Enter total number of other organizations listed in the line 1 table ▶ 2.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGEWAY CENTER, INC 137 HOSPITAL DRIVE WALTON BEACH, FL 32548	59-1278085	501(C)(3)	2,242,818.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
CAPITAL CITY YOUTH SERVICES 2407 ROBERTS AVE TALLAHASSEE, FL 32310	59-3184365	501(C)(3)	523,428.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES
CHEMICAL ADDICTIONS RECOVERY EFFORT, INC. - 4000 E 3RD ST - PANAMA CITY, FL 32404	59-2912345	501(C)(3)	5,517,173.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
CHILDREN'S HOME SOCIETY OF FLORIDA 482 S KELLER RD NO 3RD FL ORLANDO, FL 32810	59-0192430	501(C)(3)	1,033,994.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES
COMMUNITY DRUG & ALCOHOL COUNCIL 3804 N 9TH AVE. PENSACOLA, FL 32503	59-1380927	501(C)(3)	3,285,878.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
DISC VILLAGE, INC. 3333 WEST PENSACOLA STREET TALLAHASSEE, FL 32304	59-1491338	501(C)(3)	9,065,031.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES AND TO PROVIDE
EMERGENCY CARE HELP ORGANIZATION, INC. (ECHO) - 1707 S. GADSDEN STREET - TALLAHASSEE, FL 32301	59-2290628	501(C)(3)	107,052.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES
FORT WALTON BEACH MEDICAL CENTER PO BOX 402939 ATLANTA, GA 30384-2939	61-1259833	N/A	1,170,246.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
HABILITATIVE SERVICES OF NORTH FLORIDA, INC. - 4440 PUTNAM STREET - MARIANNA, FL 32446	59-3077111	501(C)(3)	493,514.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSPIRE GROUP, INC. 1882 CAPITAL CIRCLE NE, SUITE 105 TALLAHASSEE, FL 32311	13-4364718	501(C)(3)	181,562.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES
LAKEVIEW CENTER INC. 1221 W LAKEVIEW AVE PENSACOLA, FL 32501	59-0737872	501(C)(3)	18,170,434.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
LEON COUNTY PUBLIC DEFENDER 301 SOUTH MONROE STREET, #401 TALLAHASSEE, FL 32301	59-6000708	LEON COUNTY	49,990.	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)	11,956,453.	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 WILSON ST N - CRESTVIEW, FL 32536	59-6000765	OKALOOSA COUNTY	414,062.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
PANHANDLE BEHAVIORAL SERVICES, LLC 910 HARRISON AVENUE PANAMA CITY, FL 32401	47-4764666	N/A	643,772.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
THE OUNCE OF PREVENTION FUND OF FLORIDA, INC - 111 N GADSDEN ST, STE 200 - TALLAHASSEE, FL 32301	59-2908367	501(C)(3)	185,256.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES
TURNABOUT 2771 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	59-2147472	501(C)(3)	111,307.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWIN OAKS JUVENILE DEVELOPMENT, INC. - 11939 NW STATE ROAD 20 - BRISTOL, FL 32321	59-3512790	501(C)(3)	2,451,239.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES AND TO PROVIDE
WASHINGTON COUNTY SCHOOL BOARD 652 3RD STREET CHIPLEY, FL 32428	87-6000531	WASHINGTON COUNT	186,616.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
CAMELOT COMMUNITY CARE 1000 W THARPE STREET, STE 7 TALLAHASSEE, FL 32303	31-1659302	501(C)(3)	1,950,008.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES
BAY COUNTY SHERIFF'S OFFICE 3421 N HIGHWAY 77 PANAMA CITY, FL 32405	59-6000509	BAY COUNTY	248,846.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES AND TO PROVIDE
UNITED WAY OF WEST FLORIDA 1301 W GOVERNMENT STREET PENSACOLA, FL 32502	59-0651076	501(C)(3)	262,520.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES AND TO PROVIDE
BAPTIST HEALTH CARE, INC. 1717 NE STREET PENSACOLA, FL 32501	59-0657322	501(C)(3)	1,307,219.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES AND TO PROVIDE
FRANKLIN COUNTY SCHOOL BOARD 85 SCHOOL ROAD, SUITE 1 EASTPOINT, FL 32328	59-6000611	FRANKLIN COUNTY	244,419.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
GULF COAST CHILDREN'S ADVOCACY CENTER, INC. - 210 EAST 11TH STREET - PANAMA CITY, FL 32401	59-3623103	501(C)(3)	611,700.	0.			TO PROVIDE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED
LEON COUNTY SHERIFF'S OFFICE 2825 MUNUCIPAL WAY TALLAHASSEE, FL 32304	59-6000708	LEON COUNTY	172,272.	0.			DEVELOPING COMMUNITY BASED SERVICES AND SUPPORTS FOR CHILDREN AND FAMILIES AND TO PROVIDE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (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 noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIBERTY COUNTY SCHOOL BOARD 11051 FL-20 BRISTOL, FL 32321	59-6000720	LIBERTY COUNTY	51,238.	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" on 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 noncash 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 NORTHWEST FLORIDA HEALTH NETWORK, INC. (NWFHN) DIRECTOR OF CONTRACT ADMINISTRATION AND UNDERLYING CONTRACT MANAGERS. AT NWFHN, THE CFO AND DESIGNATED EMPLOYEES ARE RESPONSIBLE FOR VERIFYING COMPLIANCE TO THE CONTRACT AGREEMENT AND MATCHING ALL EXPENSES TO INVOICES BEFORE PROCESSING RECOMMENDATION FOR PAYMENT. NWFHN CONTRACT DEPARTMENT AND QUALITY MANAGEMENT DIRECTOR, ALSO MONITORED THE CONTRACT PERFORMANCE DURING SUBRECIPIENT MONITORING FOR COMPLIANCE WITH CONTRACTUAL AGREEMENTS AND

