Form 990

DLN: 93493135088149

2017

OMB No 1545-0047

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

foundations)

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

•		of the Treasu enue Service	■ Information about	Form 990 and its instructions is at <u>wwi</u>	w IRS gov	//form990		en to Public nspection
A F	or th	ne 2017 c	 alendar vear, or tax vear begin	ning 07-01-2017 , and ending 06-3	0-2018			
B Che	ck if a	applicable change	C Name of organization FULL EMPLOYMENT COUNCIL INC	, <u>,</u>		D Employer 10 43-137719		tion number
	me ch itial re	hange eturn	Doing business as					
		rn/terminated ed return		ul is not delivered to street address) Room/su	uto	E Telephone nu	umber	
		ion pending	1740 DASEO BLVD	in is not delivered to street address; Roomyst	uite	(816) 471-	2330	
			City or town, state or province, count KANSAS CITY, MO 64108	try, and ZIP or foreign postal code		G Gross receip	ts \$ 12,83	34,966
			F Name and address of principal	officer	H(a) :	Is this a group returr	ı for	
			CLYDE MCQUEEN 1740 PASEO BLVD			subordinates? Are all subordinates		☐Yes ☑No
I Ta	x-exe	mpt status	KANSAS CITY, MO 64108 ✓ 501(c)(3) 501(c) () √ (1)	nsert no)	`´'	included? If "No," attach a list	(see ins	Yes No
J W	ebsi	te:► WW	WW FECKC ORG	11sert 110)	1	Group exemption nui		di decions)
K Fori	n of o	organization	✓ Corporation ☐ Trust ☐ Associ	ciation ☐ Other ▶	L Year of			egal domicile
						MC)	
Pa			mary					
Activities & Governance				MPLOYMENT FOR THE UNEMPLOYED OR	UNDERE	MPLOYED RESIDENT	S OF TH	E GREATER
over	,	Check thi	ıs box ▶ ☐ ıf the organization disc	continued its operations or disposed of r	more than	25% of its net asse	ts	
ত *গ	3	Number	of voting members of the governing	g body (Part VI, line 1a)			3	8
65	4	Number o	of independent voting members of	the governing body (Part VI, line 1b) .			4	7
M	1		, ,	endar year 2017 (Part V, line 2a)			5	693
Act	1		·	essary)			6	8
	1			VIII, column (C), line 12			7a	
	B	Net unrei	lated business taxable income from	Form 990-T, line 34		Prior Year	7b 	urrent Year
	8	Contribut	tions and grants (Part VIII, line 1h)			14,676,227		12,834,888
Ravenue	1		, , , ,			0		
ōΛċ	1	-	ent income (Part VIII, column (A), i		22		78	
<u> </u>	11	Other rev	venue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		0		
	12	Total rev	enue—add lines 8 through 11 (mus	st equal Part VIII, column (A), line 12)		14,676,249		12,834,966
	13	Grants ar	nd sımılar amounts paıd (Part IX, c	olumn (A), lines 1–3)		2,657,528		2,660,02:
	14	Benefits	paid to or for members (Part IX, co	lumn (A), line 4)		0		
æ	15	Salaries,	other compensation, employee ber	nefits (Part IX, column (A), lines 5–10)		8,130,267		5,391,413
Expenses	16a	a Professio	onal fundraising fees (Part IX, colun	nn (A), line 11e)		0		(
8	1		raising expenses (Part IX, column (D), lir	· ———				
ш	1		penses (Part IX, column (A), lines :	•		3,827,273		4,869,038
	1	·	penses Add lines 13-17 (must equa			14,615,068		12,920,472
<u></u>	19	Kevenue	less expenses Subtract line 18 fro	m line 12	Begi	61,181 nning of Current Year		-85,506 End of Year
Net Assets or Fund Balances					Jeg			
SS Bal	20	Total ass	ets (Part X, line 16)			3,045,278		3,176,35
절	1		ollities (Part X, line 26)			2,284,196		2,500,779
			ts or fund balances Subtract line 2	1 from line 20		761,082		675,576
Unde	ledge	alties of p		ned this return, including accompanying Declaration of preparer (other than offi				
Sign	l	Signati	ure of officer			Date		
Here	2		MCQUEEN PRESIDENT/CEO					
		17	r print name and title			1		
D-:	_J		Print/Type preparer's name KIMBERLY A RYAN	Preparer's signature KIMBERLY A RYAN	Date		l 329977	
Paid			irm's name	1		self-employed Firm's EIN ► 43-076	5316	
Pre Use	•	e,	irm's address ► 1200 MAIN STREET SUI	TE 1000		Phone no (816) 472-		
USE	JI	''y	KANSAS CITY, MO 641	05				
May t	he IF	RS discuss	this return with the preparer show	n above? (see instructions)			✓ Yes	. □ No

