

Form 990-T

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

OMB No 1545-0687

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

2018

Department of the Treasury Internal Revenue Service

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).

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

Form header section A through G containing organization details: Name (BIG BEND CARES, INC.), Address (2201 S MONROE ST, TALLAHASSEE, FL 32301-6302), EIN (59-2816580), and Exemption type (501(c)(3) corporation).

Section H: Enter the number of the organization's unrelated trades or businesses (1) and describe the first (RENTAL OF PROPERTY).

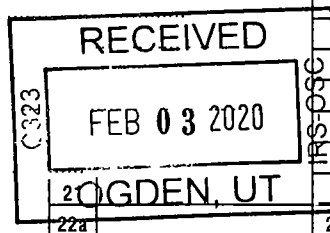
Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No)

Section J: The books are in care of THE ORGANIZATION, Telephone number 850-656-2437

Table for Part I: Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows 1-13 showing total income of 36,933 and net of -20,085.

Part II: Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table for Part II: Deductions Not Taken Elsewhere. Rows 14-32 showing various deduction categories and a total deduction of 0, resulting in an unrelated business taxable income of -20,085.



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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33 through 38 with amounts like -20,085 and 1,000.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39 through 44 with amounts like 0 and 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a through 55 with amounts like 0 and 0.

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

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56, 57, and 58.

Signature and Preparer information section including fields for Signature of officer, Date, Title, Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, and Phone no.

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

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

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

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
0.		0.

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

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			STATEMENT 4	STATEMENT 5
(1) SECOND FLOOR OF FACILITY		52,143.	30,192.	50,308.
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
STATEMENT 6	STATEMENT 7			
(1) 922,175.	1,302,006.	70.83%	36,933.	57,018.
(2)		%		
(3)		%		
(4)		%		
STATEMENT 2	STATEMENT 3		Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			36,933.	57,018.
Total dividends-received deductions included in column 8				0.

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

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

Nonexempt Controlled Organizations

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

Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
			0.	0.

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				

Totals		Enter here and on page 1, Part I, line 9, column (A)	0.	Enter here and on page 1, Part I, line 9, column (B)	0.
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Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Totals		Enter here and on page 1, Part I, line 10, col (A)	0.	Enter here and on page 1, Part I, line 10, col (B)	0.	Enter here and on page 1, Part II, line 26	0.
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Schedule J - Advertising Income (see instructions)

Part I. Income From Periodicals Reported on a Consolidated Basis

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

Totals (carry to Part II, line (5))		0.	0.			0.
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Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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

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

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

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/18	38,881.	0.	38,881.	38,881.
NOL CARRYOVER AVAILABLE THIS YEAR			38,881.	38,881.

FORM 990-T		SCHEDULE E - UNRELATED DEBT-FINANCED INCOME		STATEMENT 2
		AVERAGE ACQUISITION DEBT		
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT		
SECOND FLOOR OF FACILITY	1			
BEGINNING FIRST MONTH		1,018,073.		
BEGINNING SECOND MONTH		1,000,637.		
BEGINNING THIRD MONTH		983,201.		
BEGINNING FOURTH MONTH		965,765.		
BEGINNING FIFTH MONTH		948,329.		
BEGINNING SIXTH MONTH		930,893.		
BEGINNING SEVENTH MONTH		913,457.		
BEGINNING EIGHTH MONTH		896,021.		
BEGINNING NINTH MONTH		878,585.		
BEGINNING TENTH MONTH		861,149.		
BEGINNING ELEVENTH MONTH		843,713.		
BEGINNING TWELFTH MONTH		826,277.		
TOTAL OF ALL MONTHS		11,066,100.		
NUMBER OF MONTHS IN YEAR		12		
AVERAGE AQUISITION DEBT		922,175.		

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION INDEBTEDNESS		922,175.	
- SUBTOTAL -	1		922,175.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			922,175.

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 7

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS ON DEBT FINANCED PROPERTY			
- SUBTOTAL -	1	1,302,006.	1,302,006.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			1,302,006.