Part IV Supplemental Information

PREPARED REPORTS BASED ON FINDINGS. DESIGNATED NWFHN MANAGEMENT REVIEWS REPORTS PREPARED BY CONTRACT DEPARTMENT AND QC DEPARTMENT 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 NWFHN A CORRECTIVE LETTER.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 2-1-1 BIG BEND

(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:

ABILITY FIRST (CENTER FOR INDEPENDENT LIVING)

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

NAME OF ORGANIZATION OR GOVERNMENT: APALACHEE CENTER, INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: BAY DISTRICT SCHOOLS

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CHEMICAL ADDICTIONS RECOVERY EFFORT, INC.

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

MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: 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: 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: FORT WALTON BEACH MEDICAL CENTER

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

MENTAL HEALTH SERVICES THROUGH A NETWORK OF ACCREDITED PROVIDERS

NAME OF ORGANIZATION OR GOVERNMENT: 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: LEON COUNTY FELONY DRUG COURT

(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: LEON COUNTY PUBLIC DEFENDER

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:
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: PANHANDLE BEHAVIORAL SERVICES, LLC
(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: TURNABOUT
(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: TWIN OAKS JUVENILE DEVELOPMENT, INC.

Part IV Supplemental Information

(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: WASHINGTON COUNTY SCHOOL BOARD

(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 COUNTY SHERIFF'S OFFICE

(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: UNITED WAY OF WEST FLORIDA

(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: BAPTIST HEALTH CARE, 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: FRANKLIN COUNTY SCHOOL BOARD

(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:

Part IV Supplemental Information

GULF COAST CHILDREN'S ADVOCACY 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: LEON COUNTY SHERIFF'S OFFICE

(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: LIBERTY COUNTY SCHOOL BOARD

(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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

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

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as 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	1b		
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 on line 1a?	2		
3	Indicate which, if any, of the following the 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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on 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?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
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.	4c		X
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		X
6	For persons listed on 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?	6a		X
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on 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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MIKE WATKINS	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(ii)	504,820.	0.	0.	14,500.	21,022.	540,342.	0.
(2) LORI GULLEDGE	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	236,226.	0.	0.	11,811.	19,215.	267,252.	0.
(3) COURTNEY STANFORD	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OPERATIONS OFFICER	(ii)	199,014.	0.	0.	8,803.	1,818.	209,635.	0.
(4) RALPH HABEN	(i)	0.	0.	0.	0.	0.	0.	0.
GENERAL COUNSEL	(ii)	123,136.	0.	0.	6,217.	29,804.	159,157.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND CHIEF OPERATIONS OFFICER RECEIVE COMPENSATION FROM NWF PARTNERSHIP FOR BETTER COMMUNITIES, INC, A RELATED ORGANIZATION. COMPENSATION FOR THESE INDIVIDUALS IS APPROVED BY THE BOARD AND COMPENSATION COMMITTEE.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization: BIG BEND COMMUNITY BASED CARE INC

Employer identification number 03-0423156

FORM 990, ITEM C, DOING BUSINESS AS:

NORTHWEST FLORIDA HEALTH NETWORK

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

TO PROVIDE THE HIGHEST QUALITY CHILD WELFARE, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES TO CHILDREN, ADULTS, AND THEIR FAMILIES WITHIN THEIR COMMUNITIES THROUGH A MANAGED NETWORK OF ACCREDITED PROVIDERS.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION HAS CONTRACTED WITH A RELATED ORGANIZATION, NWF PARTERNSHIP FOR BETTER COMMUNITIES, INC. (NWF) FOR MANAGEMENT SERVICES. NWF PROVIDES THE FOLLOWING SERVICES FOR THE ORGANIZATION: EXECUTIVE MANAGMENT SERVICES, HUMAN RESOURCE SUPPORT SERVICES, ACCOUNTING SERVICES, FINANCE SUPPORT SERVICES, INFORMATION TECHNOLOGY SUPPORT SERVICES, NETWORK SUPPORT SERVICES, LEGAL SERVICES, AND FACILITIES MANAGEMENT.

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

RAE KERR, CFO, REVIEWS THE 990 PRIOR TO FILING.

FORM 990, PART V, LINE 2A AND 2B:

THE ORGANIZATION USES A PAYROLL SERVICE TO FILE FORM W-3, W-2 AND ALL PAYROLL RETURNS. IN ACCORDANCE WITH IRS INSTRUCTIONS, REPORTED THE NUMBER OF W-2'S FILED BY PAYROLL AGENTS ON THE ORGANIZATION'S BEHALF.

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

Name of the organization: BIG BEND COMMUNITY BASED CARE INC

Employer identification number: 03-0423156

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 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.

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:

Name of the organization: BIG BEND COMMUNITY BASED CARE INC

Employer identification number: 03-0423156

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

FORM 990, PART VII, SECTION B, LINE 1

VANCORE JONES COMMUNICATIONS, LLC, DESCRIPTION OF SERVICES - DEVELOPING AND IMPLEMENTING PUBLIC OUTREACH COMMUNICATIONS, ADVERTISEMENTS AND ANNUAL REPORT DEVELOPMENT.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INTERCOMPANY TRANSFERS FROM PRIOR YEAR -296,441.

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.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization: BIG BEND COMMUNITY BASED CARE INC

Employer identification number: 03-0423156

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
INDEPENDENCE VILLAGE, LLC - 26-3768393 525 NORTH MARTIN LUTHER KING BLVD. TALLAHASSEE, FL 32301	PROVIDE HOUSING TO CHILDREN AND FAMILIES SERVED BY NWFHN	FLORIDA	501(C)(3)	LINE 10	BIG BEND COMMUNITY BASED CARE, INC	X	
NWF PARTNERSHIP FOR BETTER COMMUNITIES, INC. - 82-2705311, 525 NORTH MARTIN LUTHER KING BLVD., TALLAHASSEE, FL 32301	DEVELOP & COORDINATE CHILD WELFARE & BEHAVIORAL SERVICES	FLORIDA	501(C)(3)	LINE 10	BIG BEND COMMUNITY BASED CARE, INC	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) 2021**

132161 11-17-21 LHA

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

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

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	NWF PARTNERSHIP FOR BETTER COMMUNITIES, INC.	R	7,403,148.	ACTUAL COST
(2)	NWF PARTNERSHIP FOR BETTER COMMUNITIES, INC.	S	906,847.	ACTUAL COST
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEUDLE R, PART V, LINE 2 - OTHER TRANSFERS TO/FROM RELATED ORGANIZATIONS:
THE ORGANIZATIONS REIMBURSE EACH OTHER FOR VARIOUS EXPENSES SUCH AS FACILITIES AND OPERATIONS COSTS, EMPLOYEE EXPENSES, ALONG WITH OTHER EXPENSES.

Name: BIG BEND COMMUNITY BASED CARE INC FEIN: 03-0423156

Type and Entity: FACILITIES RENTAL POST-2017 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2018	43,391.											
B	2020	75,470.											
C	2021	91,633.											
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													

	Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													

112571
04-01-21

Name: BIG BEND COMMUNITY BASED CARE INC FEIN: 03-0423156

Type and Entity: PRE-2018 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation / Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/16	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2008	39,287.	4,829.	4,829.								
B	2009	29,085.										
C	2010	11,692.										
D	2011	3,771.										
E	2012	6,422.										
F	2013	7,327.										
G	2014	3,168.										
H	2016	102,154.										
I	2017	9,004.										
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													

112571
04-01-21

Name: BIG BEND COMMUNITY BASED CARE INC FEIN: 03-0423156

Type and Entity: NOL FL

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/16	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2008	39,287.	4,829.	4,829.								
B	2009	29,085.										
C	2010	11,692.										
D	2011	3,771.										
E	2012	6,422.										
F	2013	7,327.										
G	2014	3,168.										
H	2016	102,154.										
I	2017	9,004.										
J	2018	43,391.										
K	2020	75,470.										
L	2021	91,633.										
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													

EXTENDED TO MAY 15, 2023

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2021 or other tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 .

