Form <b>990-T</b>	E	Exempt Orga	nization Bus	ine	ss Income T	ax Return		OMB No 1545-0687
1 20			nd proxy tax und					0040
	For ca	lendar year 2018 or other tax yea	ar beginning $\overline{ ext{OCT}}$ 1,	20	$18$ , and ending $\overline{\text{SE}}$	P 30, 2019	<u> </u>	2018
Department of the Treasury Internal Revenue Service	•	► Go to www Do not enter SSN numbe	-		ons and the latest inform de public if your organiz		5	Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed		Name of organization (	Check box if name c	hanged	and see instructions.)			yer identification number byees' trust, see itions)
B Exempt under section	Print	BIG BEND CA	RES, INC.				59	9-2816580
X 501(cm/3)	or	Number, street, and roon		k, see ir	istructions.	•	E Unrelat	ted business activity code structions )
408(e) 220(e)	Туре	2201 S MONR	OE ST				(000 111	su dellons y
408A 530(a)		City or town, state or pro	vince, country, and ZIP o	r foreig	n postal code			
529(a)		TALLAHASSEE		-630	)2		<u>5311</u>	<u> </u>
C Book value of all assets at end of year		F Group exemption number		<u> </u>	<del>,-</del>			
16,453,4		G Check organization typ				401(a)		Other trust
		ition's unrelated trades or b		1		the only (or first) unr		
		NTAL OF PROP		<del></del>		complete Parts I-V. I		
business, then complete		ice at the end of the previous	us semence, complete Pa	rts i an	o II, complete a Schedule	ivi for each additiona	i traue (	ונ
i During the tax year, was			affiliated group or a paren	nt-subsi	diary controlled group?	<b>&gt;</b> [	Yes	X No
		tifying number of the paren			and y controlled group			, 110
		THE ORGANIZA			Teleph	one number > 8!	50 <del>-</del> 6	556-2437
Part I Unrelate	d Trac	de or Business Inc	ome		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sal	es						1	
<b>b</b> Less returns and allo	wances		c Balance	1c				
2 Cost of goods sold (				2		-	•	
3 Gross profit. Subtrac				3		•		
4 a Capital gain net incor		•	4707)	4a				<del> </del>
		'art II, line 17) (attach Form	1 4/9/)	4b			-+	
c Capital loss deductio		sis ship or an S corporation (at	tach statement)	4c 5	<del></del>			· · · · · · · · · · · · · · · · · · ·
5 Income (loss) from a 6 Rent income (Schedi		ship of all 3 corporation (at	itacii statement)	6			-	
7 Unrelated debt-finance	•	me (Schedule F)		7	36,933.	57,01	18.	-20,085.
		nd rents from a controlled o	organization (Schedule F)	8				
	-	on 501(c)(7), (9), or (17) or	<del>-</del>	9				
10 Exploited exempt act				10				
11 Advertising income (	Schedule	e J)		11				
12 Other income (See in	struction	ns; attach schedule)		12		•		
13 Total. Combine lines	s 3 throu	gh 12		13	36,933.	57,01	L8.	20,085.
Part II Deduction		ot Taken Elsewner utions, deductions must				income )		
		rectors, and trustees (Sche				1	14	
15 Salaries and wages	110013, ui	rectors, and trustees (cone	dulo ity				-15	
16 Repairs and mainter	nance				RF(	CEIVED	16	<u> </u>
17 Bad debts						0 0 2020	7	
18 Interest (attach sche	edule) (s	ee instructions)			E FFB	0 2020	5 8	
19 Taxes and licenses					ISI FER	0 3 2020	9 -20	
20 Charitable contribut		e instructions for limitation	rules)				=20	
21 Depreciation (attach		•			20Gl	DEN, UT		
	aimed oi	n Schedule A and elsewher	e on return		- 22a		22b	
23 Depletion 24 Contributions to def	forrad aa	magazian plans				}	23	
<ul><li>24 Contributions to def</li><li>25 Employee benefit pr</li></ul>		inpensation plans					25	
26 Excess exempt expe		chedule I)				<u> </u>	26	<u></u>
27 Excess readership of		•				ļ	27	
28 Other deductions (a	-	•					28	
29 Total deductions. A		•					29	0.
		ncome before net operating	loss deduction. Subtract	t line 29	from line 13		80	-20,085.
31 Deduction for net of	perating	loss arısıng ın tax years be	ginning on or after Januai	ry 1, 20	18 (see instructions)	[	31	
		ncome. Subtract line 31 fro				<u> </u>	32	-20,085.
823701 01-09-19 LHA F	or Paper	work Reduction Act Notice	, see instructions.			J (	•	Form 990-T (2018)

