) MAY 15	•				
	Ω	00	Retu	rn of Org	ganizatio	on Exemp	ot Fro	om l	ncome 🛾	Гах	OMB No. 1545-0047
For	n Y	90	Under section	501(c), 527, or	r 4947(a)(1) of t	he Internal Rev	enue Co	de (exc	ept private fo	undations)	2021
Dono	rtmont	of the Treesury	► Do	o not enter so	cial security nι	umbers on this f	form as i	it may b	e made publi	с.	Open to Public
Interr	al Reve	of the Treasury nue Service		Go to www.ir) for instruction					Inspection
AF	or the	e 2021 calend	ar year, or tax ye	ear beginning	JUL 1,	2021	and end	ل ding	<u>UN 30,</u>	2022	
B c a	heck if pplicabl	le: C Name of	f organization						D Employe	r identificati	on number
	Addre chang	BIG	BEND JOBS	5 AND EI	DUCATION	COUNCIL	, INC	2			
	Name chang					ITAL REG			59-3	633062	
	Initial return		and street (or P.	O. box if mail is	not delivered to s	treet address)	Roc	om/suite	E Telephon	e number	
Final 2910 KERRY FOREST PARKWAY D4-273 850-414-6085											
	termir ated	2-	own, state or pro	vince, country	, and ZIP or for	eign postal code	;		G Gross receip	ts \$	4,753,165.
	Amen return		AHASSEE,	FL 323	309	-			H(a) Is this a	group retur	า
	Applic tion	F Name a	nd address of pri	ncipal officer:	JAMES MC	SHANE			for subo	ordinates?	Yes X No
	pendi	SAME	AS C ABOV	/E					H(b) Are all sub	ordinates include	ed? Yes No
		empt status:		501(c) () 🗲 (insert		a)(1) or	527	lf "No,"	attach a list.	See instructions
			CAREERSOU	JRCECAP]	TALREGI	ON.COM			H(c) Group e		
			X Corporation	Trust	Association	Other 🕨		L Year	of formation: 1	. 996 м St	ate of legal domicile: ${f FL}$
Pa	art I	Summary									
ø	1	Briefly describ	e the organizatio	n's mission or	most significan	t activities: <u>SE</u>	E SC	HEDU	LE O		
Governance											
srne	2	Check this bo	x 🕨 if the	organization	discontinued its	s operations or d	lisposed	of more	than 25% of it	s net assets	
٥ ٣			ting members of								19
			lependent voting								19
es			of individuals em								17
Activities &			of volunteers (est								0
Act			d business reven								0.
	b	Net unrelated	business taxable	income from I	Form 990-T, Pa	<u>rt I, line 11</u>					0.
		.							Prior Yea		Current Year
e			and grants (Part						5,032,		4,665,856.
Revenue		•	ce revenue (Part							0.	0.
Be			come (Part VIII, c						70	335.	87,309.
			e (Part VIII, colum						5,102,		4,753,165.
			- add lines 8 thro						5,102,	0.	1,870,320.
			nilar amounts pa							0.	1,870,320.
			to or for members r compensation,						1,078,		1,096,012.
ses	15								1,070,	0.	0.
ens	16a		undraising fees (F				0			0.	0•
Expenses	47		es (Part IX, colum						3,978,	132	1,800,717.
	''		s. Add lines 13-1			(A) line 25)			<u> </u>		4,767,049.
			expenses. Subtra	*					<u> </u>	417.	-13,884.
78	13	nevenue less	expenses. Subtra						ginning of Curre		End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X line 16)						, 937		2,253,593.
Asse Bals	20	•	(Part X, line 10)						<u> </u>		1,971,939.
Net ,	22		fund balances. S						337,		281,654.
	nrt II	Signature									,
				e examined this r	return, including a	accompanving sch	edules and	d statem	ents, and to the l	pest of my kno	wledge and belief, it is
			. Declaration of pre							-	
					,					5	

Sign	Signature of officer		Date							
Here	JAMES MCSHANE, EXECUTIVE DIRECTOR									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Chec	k PTIN						
Paid	NADIA BATEY	NADIA BATEY	01/24/23 self-e	employed P01452380						
Preparer	Firm's name 🕒 JAMES MOORE & CO.	., P.L.	Firm's EIN	▶ 59-3204548						
Use Only	Firm's address 2477 TIM GAMBLE	PLACE, SUITE 200								
	TALLAHASSEE, FL 3	32308-4386	Phone no.	850-386-6184						
May the II	RS discuss this return with the preparer shown abov	ve? See instructions		X Yes No						
	1114 For Demonstrate Device the Act Matte	· · · · · · · · · · · · · · · · · · ·								