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2021

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

A ☐ Check box if address changed.

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ 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 N MARTIN LUTHER KING JR. BLVD.

City or town, state or province, country, and ZIP or foreign postal code
TALLAHASSEE, FL 32301-1054

C Book value of all assets at end of year ▶ 44,066,405.

D Employer identification number
03-0423156

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Check if filing only to ▶ ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ ☐

J Enter the number of attached Schedules A (Form 990-T) ▶ 1

K 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. ▶

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

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21) ▶	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	2	
3	**Proxy tax.** See instructions ▶	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA **For Paperwork Reduction Act Notice, see instructions.** Form **990-T** (2021)

123701 07-06-22

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	0.
3	Other amounts due. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)			3	
4	**Total tax.** Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here ▶			4	0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4			5	0.
6a	Payments: A 2020 overpayment credited to 2021	6a			
b	2021 estimated tax payments. Check if section 643(g) election applies ▶ ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	6g			
7	**Total payments.** Add lines 6a through 6g			7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶			10	
11	Enter the amount of line 10 you want: **Credited to 2022 estimated tax** ▶ **Refunded** ▶			11	

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

		Yes	No
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		
4	Enter available pre-2018 NOL carryovers here ▶ $ 207,081. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
531120	$ 118,861.
	$

		Yes	No
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here

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.

Signature of officer | Date | Title: CHIEF EXECUTIVE OFFICER

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MARK PAYNE	MARK PAYNE	05/15/23		P00005495

Firm's name ▶ JAMES MOORE & CO., P.L. — Firm's EIN ▶ 59-3204548

Firm's address ▶ 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL 32308-4386 — Phone no. 850-386-6184

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	39,287.	4,829.	34,458.	34,458.
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.
06/30/15	3,168.	0.	3,168.	3,168.
06/30/17	102,154.	0.	102,154.	102,154.
06/30/18	9,004.	0.	9,004.	9,004.
NOL CARRYOVER AVAILABLE THIS YEAR			207,081.	207,081.

SCHEDULE A (Form 990-T)

Department of the Treasury Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

OMB No. 1545-0047

2021

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

A Name of the organization: BIG BEND COMMUNITY BASED CARE INC

B Employer identification number: 03-0423156

C Unrelated business activity code (see instructions) ▶ 531120

D Sequence: 1 of 1

E Describe the unrelated trade or business ▶FACILITIES RENTAL

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 (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7	29,405.	121,038.	-91,633.
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	29,405.	121,038.	-91,633.

Part II Deductions Not Taken Elsewhere

See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	
15	**Total deductions.** Add lines 1 through 14		15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-91,633.
17	Deduction for net operating loss. See instructions		17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16		18	-91,633.

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
2 Rent received or accrued				
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.

	A	B	C	D
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ 910 HARRISON AVENUE, PANAMA CITY, FL 32401

B ☐

C ☐

D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property	37,368.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)	0.			
b Other deductions (attach statement) STMT 5	153,816.			
c Total deductions (add lines 3a and 3b, columns A through D)	153,816.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 6	891,015.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 7	1,132,331.			
6 Divide line 4 by line 5	78.69 %	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	29,405.			

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 29,405.

	A	B	C	D
9 Allocable deductions. Multiply line 3c by line 6	121,038.			

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 121,038.

11 **Total dividends-received deductions** included in line 10 ▶ 0.

Part VI 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)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0.	0.

Part VII 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 statement)	4. Set-asides (attach statement)	**5. Total deductions and set-asides** (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A) ▶				0.
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B) ▶				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ▶				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

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

Part XI Supplemental Information (see instructions)

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	43,391.	0.	43,391.	43,391.
06/30/21	75,470.	0.	75,470.	75,470.
NOL CARRYOVER AVAILABLE THIS YEAR			118,861.	118,861.