Form 990-			59-28.	T0280	Page Z
Part I					· · · · · · · · · · · · · · · · · · ·
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructions)		33	20,085.
<b>`34</b>	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ctions) S	STMT 1	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	ım of		1 1	
	lines 33 and 34			36	-20,085.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		38	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36,	20	1	
	enter the smaller of zero or line 36		<u> </u>	1 38	-20,085.
Part I	V Tax Computation			•	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b>•</b>	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	on line 38 from	i		
	Tax rate schedule or Schedule D (Form 1041)		<b>&gt;</b>	40	
41	Proxy tax. See instructions		<b>&gt;</b>	41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part \	/ Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b		]	
c	General business credit. Attach Form 3800	45c		]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
е	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 🔲 Othei	(attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
50 a	Payments: A 2017 overpayment credited to 2018	50a		<b>」</b> │	
b	2018 estimated tax payments	50b		_	
C	Tax deposited with Form 8868	50c		_	
đ	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		4	
е	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		_	
g	Other credits, adjustments, and payments. Form 2439				
	Form 4136 Other Total ▶	50g		<b></b>	
51	Total payments. Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<b>&gt;</b>	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1		54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		efunded >	55	
Part \		<del></del>	<del></del>		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		•		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	=			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country	/		
	here				<u>X</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	insteror to, a to	oreign trust?		<b>├</b>
58	If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  \$\bigs\\$\$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements and to th	a best of my knowle	adde and helief	f it is true
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knowled	7E —	3- 4114 0010	
Here	1/3/2020 OFFICER		N	-	scuss this return with
	Signature of officer Date Title			ne preparer sn nstructions)? [	own below (see
	Print/Type preparer's name Preparer's signature Dat		<del>_</del>	ıf PTIN	21 103 100
<b>5</b> · ·	Trino type preparer s name	.0			
Paid	MARK PAYNE MARK PAYNE 01	/22/20	self- employed		0005495
Prepa	"V"	, _2, 20	Fırm's EIN		3204548
Use C	2477 TIM GAMBLE PLACE, SUITE 20	00	THIN S LIN		
	Firm's address ► TALLAHASSEE, FL 32308-4386	-	Phone no. 8	350-38	6-6184
823711 01					orm 990-T (2018)
					• • • • • • • • • • • • • • • • • • • •

Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory v	aluation ► N/A				
1 . Inventory at beginning of year	1			Inventory at end of yea			6	
2 Purchases	2			Cost of goods sold. St		ine 6		
3 Cost of labor	3	***	from line 5. Enter here and in Part			i i		
4 a Additional section 263A costs				line 2		·	7	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to	Y	es No
b Other costs (attach schedule)	4b	-		property produced or a	cquired	for resale) apply to		
5 Total Add lines 1 through 4b	5			the organization?	·	,,		_
Schedule C - Rent Income (	(From Real	Property and	Per	sonal Property L	ease	d With Real Prope	rty)	
(see instructions)		<del>-</del>						
Description of property				·-				
(1)			_					
(2)	<del></del>							
(3)								
(4)								
· · · · · · · · · · · · · · · · · · ·		ed or accrued		<u> </u>		3(a) Deductions directly co	onnected with the incom	10 ID
(a) From personal property (if the pero rent for personal property is more 10% but not more than 50%)	centage of than	` for rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge 	columns 2(a) and	2(b) (attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter <b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	t-Financed	Income (see if	nstru	ctions)				
			2	. Gross income from		Deductions directly conne to debt-financed		
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Streight line depreciation (attach schedule)	(b) Other deduc (attach schedu	tions ile)
					S	TATEMENT 4	STATEMEN'	T 5
(1) SECOND FLOOR OF I	FACILITY			52,143.		30,192.	50,	308.
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)     STATEMENT 6	of or a debt-final STATE		6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	<b>8</b> . Allocable dec (column 6 x total o 3(a) and 3(	f columns b))
(1) 922,175.	1	302,006.		70.83%		36,933.	57,	018.
(2)				%				
(3)				%				
(4)				%				
STATEMENT 2	STAT	EMENT 3				nter here and on page 1, Part I, line 7, column (A)	Enter here and on Part I, line 7, colui	
Totals				<b>.</b>		36,933.	57.	018.
Total dividends-received deductions in	cluded in column	8		<b>~</b> 1	L	<b>•</b>	,	0.
							Form <b>99</b> 0	D-T (2018)