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Form	990 (2021) BIG BEND JOBS AND EDUCATION COUNCIL, INC 59-3633062 Page 2 t 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: CAREERSOURCE CAPITAL REGION PROVIDES COMPREHENSIVE EMPLOYMENT AND
	WORKFORCE SERVICES FOR OUR REGION.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	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?
	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 \$ 4,347,940. including grants of \$ 1,870,320.) (Revenue \$ 87,309.)
	CAREERSOURCE CAPITAL REGION IS THE RECOGNIZED LEADER FOR TALENT
	CREATION AND CONNECTING WORK-READY JOB SEEKERS WITH DIVERSE AND
	COMPETITIVE EMPLOYMENT OPPORTUNITIES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-10	(code:) (expenses a) (nevenue a) (nevenue a)
4c	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
40	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 4,347,940.
48	Form 990 (2021)
100000	
132002	12-09-21 2

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<u>Form 990 (2</u>		-		AND	EDUCATION	COUNCIL,	INC	59-3633062	Page 3
Part IV	Checklist of Require	d Scheo	lules						

	· ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•	If "Yes," complete Schedule A	1	х	1
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	<u> </u>	· ·	
•	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	
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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			77
	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Δ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.44	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	А	
IZa		12a	х	
h	Schedule D, Parts XI and XII	12a	- 23	
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the eventiantian maintain on office, evenlaged an example state of the United Otates O	14a		X
	Did the organization maintain an once, employees, or agents outside of the United States?			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	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			<u> </u>
	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		Х
	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	Х	
132003	3 12-09-21	Form	990	(2021)

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59-3633062 Form 990 (2021) BIG BEND JOE Part IV Checklist of Required Schedules BIG BEND JOBS AND EDUCATION COUNCIL, INC Page 4

1 0	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		v	
	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			v
	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		
	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			- v
	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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		
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	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	2		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

4

Х Form 990 (2021)

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Pai	t 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 17						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	S						
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 of	0	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount)?	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 Ac	counts (FBAR).						
5a			5a		X X			
b								
С	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	e 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 contribution	ons or gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and	vices 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					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required						
	to file Form 8282?	*	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fol	rm 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion 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.							
а	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:							
а	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:	1						
а	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.							
а	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	1						
	organization is licensed to issue qualified health plans	13b	-					
С	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 Schedul	e O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or						
	excess parachute payment(s) during the year?		15		Х			
	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		Х			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
_	If "Yes," complete Form 6069.							
132005	5 12-09-21 5		Form	990	(2021)			

BIG BEND JOBS AND EDUCATION COUNCIL, INC 59-3633062 Page 5

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Form 990 (2021)

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Form 990	(2021)
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BIG BEND JOBS AND EDUCATION COUNCIL, INC

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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		
Sect	tion 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	1	9				
	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	1	9				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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	e 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 9	90 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap	point o	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, st	ockho	ders, or					
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	following:					
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue	Code.)					
					Yes			
	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 characteristics and procedures governing the activities and procedures governing the acti	apters	, affiliates,	10b				
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	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 12b	X X	<u> </u>		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			120		<u> </u>		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		12c	x			
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	<u> </u>		
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	<u> </u>		
15	Did the process for determining compensation of the following persons include a review and approval			14				
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by int	lependent					
а	The organization's CEO, Executive Director, or top management official			15a	x			
	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 arrangem	nent w	ith a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-					
	exempt status with respect to such arrangements?			16b				
Sec	tion 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	nd 990	T (section 501(c)(3)s only)	availal	ble		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website Upon request Other (explain		,					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	t interest policy, a	nd finar	cial			
~~	statements available to the public during the tax year.	1						
20	State the name, address, and telephone number of the person who possesses the organization's boo THE ORGANIZATION - $850-414-6085$	oks and	records					
	2910 KERRY FOREST PARKWAY, D4-273, TALLAHASSEE, FL	20	309					
132000	$\frac{2}{12-09-21}$	52		For	n 990	(2021)		
.02000	6			1 011		(2021)		

BIG BEND JOBS AND EDUCATION COUNCIL, INC 59-3633062

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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)	(B)			(C)				(D)	(E)	(F)
Name and title	Average	(do		Pos		۱ than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	uau	recio	n/trus	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120)	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co oyee	er			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) JAMES MCSHANE	40.00									
CEO				Х				121,144.	0.	31,567.
(2) MATTHEW SALERA	40.00									
CFO				Х	/			85,009.	0.	24,063.
(3) SCOTT WATSON	1.00									
CHAIR		X		X				0.	0.	0.
(4) BETH CICCHETTI	1.00									
PAST CHAIR		X		Х				0.	0.	0.
(5) KEVIN VAUGHN	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(6) NINA SELF	1.00									
TREASURER		X		Х				0.	0.	0.
(7) SHELLY BELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) PATRICK HUTTO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MARTINA MCDOWELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MARIA MEAD	1.00									_
BOARD MEMBER		х						0.	0.	0.
(11) TERRENCE WATTS	1.00								•	•
BOARD MEMBER	1	Х						0.	0.	0.
(12) CRISTINA PAREDES	1.00								•	•
BOARD MEMBER	1 0 0	X						0.	0.	0.
(13) AMBER TYNAN	1.00							0	0	0
BOARD MEMBER	1 0 0	X						0.	0.	0.
(14) MANDY BIANCHI	1.00							0	0	0
BOARD MEMBER	1 0 0	X						0.	0.	0.
(15) THERESA ST. JEAN	1.00							0	0	0
BOARD MEMBER	1 0 0	X						0.	0.	0.
(16) AMY GEIGER	1.00								•	0
BOARD MEMBER	1 00	X						0.	0.	0.
(17) ERIN GILLESPIE	1.00								0	<u>^</u>
BOARD MEMBER		Х						0.	0.	0 .
132007 12-09-21				-	-					Form 990 (2021)