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 3
AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
	2	
BEGINNING FIRST MONTH		900,866.
BEGINNING SECOND MONTH		899,139.
BEGINNING THIRD MONTH		897,406.
BEGINNING FOURTH MONTH		895,570.
BEGINNING FIFTH MONTH		893,825.
BEGINNING SIXTH MONTH		891,977.
BEGINNING SEVENTH MONTH		890,220.
BEGINNING EIGHTH MONTH		888,457.
BEGINNING NINTH MONTH		886,399.
BEGINNING TENTH MONTH		884,624.
BEGINNING ELEVENTH MONTH		882,746.
BEGINNING TWELFTH MONTH		880,958.
TOTAL OF ALL MONTHS		10,692,187.
NUMBER OF MONTHS IN YEAR		12
AVERAGE ACQUISITION DEBT		891,016.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME AVERAGE ADJUSTED BASIS STATEMENT 4

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
	2	
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR		1,146,571.
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR		1,118,092.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		1,132,332.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
OCCUPANCY		67,865.		
INTEREST		48,094.		
DEPRECIATION		37,857.		
- SUBTOTAL -	2	153,816.	1.00	153,816.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				153,816.

FORM 990-T (A) AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION INDEBTNESS		891,015.	
- SUBTOTAL -	2		891,015.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 4			891,015.

FORM 990-T (A) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS ON DEBT FINANCED PROPERTY		1,132,331.	
- SUBTOTAL -	2		1,132,331.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 5			1,132,331.

Form **8886** (Rev. December 2019) Department of the Treasury Internal Revenue Service

Reportable Transaction Disclosure Statement

▶ Attach to your tax return. ▶ See separate instructions.

▶ Go to www.irs.gov/Form8886 for instructions and the latest information.

OMB No. 1545-1800

Attachment Sequence No. 137

Name(s) shown on return (individuals enter last name, first name, middle initial): BIG BEND COMMUNITY BASED CARE INC

Identifying number: 03-0423156

Number, street, and room or suite no.: 525 N MARTIN LUTHER KING JR. BLVD.

City or town, state, and ZIP code: TALLAHASSEE, FL 32301-1054

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number ______ of ______

B Enter the form number of the tax return to which this form is attached or related ▶ 990-T

Enter the year of the tax return identified above ▶ 06/30/2022

Is this Form 8886 being filed with an amended tax return? ☐ Yes ☒ No

C Check the box(es) that apply. See instructions. ☐ Initial year filer ☐ Protective disclosure

1a Name of reportable transaction
SECTION 831(B) MICRO-CAPTIVE TRANSACTION

1b Initial year participated in transaction: 2019

1c Reportable transaction or tax shelter registration number:

2 Identify the type of reportable transaction. Check all boxes that apply. See instructions.

a ☐ Listed **c** ☐ Contractual protection **e** ☒ Transaction of interest

b ☐ Confidential **d** ☐ Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶ NOTICE 2016-66

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ 1

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

a Type of entity ▶	☐ Partnership ☐ Trust ☐ S corporation ☐ Foreign	☐ Partnership ☐ Trust ☐ S corporation ☐ Foreign
b Name ▶	CBC CASUALTY INSURANCE LIMITED	
c Employer identification number (EIN), if known ▶	98-1357318	
d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶	NONE	

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name: EISNER ADVISORY GROUP LLC | Identifying number (if known): 87-1353108 | Fees paid: $ 1,000.

Number, street, and room or suite no.: 111 WOOD AVENUE SOUTH

City or town, State, and ZIP code: ISELIN, NJ 08830

b Name: | Identifying number (if known): | Fees paid: $

Number, street, and room or suite no.:

City or town, State, and ZIP code:

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- [ ] Deductions
- [X] Exclusions from gross income
- [ ] Absence of adjustments to basis
- [ ] Tax credits
- [ ] Capital loss
- [ ] Nonrecognition of gain
- [ ] Deferral
- [ ] Ordinary loss
- [ ] Adjustments to basis
- [ ] Other

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions .... $ 87,251.

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions 1

d Enter your total investment or basis in the transaction. See instructions .... $

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT 8

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: [ ] Tax-exempt [X] Foreign [ ] Related

Name: ARTEX

Identifying number:

Address: 3RD FLOOR, WILLOW HOUSE, 171 ELGIN AVE, PO BOX 10233
GRAND CAYMAN, CAYMAN ISLANDS, KY1-1002

Description:
ENGAGED AS AN INSURANCE MANAGER PROVIDING
VARIOUS ACCOUNTING AND INSURANCE-RELATED
MANAGEMENT SERVICES TO THE TAXPAYER.

b Type of individual or entity: [ ] Tax-exempt [X] Foreign [ ] Related

Name: EISNERAMPER CAYMAN LTD.

Identifying number:

Address: CENTURY YARD, CRICKET SQUARE, 171 ELGIN AVE
GRAND CAYMAN, CAYMAN ISLANDS, KY1-1002

Description:
ENGAGED AS THE INDEPENDENT AUDIT FIRM
PROVIDING ASSURANCE SERVICES (AUDITED
FINANCIAL STATEMENTS) TO THE TAXPAYER.