Form	990 (2017)						Page 2
Par	t IIII Stateme	ent of Program Servic	e Accomplis	hments			
	Check if S	Schedule O contains a respo	onse or note to	any line in this Part III			. \square
1		he organization's mission					
					ON WHOSE MISSION IS TO OBTAI GREATER KANSAS CITY AREA	N PUBLIC AND	PRIVATE
2	Did the organizat	tion undertake any significa	int program ser	vices during the year wh	ıch were not listed on		
	the prior Form 99	90 or 990-EZ?				☐ Yes 🖸	☑ No
	If "Yes," describe	e these new services on Sch	nedule O				
3	Did the organizat	tion cease conducting, or m	ake significant	changes in how it condu	cts, any program		
		these changes on Schedul				☐ Yes	☑ No
4	Describe the orga Section 501(c)(3	anızatıon's program service	accomplishmer	to report the amount of	argest program services, as measu grants and allocations to others, t		es
4a	(Code) (Expenses \$	11,962,908	including grants of \$	2,660,021) (Revenue \$)	
	See Additional Data					,	
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4d	Other program s	ervices (Describe in Schedi	ule O) uding grants of	\$) (Revenue \$)	
4e	Total program	service expenses ▶	11,962,9	08		·	

Checklist of Required Schedules

Page 3

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

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Yes

Yes

Yes

11b

16

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19

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 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? 4

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5

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?

Did the organization receive or hold a conservation easement, including easements to preserve open space, 7

6 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8

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 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 11a

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c 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 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

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 🛸

12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b 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 14a

business, investment, and program service activities outside the United States, or aggregate foreign investments 14b valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

foreign organization? If "Yes," complete Schedule F, Parts II and IV 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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Page 4 Part IV Checklist of Required Schedules (continued) Yes

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a 20b 21

Yes

Yes

No Nο

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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 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,"

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

23 24a 24b

24c

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28a

28b

28c

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35a

35h

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Yes

Form 990 (2017)

Νo

Νo

Nο

Νo

Nο

24d 25a 25b 26

_	990 (2017)			Page
Par	t 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 42 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		140
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-		
-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
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 was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
_		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
-	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during			
	the year?	8		
9a	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		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
b		1		
	Section 501(c)(12) organizations. Enter	I		
1	Gross income from members or shareholders			
1 a	Gross income from members or shareholders	-		
1 a b	Gross income from members or shareholders	-		
1 a b	Gross income from members or shareholders	12a		
1 a b	Gross income from members or shareholders	12a		
1 a b 2a b	Gross income from members or shareholders	12a		
1 a b .2a b	Gross income from members or shareholders			
1 a b 2a b	Gross income from members or shareholders	12a		
1 a b 2a b 3 a	Gross income from members or shareholders			
1 a b 2a b 3 a b	Gross income from members or shareholders			No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
				~
Sa	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •	
36	Ction 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 a		103	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Code</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CLYDE MCQUEEN PRESIDENTCEO 1740 PASEO BLVD KANSAS CITY, MO 64108 (816) 471-2330			