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		JOBS AN	ID	ED	UC	AT	ΟI	Ν	COUNCIL, INC	59-3	633	062	Page	8
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(C)				(D)	(E)			(F)	
	Name and title	Average	(do	not cl	Posi			one	Reportable	Reportable		Est	imated	
		hours per	box	, unles	ss per	son i	s both	n an	compensation	compensatio			ount of	
		week			uau	liecto			- from	from related			other	
		(list any hours for	Individual trustee or director						the organization	organization (W-2/1099-MIS	I	•	ensatior	i
		related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)			nization	
		organizations	truste	al trus		/ee	mper		1099-NEC)	1000 1120)		•	related	
		below	idual 1	nstitutional trustee	er.	ƙey employee	est co oyee	er					nizations	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				-		
(18)	STEPHEN COPPER-BUTLER	1.00												
BOAR	D MEMBER		Х						0.		0.		0	•
(19)	MIKE TEMPLE	1.00												
BOAR	D MEMBER		X						0.		0.		0	•
(20)	PRINCESS OUSLEY	1.00												
BOAR	D MEMBER		х						0.		0.		0	•
(21)	SHAKELIA EPPS	1.00												
BOAR	D MEMBER		х						0.		0.		0	
			1											
			1											
			1											
			1						K					
			1											
1b	Subtotal	•							206,153.		0.	55	630	•
	Total from continuation sheets to Part VI	_							0.		0.		0	
	Total (add lines 1b and 1c)								206,153.		0.	55	630	•
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	e		-	
	compensation from the organization						,		. ,	·				1
												,	Yes N	D
3	Did the organization list any former officer,	director, trust	ee, k	key e	mpl	oyee	e, or	hig	hest compensated emp	loyee on	[
	line 1a? If "Yes," complete Schedule J for s											3	X	
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a													
-	rendered to the organization? If "Yes," com											5	X	
Sect	ion B. Independent Contractors		201	01 30		10/3						-	I	
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of com	oensat	ion froi	n	_
	the organization. Report compensation for	-												
	(A)				<u> </u>							(C)		_
	Name and business	address							Description of s	ervices	С	ompen		
INS	PIRED TECHNOLOGIES OF	NORTH F	LO	RI	DA	,			INFORMATION					
	8 HIGHLAND OAKS TERRAC					-			TECHNOLOGY S	ERVICES		181	,062	
														_
														_
2	Total number of independent contractors (ii	ncludina but na	ot lir	nitec	to	thos	e lis	ted	above) who received me	ore than				
_	\$100,000 of compensation from the organiz	•				1			,					
	· · · · · · · · · · · · · · · · · · ·											Form 9	90 (202	1)

132008 12-09-21

			2021) BIG BEND JOBS	AND EDU	CATION COU	NCIL, INC	59-3633	062 Page 9
Pa	rt V	/111	_					
			Check if Schedule O contains a response	or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
s, G Ame		с	Fundraising events 1c					
Gift lar		d	Related organizations 1d					
ns, Simi				665,856.				
utio er S		f	All other contributions, gifts, grants, and					
Oth		-	similar amounts not included above If Noncash contributions included in lines 1a-1f Ig \$					
Sont		-	Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f		4,665,856.			
0.0				Business Code				
ė	2	а						
Program Service Revenue		b						
i Se		С						
ram 8eve		d						
rog		е						
Ъ			All other program service revenue					
		g	Total. Add lines 2a-2f Investment income (including dividends, intere					
	3		other similar amounts)					
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a			•		
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
		Ŀ	assets other than inventory 7a					
e		D	Less: cost or other basis and sales expenses 7b					
venue		с	Gain or (loss)					
(h)			Net gain or (loss)					
Other Re	8		Gross income from fundraising events (not including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
			Less: direct expenses 8b					
	~		Net income or (loss) from fundraising events	<u> </u>				
	9	а	Gross income from gaming activities. See					
		h	Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances 10 a	a				
		b	Less: cost of goods sold 10b	b				
		с	Net income or (loss) from sales of inventory	►				
S				Business Code	07 200	07 200		
leou	11		SCHOLARSHIPS AND OTHER	900099	87,309.	87,309.		
llan ven		b						
Miscellaneous Revenue		с С	All other revenue					
Ξ			Total. Add lines 11a-11d		87,309.			
	12		Total revenue. See instructions		4,753,165.		0.	0.
13200								Form 990 (2021)

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Form 990 (2021) BIG BEND JOBS AND EDUCATION COUNCIL, INC 59-3633062 Page 10 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).