FORM 8886 STATEMENT 8

CBC CASUALTY INSURANCE LIMITED (THE "TAXPAYER") WAS INCORPORATED AS A CAPTIVE INSURANCE COMPANY UNDER CAYMAN ISLANDS COMPANY LAW ON JUNE 22, 2016, AND HOLDS AN INSURANCE LICENSE FROM THE CAYMAN ISLANDS MONETARY AUTHORITY. THE TAXPAYER ORIGINALLY MADE AN INTERNAL REVENUE CODE SECTION 953(D) ELECTION TO BE TAXED AS A U.S. INSURANCE COMPANY EFFECTIVE FOR THE 2017 TAX YEAR. THE TAXPAYER MADE AN IRC SECTION 831(B) ELECTION TO BE TAXED AS A SMALL OR "MICRO CAPTIVE" INSURANCE COMPANY IN 2019.

TOTAL DOLLAR AMOUNT OF TAX BENEFITS: $87,251
ANTICIPATED NUMBER OF YEARS THE TRANSACTION PROVIDES THE TAX BENEFITS: 1

TAXPAYER OWNERSHIP:
TAXPAYER IS OWNED BY (COLLECTIVELY, THE "SHAREHOLDER"):
NORTHWEST FLORIDA HEALTH NETWORK, INC. (F/K/A BIG BEND COMMUNITY BASED CARE, INC.)
EMBRACE FAMILIES, INC. (F/K/A CBC OF CENTRAL FLORIDA - HOLDINGS, INC.)
PARTNERSHIP FOR STRONG FAMILIES, INC.
KIDS CENTRAL, INC.
COMMUNITY PARTNERSHIP FOR CHILDREN, INC.
HEARTLAND FOR CHILDREN, INC.

Form **8868**
(Rev. January 2022)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.
BIG BEND COMMUNITY BASED CARE INC

Taxpayer identification number (TIN)
03-0423156

Number, street, and room or suite no. If a P.O. box, see instructions.
525 N MARTIN LUTHER KING JR. BLVD.

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
TALLAHASSEE, FL 32301-1054

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

- The books are in the care of ▶ THE ORGANIZATION - 525 N MARTIN LUTHER KING JR. BLVD. - TALLAHASSEE, FL 32301

Telephone No. ▶ 850-410-1020 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box .... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year ______ or
▶ ☒ tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 .

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

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

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

Form **8868**
(Rev. January 2022)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print		
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. BIG BEND COMMUNITY BASED CARE INC	Taxpayer identification number (TIN) 03-0423156
	Number, street, and room or suite no. If a P.O. box, see instructions. 525 N MARTIN LUTHER KING JR. BLVD.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE, FL 32301-1054	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

- The books are in the care of ▶ THE ORGANIZATION - 525 N MARTIN LUTHER KING JR. BLVD. - TALLAHASSEE, FL 32301

Telephone No. ▶ 850-410-1020 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box .... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year ______ or
▶ ☒ tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 .

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2022)

TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:

BIG BEND COMMUNITY BASED CARE INC
525 N MARTIN LUTHER KING JR. BLVD.
TALLAHASSEE, FL 32301-1054

PREPARED BY:

JAMES MOORE & CO., P.L.
2477 TIM GAMBLE PLACE, SUITE 200
TALLAHASSEE, FL 32308-4386

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	$	0
LESS: PAYMENTS AND CREDITS	$	0
PLUS: OTHER AMOUNT		0
PLUS: NTEREST AND PENALTIES	$	0
NO PAYMENT REQUIRED	$	

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	$	0
OTHER AMOUNT	$	0
REFUNDED TO YOU	$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FLORIDA DOR, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE FLORIDA DOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FLORIDA DOR.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

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

1019
F-7004
R. 01/17
Rule 12C-1.051
Florida Administrative Code
Effective 01/17

Information for Filing Florida Form F-7004

F-7004
R. 01/17

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.floridarevenue.com**

Penalties - 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. There is also a penalty for late-file return when no tax is due.