Schedule F - Interest,	Annuntes	, noyait	ies, air		Controlled O			1110115	(see ins	truction	ns)
1. Name of controlled organization	tion	2. Emp identific numb	ation	3. Net un	related income e instructions)	<b>4</b> . To	tal of specified ments made	included	of column 4 t in the contri ion's gross ii	olling	6. Deductions directly connected with income in column 5
(1)		."									
(2)	Î										
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		related income e instructions)		9. Total	of specified payi made	nents	10. Part of colu in the controlli gross	mn 9 that is ing organiz s income	s included ation's		ductions directly connected in income in column 10
(1)											
(2)											
(3)										•	-
(4)					<del></del>						
Totala							Enter here and	on page 1,			dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals Schedule G - Investme	nt Incom	o of a S	ection	501(0)(7	7) (Q) or (	17\ Or	ranization		. 0.1		0.
(see inst		e oi a s	ection	301(0)(7	, ( <del>s</del> ), or (	ii) Oig	gariizatiori				
	cription of incom	e			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)							· .				
(2)											
(3)									-		
(4)											
Totals					Enter here and o Part I, line 9, co					ا ر	Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	Exempt /	Activity I	Income	, Other	Than Adv		ig Income	<u> </u>	, po s		
(see instru	uctions)				+						
Description of exploited activity	2. Gr unrelated b income trade or bu	usiness from	3. Exp directly of with pro of unri business	duction elated	4. Net incom from unrelated business (co minus columi gain, compute through	I trade or lumn 2 n 3) If a a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Expr attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							<del>-</del>				
(2)				· · · · · · · · · · · · · · · · · · ·							
(3)											
(4)											
	Enter here page 1, I line 10, c	Part I,	Enter her page 1, line 10,	, Part I,		, g					Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertising	na Incom		struction		<u> </u>		* ,			•	
Part I Income From					solidated	Basis					<del></del>
index.	· onoulo	потторо	, , , , ,		oonaatoa	<b>D</b> 40.0		•			
1. Name of periodical		2. Gross advertising income		3. Direct irtising coats	or (loss) (c		5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					Ţ.,	,					magness de la company
(2)					_] ′						
(3)											
(4)						, 6,4, 	-				9 T
Totals (carry to Part II, line (5))	•	0		0							0.
											Form 990-T (2018)

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## Form 990-T (2018) BIG BEND CARES, INC. 59-28165 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)	İ					
(2)						<del></del>
(3)						
(4)						
Totals from Part I	0.	0.	,- ,-			0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		•	,	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

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

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

Form 990-T (2018)

FORM 990-T		NET	OPERATING	OPERATING LOSS DEDUCTION		STATEMENT 1	
TAX YEAR	Loss	SUSTAINED	LOSS PREVIOU: APPLI		LOSS REMAINING	AVAILABLE THIS YEAR	
09/30/18		38,881.		0.	38,881.	38,881.	
NOL CARRYO	VER AVA	ILABLE THIS	YEAR		38,881.	38,881.	

FORM 990-T	SCHEDULE E -	- UNRELATED	DEBT-FINANCED	INCOME	STATEMENT 2
	AVE	ERAGE ACQUI	SITION DEBT		

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

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

FORM 990-T	SCHEDULE E - UNRELATED DEBT-FINANCED I AVERAGE ADJUSTED BASIS	INCOME	STATEMENT 3
DESCRIPTION OF	DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
SECOND FLOOR O	F FACILITY	1	AMOUNT
	ED BASIS OF PROPERTY FIRST DAY OF YEAR ED BASIS OF PROPERTY LAST DAY OF YEAR		1,317,102. 1,286,909.
AVERAGE ADJUST	ED BASIS OF PROPERTY FOR THE YEAR		1,302,006.
TOTAL TO FORM	990-T, SCHEDULE E, COLUMN 5		

FORM 990-T	SCHEDULE E - DEPRECIA	TION DEDUCT	ION	STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	1	30,192.	30,192.
TOTAL OF FORM 99	00-T, SCHEDULE E, COLUMN	3(A)		30,192.
FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE INTEREST MAINTENANCE			3,958. 29,458. 9,566.	
UTILITIES	- SUBTOTAL -	1	7,326.	50,308.
TOTAL OF FORM 99	0-T, SCHEDULE E, COLUMN	3(B)		50,308.

FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-F			STATEMENT 6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISI	TION INDEBTEDNESS - SUBTOTAL	- 1	922,175.	922,175.
TOTAL OF FORM 99	00-T, SCHEDULE E, COLUM	N 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.