0000	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
Doi	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,870,320.	1,870,320.		
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	273,007.		273,007.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	600.010			
7	Other salaries and wages	603,910.	582,976.	20,934.	
8	Pension plan accruals and contributions (include	FA 201			
	section 401(k) and 403(b) employer contributions)	50,381.	47,896.	2,485.	
9	Other employee benefits	108,608.	104,048.	4,560.	
10	Payroll taxes	60,106.	42,468.	17,638.	
11	Fees for services (nonemployees):				
	Management	10 600	0.000		
	Legal	12,672.	8,023.	4,649.	
	Accounting	19,500.		19,500.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	5,151.		5 1 5 1	
	column (A), amount, list line 11g expenses on Sch Q.)	15,385.	15,141.	<u>5,151.</u> 244.	
12	Advertising and promotion	72,079.	64,043.	8,036.	
13	Office expenses	324,850.	317,596.	7,254.	
14	Information technology	JZ4,0J0.	517,590.	1,254.	
15	Royalties	63,340.	41,366.	21,974.	
16 17	Occupancy	25,115.	14,991.	10,124.	
17	Travel	23,113.	<u> </u>	10,124.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	12,823.	6,436.	6,387.	
19 20		91,983.	91,983.	0,307•	
20 21	Payments to affiliates	51,505.	<u> </u>		
21 22	Depreciation, depletion, and amortization	509,821.	509,821.		
22		25,145.	19,242.	5,903.	
23 24	Other expenses. Itemize expenses not covered			575051	
27	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 0.)				
а	DIRECT PROGRAM EXPENSES	540,173.	540,173.		
b	OTHER EXPENSES	32,942.	32,942.		
c	DUES AND MEMBERSHIPS	17,236.	15,715.	1,521.	
d	EMPLOYEE EDUCATION	16,376.	6,931.	9,445.	
	All other expenses	16,126.	15,829.	297.	
25	Total functional expenses. Add lines 1 through 24e	4,767,049.	4,347,940.	419,109.	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)				
) 12-09-21		1		Form 990 (202

10

132010 12-09-21

Form **990** (2021)

Form 990 (2021)	
Dart Y	Balance	2

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	526,124.	1	411,066.		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			302,714.	3	265,725.
	4	Accounts receivable, net				4	
s	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial con	tributor, or 35%			
		controlled entity or family member of any of	these persons	s		5	
	6	Loans and other receivables from other disq	ualified perso	ns (as defined			
		under section 4958(f)(1)), and persons descr	ibed in sectio	n 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			4,010.	9	2,740.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	300,540.			
	b	Less: accumulated depreciation	10b	212,912.	104,160.	10c	87,628.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets			14	1,486,434.	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must			937,008.	16	2,253,593.
	17	Accounts payable and accrued expenses			512,549.	17	419,273.
	18	Grants payable		18			
	19	Deferred revenue			86,772.	19	22,501.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ŝ	22	Loans and other payables to any current or t	former officer,	director,			
litie		trustee, key employee, creator or founder, su	ubstantial con	tributor, or 35%			
Liabilities		controlled entity or family member of any of	these persons			22	
	23	Secured mortgages and notes payable to un	nrelated third p			23	
	24	Unsecured notes and loans payable to unrel	ated third par	ties		24	
	25	Other liabilities (including federal income tax	, payables to	related third			
		parties, and other liabilities not included on I	ines 17-24). C	omplete Part X			
		of Schedule D			0.	25	1,530,165.
	26	Total liabilities. Add lines 17 through 25			599,321.	26	1,971,939.
		Organizations that follow FASB ASC 958,	check here				
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			337,687.	27	281,654.
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB AS	C 958, check	here 🕨			
Ę.		and complete lines 29 through 33.					
N O	29	Capital stock or trust principal, or current fur				29	
set	30	Paid-in or capital surplus, or land, building, o	or equipment f	und		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate				31	
Nei	32	Total net assets or fund balances			337,687.	32	281,654.
	33	Total liabilities and net assets/fund balances			937,008.	33	2,253,593.