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

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

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

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

B. Type of federal return filed: 990-T
Contact person for questions: MICHAEL WATKINS
Telephone number: 850-410-1020
Contact Person email address: LORI.GULLEDGE@BIGBEN

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

Transfer the amount on Line 3 to **Tentative tax due .**

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

144961
09-27-21

Florida Department of Revenue - Corporate Income Tax
Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return

1019
F-7004
R. 01/17

FEIN 03-0423156

Name BIG BEND COMMUNITY BASED CARE INC
Address 525 N MARTIN LUTHER KING JR. BLVD.
City/State/ZIP TALLAHASSEE, FL 32301-1054

Taxable Year End 06/30/22
FILING STATUS Partnership ___ S-corporation ___
All other federal returns to be filed X
Tentative Tax Due $ 0.00

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

Sign Here: ______________________ Date: ______________

030423156	0	0	0
3	0	0	0
20220630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

0

8133 0 20220630 0002005030 6 3030423156 0000 1

Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/22 **1019**
Rule 12C-1.051
Florida Administrative Code
Effective 01/22

FEIN 03-0423156

For calendar year 2021 or tax year beginning JUL 1 , 2021 ending JUN 30, 2022

8133020220630000200503793030423156 00001

Name BIG BEND COMMUNITY BASED CARE INC
Address 525 N MARTIN LUTHER KING JR. BLVD.
City/State/ZIP TALLAHASSEE, FL 32301-1054

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

Computation of Florida Net Income Tax

		Check here if negative	
1.	Federal taxable income (see instructions) - **Attach pages 1-5 of federal return**	X	-91,633.00
2.	State income taxes deducted in computing federal taxable income (attach schedule)		
3.	Additions to federal taxable income (from Schedule I)		
4.	Total of Lines 1, 2 and 3	X	-91,633.00
5.	Subtractions from federal taxable income (from Schedule II)		325,942.00
6.	Adjusted federal income (Line 4 minus Line 5)	X	-417,575.00
7.	Florida portion of adjusted federal income (see instructions)	X	-417,575.00
8.	Nonbusiness income allocated to Florida (from Schedule R)		
9.	**Florida exemption**		0.00
10.	Florida net income (Line 7 plus Line 8 minus Line 9)		0.00
11.	Tax due: 3.535% of Line 10		0.00
12.	Credits against the tax (from Schedule V)		
13.	Total corporate income/franchise tax due (Line 11 minus Line 12)		0.00
14.	a) Penalty: F-2220 ____ b) Other ____ c) Interest: F-2220 ____ d) Other ____ Line 14 Total ▶		
15.	Total of Lines 13 and 14		
16.	Payment credits: Estimated tax payments 16a $ ____ Tentative tax payment 16b $ ____		
17.	Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19		
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		

144081 10-21-21

Payment Coupon for Florida Corporate Income Tax Return

1019
F-1120
R. 01/22

Do Not Detach YEAR ENDING 06/30/22

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

Name BIG BEND COMMUNITY BASED CARE
Address 525 N MARTIN LUTHER KING JR.
City/State/ZIP TALLAHASSEE, FL 32301-1054

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

030423156	0	0	0
20210701	32594200	0	0
20220630	-41757500	0	0
00000000	0.000000	0	0
012	32594200	0	0
202	0	0	0
-9163300	0	0	0
0	0	0	0

0

8133 0 20220630 0002005037 9 3030423156 0000 1

BIG BEND COMMUNITY BASED CARE INC

FEIN 03-0423156 06/30/22

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

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

Sign here	Signature of officer (must be an original signature) Date	Title CHIEF EXECUTIVE OFFI	
Paid preparers only	Preparer's signature MARK PAYNE Date 05/15/23	Preparer check if self-employed ☐	Preparer's PTIN P00005495
	Firm's name (or yours if self-employed) and address: JAMES MOORE & CO., P.L. 2477 TIM GAMBLE PLACE, SUITE 200 TALLAHASSEE, FL	FEIN 59-3204548	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: N02000002215
C. Florida consolidated return? YES ☐ NO ☒
D. ☐ Initial return ☐ Final return (final federal return filed)
E. Principal Business Activity Code (as pertains to Florida)

531120

T

F. A Florida extension of time was timely filed? YES ☐ NO ☒
G-1. Corporation is a member of a controlled group? YES ☐ NO ☒ If yes, attach list.

G-2. Part of a federal consolidated return? YES ☐ NO ☒ If yes, provide:
FEIN from federal consolidated return:
Name of corporation:
G-3. The federal common parent has sales, property, or payroll in Florida? YES ☐ NO ☒
H. Location of corporate books:
City, State, ZIP:
I. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☒
J. Enter date of latest IRS audit:
a) List years examined:
K. Contact person concerning this return: MICHAEL WATKINS
a) Contact person telephone number: 850-410-1020
b) Contact person e-mail address: RAE.KERR@BIGBENDCBC.
L. Type of federal return filed ☐ 1120 ☐ 1120S or 990-T