2,253,593. Form **990** (2021)

132011 12-09-21

Form	BIG BEND JOBS AND EDUCATION COUNCIL, INC	59-36	533062	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,753		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,767		
3	Revenue less expenses. Subtract line 2 from line 1	3	-13		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	337	7,68	87.
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	-42	2,14	49.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	281	.,6	54.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				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				
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?		2 b	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b Form ⁹		<u> </u>
			Form	990 (2021)
	$\mathbf{\overline{v}}$				

SCHE	DULE A		Dublic Cho	rity Status on	d Duk	lia Cu	unnart		OMB No. 1545-0047
(Form 990)			Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section						2021
Department o Internal Reve	f the Treasury nue Service			4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection
	the organizati		Go to www.irs.go	//Form990 for instructio	ons and tr	ie latest ir	normation.	Employer	identification number
-					9-3633062				
Part I	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	5 5055002
The organ				For lines 1 through 12, cl					
1		-	-	on of churches described	-	-	I)(A)(i).		
2				Attach Schedule E (Form			· //· ·/·		
3				anization described in se)(b)(1)(A)(ii	i).		
4	•	•		njunction with a hospital			•)(iii). Enter	the hospital's name,
	city, and state	e:							
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
	section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	public described in
	section 170(I)(1)(A)(vi). (C	omplete Part II.)						
8	•			(1)(A)(vi). (Complete Part	-				
9				in section 170(b)(1)(A)(
		or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
	university:								
10				than 33 1/3% of its supp					
				t to certain exceptions; a (less section 511 tax) fro		·			
			mplete Part III.)		in busines	ses acqui	ieu by the oli	jai lization a	
11				ively to test for public sat	ety See	section 50)9(a)(4).		
12				ively for the benefit of, to				rrv out the	purposes of one or
				d in section 509(a)(1) o					
				f supporting organization					
a	Type I. A si	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving
	the support	ed organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		•		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	-		t complete Part IV,						
с				g organization operated				lly integrate	d with,
. –		-		You must complete F					
d		-		oorting organization oper				-	
				ation generally must sat				i an allenin	reness
e	- ·		•	written determination from				II Type III	
e		-		nally integrated supportin			турет, туре	п, туре п	
f Ent	er the number (•	ranizationa		0 0				
		••	about the supporte						
	i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)

Total

٦

Schedule A (Form 990) 2021 BIG BEND JOBS AND EDUCATION COUNCIL, INC 59-3633062 Page 2 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.)

Se	ction A. Public Support						
Cale	ndar 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.")	6401746.	6051240.	5053375.	5032469.	4665856.	27204686.
2	Tax revenues levied for the organ-						
	ization'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	6401746.	6051240.	5053375.	5032469.	4665856.	27204686.
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)						
	Public support. Subtract line 5 from line 4.						27204686.
	ction B. Total Support					[
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	6401746.	6051240.	5053375.	5032469.	4005850.	27204686.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
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.)						27204696
	Total support. Add lines 7 through 10						27204686.
	Gross receipts from related activities,		,				
13	First 5 years. If the Form 990 is for th	-					
50	organization, check this box and stor ction C. Computation of Publi					<u></u>	
				olumn (f))		14	100.00 %
	Public support percentage for 2021 (I		-			15	100.00 % 100.00 %
	Public support percentage from 2020 a 33 1/3% support test - 2021. If the o						
102	stop here. The organization qualifies						5 37
ŀ	33 1/3% support test - 2020. If the o		-		line 15 is 33 1/3%		
	and stop here. The organization qual						
17-	10% -facts-and-circumstances test						
170		-					
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
ŀ	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						
L							
	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		•		• •		►
				., ,			(Form 990) 2021
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Schedule A (Form 990) 2021 BIG BEND JOBS AND EDUCATION COUNCIL, INC 59-3633062 Page 3 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.)

Se	ction A. Public Support						
Cale	endar 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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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				K		
6	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	 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 			X			
Ċ	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		\square				
ł	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 						
Ċ	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organiza	ation,
_							>
Se	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2021 (•	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					<u>г г</u>	
	Investment income percentage for 20 Investment income percentage from		- · · · · · · · · · · ·	ne 13, column (f))		17 18	<u>%</u>
19 a	a 33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	
k	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	ó, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organizatio	on ►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	tructions	
1320	23 01-04-22					Schedul	e A (Form 990) 2021
			15				

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BIG BEND JOBS AND EDUCATION COUNCIL, INC 59-3633062 Page 4

Schedule A (Form 990) 2021 BIG 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.**
- 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).
- 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).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined 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.**
- 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.
- **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.*
- **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.)

16

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Yes No

1

2

3a

3b

3c

4a

4b

	edule A (Form 990) 2021 BIG BEND JOBS AND EDUCATION COUNCIL, INC 59-36	3306	4 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
с	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		
Sec	tion 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, disperse of the transformer of transformer of the transformer of the transformer of transformer of the transformer of transfor			
	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		
Sec	ction 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		
Sec	tion 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.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the	organ	nization used to	satisfy th	he Integral Part	Test durind	g the yea	r (see instructions).
---	---	-------	------------------	------------	------------------	-------------	-----------	-----------------------

The organization satisfied the Activities Test. Complete line 2 below. а

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

С		The organization supported a governmental entity.	Describe in Part VI how	v you supported a governmental entity (see instruction <u>s).</u>
---	--	---	-------------------------	---

- 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.
- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

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.

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. 132025 01-04-22

3b Schedule A (Form 990) 2021

З

2a

2b

3a

Yes No

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Sche	dule A (Form 990) 2021 BIG BEND JOBS AND EDUCAT			9-3633062 Page 6			
Pa							
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	1			
Sect	ion 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					
Sect	ion 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					
е	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					
Sect	ion 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	integra	ted Type III supporting orgai	nization (see			
	instructions).						