L

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 06/30/22

Schedule I - Additions and/or Adjustments to Federal Taxable Income

1.	Interest excluded from federal taxable income (see instructions)	1.
2.	Undistributed net long-term capital gains (see instructions)	2.
3.	Net operating loss deduction (attach schedule)	3.
4.	Net capital loss carryover (attach schedule)	4.
5.	Excess charitable contribution carryover (attach schedule)	5.
6.	Employee benefit plan contribution carryover (attach schedule)	6.
7.	Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8.	Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9.	Guaranty association assessment(s) credit	9.
10.	Rural and/or urban high crime area job tax credits	10.
11.	State housing tax credit	11.
12.	Florida Tax Credit Scholarship Program Credits (AKA credit for contributions for nonprofit scholarship-funding organizations)	12.
13.	Florida Renewable energy production tax credit	13.
14.	New markets tax credit	14.
15.	Entertainment industry tax credit	15.
16.	Research and Development tax credit	16.
17.	Energy Economic Zone tax credit	17.
18.	s. 168(k) IRC special bonus depreciation	18.
19.	Qualified Improvement Property Decoupling.	19.
20.	Business Meal Expenses at a Restaurant.	20.
21.	Film, Television, and Live theatrical production expenses.	21.
22.	Other additions (attach schedule)	22.
23.	Total Lines 1 through 22. Enter total on Line 23 and on Page 1, Line 3.	23.

Schedule II - Subtractions from Federal Taxable Income

1. Gross foreign source income less attributable expenses
   - (a) Enter s. 78, IRC income $ ______
   - (b) plus s. 862, IRC dividends $ ______
   - (c) plus s. 951A, IRC, income $ ______
   - (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC $ ______

   Total ▶ 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.

Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.

3.	Florida net operating loss carryover deduction (see instructions) STATEMENT 1	3.	325,942.00
4.	Florida net capital loss carryover deduction (see instructions)	4.	
5.	Florida excess charitable contribution carryover (see instructions)	5.	
6.	Florida employee benefit plan contribution carryover (see instructions)	6.	0.00
7.	Nonbusiness income (from Schedule R, Line 3)	7.	
8.	Eligible net income of an international banking facility (see instructions)	8.	
9.	s. 179, IRC expense (see instructions)	9.	
10.	s. 168(k), IRC special bonus depreciation (see instructions)	10.	
11.	Depreciation of qualified improvement property	11.	
12.	Film, Television, and Live Theatrical Expenses.	12.	
13.	Other subtractions (attach statement)	13.	
14.	Total Lines 1 through 13. Enter total on Line 14 and on Page 1, Line 5.	14.	325,942.00

NAME BIG BEND COMMUNITY BASED CARE INC FEIN 03-0423156 TAXABLE YEAR ENDING 06/30/22

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	.000000
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

1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.

NAME BIG BEND COMMUNITY BASED CARE INC FEIN 03-0423156 TAXABLE YEAR ENDING 06/30/22

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.	Hazardous waste facility tax credit	8.
9.	Florida alternative minimum tax (AMT) credit	9.
10.	Contaminated site rehabilitation tax credit (AKA voluntary cleanup tax credit) (attach tax credit certificate)	10.
11.	State housing tax credit (attach certification letter)	11.
12.	Florida Tax Credit: Scholarship Program Credits. (AKA credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13.	Florida renewable energy production tax credit	13.
14.	New markets tax credit	14.
15.	Entertainment industry tax credit	15.
16.	Research and Development tax credit	16.
17.	Energy Economic Zone tax credit	17.
18.	Other credits (attach schedule)	18.
19.	Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	19.

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount

Total allocated to Florida .... 1. ______
(Enter here and on Page 1, Line 8)

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount

Total allocated elsewhere .... 2. ______

Line 3. Total nonbusiness income

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

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NAME BIG BEND COMMUNITY BASED CARE INC FEIN 03-0423156 TAXABLE YEAR ENDING 06/30/22

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

1. Florida income expected in taxable year		1.	$ -417,575.00
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.	$

5. Computation of installments:

Payment due dates and payment amounts:	If 6/30 year end, last day of 4th month, otherwise last day of 5th 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.	$

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.

FL F-1120 NET OPERATING LOSS CARRYOVERS STATEMENT 1

YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2008	0%	0.	39,287.	4,829.	34,458.00
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
2014	0%	0.	3,168.	0.	3,168.00
2016	0%	0.	102,154.	0.	102,154.00
2017	0%	0.	9,004.	0.	9,004.00
2018	0%	0.	43,391.	0.	43,391.00
2020	0%	0.	75,470.	0.	75,470.00
TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE					325,942.00

BIG BEND COMMUNITY BASED CARE INC

FEIN 03-0423156

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FEIN 03-0423156

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