Schedule A (Form 990) 2021

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BIG BEND JOBS AND EDUCATION COUNCIL, INC 59-3633062 Page 7

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne 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	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able 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)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	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:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
				_	

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Schedule A	Form 990) 2021					INC 59-3633062 Pa	'age 8
Part VI	line 1; Part IV, Section A, Iir	1es 1, 2, 3b, 3c, 4b, 4c, 5	a, 6, 9a, 9b, 9c, 11 /, Section E, lines	la, 11b, and 11c; F 1c, 2a, 2b, 3a, and	art IV, Section B, ∃3b; Part V, line 1	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V additional information	, V,
	(See instructions.)		, in 100 2, 0, un				
				, ,			
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132028 01-04-2	-		2	0			, 202

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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		Employer identification number
E	BIG BEND JOBS AND EDUCATION COUNCIL, INC	59-3633062
Organization type (check	<pre>c one):</pre>	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox{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	
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalions totalions one contributor. Complete Parts I and IJ. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1 contributor, durir	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (EZ, line 1. Complete Parts I and II.	and that received from any one
contributor, durir	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, s ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I	scientific,
-	(b) instead of the contributor name and address), II, and III.	(
year, contribution is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ns <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled or here the total contributions that were received during the year for an <i>exclusively</i> religio complete any of the parts unless the General Rule applies to this organization because uble, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box bus, charitable, etc., it received <i>nonexclusively</i>
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-P ling requirements of Schedule B (Form 990).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

BIG BEND JOBS AND EDUCATION COUNCIL, INC

Name of organization

Employer identification number

59-3633062

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 U.S. DEPARTMENT OF LABOR X Person Payroll 200 CONSTITUTION AVENUE, NW 3,516,661. Noncash \$ (Complete Part II for WASHINGTON, DC 20210 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 U.S. DEPARTMENT OF AGRICULTURE X Person Payroll ,113,780. 1400 INDEPENDENCE AVENUE, 1 Noncash SW (Complete Part II for WASHINGTON, DC 20250 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for

noncash contributions.) Schedule B (Form 990) (2021)

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Image:	art II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
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Schedule B (Form 990) (2021) Name of organization

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Page 3

Employer identification number

Schedule	B (Form 990) (2021)		F	age 4
Name of o	organization		Employer identification num	ıber
BTC B	END JOBS AND EDUCATION	COUNCIL INC	59-3633062	
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the	year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entities the charitable, etc., contributions of \$1,000 or	try. For organizations less for the year. (Enter this info. once.) \$	
(a) No.	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 gif	t.	
	Transferee's name, address, a	nd 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 gif	t	
	Transferee's name, address, a	nd 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 gif	t	
	Transferee's name, address, a	nd 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 gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
123454 11-11	l 1-21	I	Schedule B (Form 990)	(2021)
		24		

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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.



Name of the organization

Employer identification number BIG BEND JOBS AND EDUCATION COUNCIL, INC

59-3633062

Par			s or Ac	counts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line				
	-	(a) Donor advised funds	(k	b) Funds and other accounts	s
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 w	-			
	are the organization's property, subject to the organization's e				No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferrir	ng	
Der					No
Par			, Part IV, I	line 7.	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreat			rically important land area	
	Protection of natural habitat	Preservation of	of a certifi	ied historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a con	Held at the End of the 1	
	day of the tax year.		ł		lax rear
a			·····	2a	
b			·····	2b	
C	Number of conservation easements on a certified historic stru		Г	2c	
d	Number of conservation easements included in (c) acquired a		ture		
-	listed in the National Register		L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organiz	ation during the tax	
	year				
4	Number of states where property subject to conservation eas		-		
5	Does the organization have a written policy regarding the peri			Yes	Na
~	violations, and enforcement of the conservation easements it				No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		Iservation	reasements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and onforcing concern	ation and	omonto durina the year	
'	Amount of expenses incurred in monitoring, inspecting, manual \$	ing of violations, and emotioning conserva	alion cas	ements during the year	
8	Does each conservation easement reported on line $2(d)$ above	satisfy the requirements of section 170)/b)(/)(B)(i)	
0	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservatio				
5	balance sheet, and include, if applicable, the text of the footne				
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Si	milar 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	3, not to report in its revenue statement	and bala	nce sheet works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in f	furtherand	ce of public	
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these iter	ms.		
b	If the organization elected, as permitted under FASB ASC 958	3, 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 fur	therance	of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$	
				N A	
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financi	al gain, p	rovide	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
				▶ \$	
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 99	90) 2021
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	dule D (Form 990) 2021 BIG BEN	D JOBS AND						
3	Using the organization's acquisition, accessi							ieu)
Ŭ	collection items (check all that apply):		s, check any of the	ionowing that i	nake sign			
а	Public exhibition	d	Loan or exe	change prograr	n			
b	Scholarly research	e						
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organizatior	n's exempt	purpose in Part	XIII.	
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "ו	/es" on Fo	orm 990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributior	is or other asse	ets not incl	luded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			· · · · · · · · · · · · · · · · · · ·		
							Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance						7.4	
	Did the organization include an amount on F						Yes	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete							
1 41		(a) Current year	(b) Prior year	(c) Two years		Three years back	(e) Four y	ears hack
10	Beginning of year balance	(a) Guirent year						
1a b	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
č	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1a. column (a	a)) held as:	I			
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
с	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administere	d for the c	organization	_	
	by:						`	res No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm		Dout IV/ line 11e (Dout V line	- 10		
	Complete if the organization answere			, 			()	
	Description of property	(a) Cost or o basis (investr		t or other (other)		umulated eciation	(d) Book	value
1a	Land							
b	Buildings							
	Leasehold improvements			26,433.		.0,573.		<u>,860.</u>
d	Equipment		27	74,107.	20	2,339.	71	,768.
	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. column (B), line 1</u>	10c.)		🕨 📘	87	,628.

Schedule D (Form 990) 2021

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(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)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	5 000 D 1 1/1	
Complete if the organization answered "Yes" o		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(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" o	n Form 990, Part IV, line	11d. See Form 990. Part X. line 15.
(a) D	escription	(b) Book value
(a) C (1)		
(1)		
(1) (2)		
(1) (2) (3)		
(1) (2) (3) (4)		
(1) (2) (3) (4) (5)		
(1) (2) (3) (4) (5) (6)		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	escription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (0) (0) must equal Form 990, Part X, col. (B) line	escription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Pescription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o	Pescription	(b) Book value (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability	Pescription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes	Pescription	(b) Book value (b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Yotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY	Pescription	(b) Book value (b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3)	Pescription	(b) Book value (b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4)	Pescription	(b) Book value (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5)	Pescription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6)	Pescription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6) (7)	Pescription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) LEASE LIABILITY (3) (4) (5) (6)	Pescription	(b) Book value

132053 10-28-21

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 BIG BEND JOBS AND EDUCATIO	ON COUNCIL,	INC	59-3	3633062 Page
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Rever	nue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			. 1	4,753,165
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	4,753,165
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	4,753,165
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expe	nses per	Return	1.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With Expe	nses pei	r Returr	า.
Ра 1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With Expe	nses pei	r Returr	4,767,049
	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Expe	nses pei	r Returr	า.
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents With Expe	nses pei	r Returr	า.
1 2	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Pents With Expe 2a. 2a 2a 2b	nses pei	r Returr	า.
1 2 a	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a. 2b. 2c.	nses pei	r Returr	า.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d	nses per	r Returr	n. <u>4,767,049</u>
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a 2b 2c 2d	nses per	r Return	n. <u>4,767,049</u> 0
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2b 2c 2d	nses per		n. <u>4,767,049</u>
1 2 b c d e	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents With Expe	nses per	r Return	n. <u>4,767,049</u> 0
1 2 b c d 3	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2c 2c 2d 2d 2d	nses per	r Return	n. <u>4,767,049</u> 0
1 2 6 6 6 3 4	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2c 2d 2d 2d	nses per	r Return	n. <u>4,767,049</u> 0 <u>4,767,049</u>
1 2 3 4 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2a 2b 2c 2c 2d 2d 4a 4b 4b		r Return 1 2e 3 4c	n. <u>4,767,049</u> 0 <u>4,767,049</u> 0
1 2 a b c d e 3 4 a b c 5	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d 2d 4a 4b 4b		r Return 1 2e 3 4c	n. <u>4,767,049</u> 0 <u>4,767,049</u>

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 X, LINE 2:

CAREERSOURCE CAPITAL REGION HAS REVIEWED AND EVALUATED THE RELEVANT
TECHNICAL MERITS OF EACH OF ITS 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 NOT UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE
FINANCIAL STATEMENTS OF CAREERSOURCE CAPITAL REGION.

132054 10-28-21

Schedule D (Form 990) 2021

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Gov	rants and Oth vernments, an ete if the organization	d Individual n answered "Yes" Attach to For	ls in the Ŭni on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organization			Go to www.ir	s.gov/Form990 to	r the latest inforn	hation.		Employer identification number
	BIG BEND	JOBS AND H	EDUCATION CO	DUNCIL, IN	1C			59-3633062
	rmation on Grants a							
criteria used to awa	rd the grants or assis	stance?					stance, and the selection	
Part II Grants and C	ther Assistance to	Domestic Organiz		Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and addre or govern		(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
THE KAISER GROUP, LI DYNAMIC WORKFORCE SC SOUTH STREET - WAUKI	OLUTIONS - 237	20-3216604		1,847,473.	0.			PRIMARY SERVICES CONTRACT
C2 GLOBAL PROFESSION LLC - 5620 OAK BOULI TX 78735		27-3203623		22,846.	0.			WORKFORCE SERVICE PROVIDER TRANSITION COSTS
			\bigcirc					
	of section 501(c)(3) and of other organizations	v	anizations listed in the					▶ <u>0.</u> 2.

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

Schedule I (Form 990) 2021 BIG BEND JOBS AND EDUCATION COUNCIL, INC Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 (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

 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 (f) Description of noncash assistance

 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 (f) Description of noncash assistance

 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 (f) Description of noncash assistance

 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 (f) Description of noncash assistance

 Image: Complete if the organization and the organization and the organization answered "Yes" on Form 990, Part IV, line 22.
 Image: Complete if the organization and the organization

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 OF THE GRANTS ARE REIMBURSEMENT BASED GRANTS. APPROPRIATE DOCUMENTATION

THAT CONDITIONS HAVE BEEN MET PRIOR TO PAYMENT ARE REQUIRED FOR RECIPIENTS.

THE DOCUMENTATION IS MONITORED AND AUDIT REPORTS ARE OBTAINED FOR GRANTEES

(SUBRECIPIENTS) THAT ARE REQUIRED TO HAVE AUDITS IN ACCORDANCE WITH THE

UNIFORM GUIDANCE.

59-3633062

Page 2

sc	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	01	
		Compensated Employees		20		1
Depa	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organization		Employer i			mber
		BIG BEND JOBS AND EDUCATION COUNCIL, INC	59-3	3633062	2	
Ра	rt I Questions	Regarding Compensation				
					Yes	No
1a		te box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		ine 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or ch	o				
	Travel for comp	· · · · ·				
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	pending account Personal services (such as maid, chauffer	ir, chet)			
	If any of the base	n line to an abacked did the execution follows without a line section of				
b	•	n line 1a are checked, did the organization follow a written policy regarding payment or		41		
•		ovision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,		0		
	trustees, and officer	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
2	Indianta which if an	y, of the following the organization used to establish the compensation of the organization's				
3		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		tion of the CEO/Executive Director, but explain in Part III.	JITIO			
	•					
	Compensation					
	-	ompensation consultant X Compensation survey or study ner organizations X Approval by the board or compensation c	ommittoo			
	F0111 990 01 01		ommittee			
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 rela					
а	-			4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
	-	eive payment from an equity-based compensation arrangement?				X
•		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)	(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re					
а	The organization?			5a		X
		tion?				X
		[,] 5b, describe in Part III.				
6	For persons listed or	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the ne	et earnings of:				
а	The organization?			6a		X
b	Any related organization	ition?		6b		X
		^r 6b, describe in Part III.				
7	For persons listed or	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
	not described on line	es 5 and 6? If "Yes," describe in Part III		7		X
8		eported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract except	otion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?		9		
LHA		duction Act Notice, see the Instructions for Form 990.		lule J (Forn	n 990)) 2021

132111 11-02-21

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.

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JAMES MCSHANE (i)	121,144.	0.	0.	12,240.	19,327.	152,711.	0.	
CEO (ii)		0.	0.	0.	0.	0.	0.	
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
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(ii)								
(i)								
(ii)								
(i)								
(ii)								

Schedule J (Form 990) 2021

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.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Internal Revenue Service

Name of the organization

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. Department of the Treasury

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

OMB No. 1545-0047 Open to Public Inspection Employer identification number

BIG BEND JOBS AND EDUCATION COUNCIL INC

59-3633062

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

CAREERSOURCE CAPITAL REGION PROVIDES COMPREHENSIVE EMPLOYMENT AND

WORKFORCE SERVICES FOR OUR REGION.

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

THE FORM 990 WILL BE REVIEWED AND APPROVED BY THE ORGANIZATION'S AUDIT AND

EXECUTIVE COMMITTEE AND BY THE BOARD OF DIRECTORS BEFORE IT IS FILED.

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

AT EACH BOARD MEETING, THE BOARD OF DIRECTORS OBTAIN INFORMATION REGARDING

CONFLICTS AND THOSE ABSTAINING FOR OTHER REASONS. THIS IS NOTED AND PLACED

IN THE MINUTES, WHICH IN TURN BECOME PART OF THE ORGANIZATION'S PUBLIC

RECORDS.

SECTION B PART VI, **LINE 15:** FORM 990, COMPARABILITY DATA IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO APPROVAL THE BOARD OF DIRECTORS VOTES ON THE RAISE AND BONUS. OF A BONUS OR RAISE.

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

THE ORGANIZATION'S GOVERNING BOARD DOCUMENTS CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS CAN BE REQUESTED AT ANY TIME AT THE ORGANIZATION'S OFFICE.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIVITY FOR

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SECTION OF AN

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ame of the organization	Pa Employer identification numl
BIG BEND JOBS AND EDUCATION COUNCIL, INC	59-3633062
NDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM	PRIOR YEAR.
212 11-11-21	Schedule O (Form 990) 2

14340124 789407 501746.1