organization and any related organizations

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Li Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
(1) ALISE MARTINY DIRECTOR	1 00	Х						0	0	0	
(2) BRIDGETTE WILLIAMS DIRECTOR/SECRETARY	1 00	х		х				0	0	0	
(3) ED DESOIGNIE DIRECTOR	1 00	х						0	0	0	
(4) ELLEN FAIRCHILD DIRECTOR/CHAIRMAN	1 00	x		х				0	0	0	
(5) NANCY SEELEN DIRECTOR	1 00	х						0	0	0	
(6) ROBERT HUGHES JR DIRECTOR	1 00	х						0	0	0	
(7) WILL MCCARTHER DIRECTOR	1 00	х						0	0	0	
(8) CLYDE MCQUEEN PRESIDENT/CEO	40 00	Х		х				374,448	0	32,259	
(9) SHELLY ESTELL SENIOR VICE PRESIDENT/COO	40 00			х				193,540	0	24,488	
(10) TIRHAS KIDANE VICE PRESIDENT/CFO	40 00			х				173,487	0	12,069	
					_						
					F						

COMMAND SECURITY SERVICES INC

compensation from the organization ▶ 12

9201 WARD PARKWAY KANSAS CITY, MO 64114

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

Page **8**

للتكنا	Section A. Officers, Direc	tors, Trustees	s, key	Emb.	TOYE	<u>ses,</u>	<u>, and </u>	nig,	lest Con	npensa	tea En	лріоуее	:S (COI	itinuea)	
	(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	oox, ι an of	ot che unles fficer	neck mo ess pers er and a stee)	son	Repo compe from organiza	(D) ortable ensation m the ration (W	co fr /- orga	(E) Reportable ompensate rom relate anizations	tion ted s (W-	Estima amount of compen from	ated of other sation the
		for related organizations below dotted line)	and widu	Instituti	Officer	Key employee	Highest employe	Former	2/1099	9-MISC)	2/	/1099-MI	SC)	organizat relat organiz	ted
			Individual trustee or director	Institutional Trustee		oloyee	⊕nsa								
			-	+	\vdash	\vdash	Teg.	\vdash							
				#	\perp		 	\perp			+				
				\vdash	$ar{\Box}$	lacksquare	$\overline{-}$	F			_				
				上	上	L		上							
			_	+	\vdash	-	_	\vdash							
c T	Sub-Total			•		_	*	<u></u>		125					
2	Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the		d to thos			abov	re) who	o rec		741,475 re than \$	\$100,0C)0	0		68,816
3	Did the executation list any former		- or true									lavan an		Yes	No
	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .	J for such individ	idual .	•	•	•		•	• •			•	3	3	No
4	For any individual listed on line 1a, is organization and related organization individual												4	1 Yes	
5	Did any person listed on line 1a recei services rendered to the organization					,	,		-		ıdıvıdua • •	l for	5	5	No
	ection B. Independent Contract														
1	Complete this table for your five high from the organization Report compe												compe 	nsation	
	Name	(A) and business addre	ress		_					De		B) n of service	es	Compe	
UNIVI	ERSITY OF CENTRAL MISSOURI					_				TRAINING					593,180
	S COLLEGE AVE RENSBURG, MS 64093		_		_	_					_	_			_
	ROPOLITAN COMMUNITY COLLEGE								-	TRAINING	;				303,659
	. SW TRAFFICWAY SAS CITY, MO 64111														
	ICAL EDUCATION DEVELOPMENT								-	TRAINING	;				203,665
	S NOLAND RD PENDENCE, MO 64055														
	THWEST MISSOURI STATE UNIVERSITY								-	TRAINING				1	185,250
	UNIVERSITY DRIVE YVILLE, MO 64468														
	MAND SECURITY SERVICES INC					—			\rightarrow	SECURITY				+	176 821

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

176,821

SECURITY

Part	VIII Statement of Revenue						rage 3
	Check if Schedule O contains	a response	e or note to any	/ line in this Part VIII	ı		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a Federated campaigns	1a		I	revenue	1	312-314
nts Ints	b Membership dues	1b					
Gra not	c Fundraising events	1c					
S. (d Related organizations	1d					
19. 19. 19.	e Government grants (contributions)	1e	12,767,188				
S E	f All other contributions, gifts, grants,	1					
tior sr S	and similar amounts not included above	1f	67,700				
혈퓵	g Noncash contributions included						
Contributions, Gifts, Grants and Other Similar Amounts	ın lınes 1a-1f \$						
<u>ة</u> ك	h Total.Add lines 1a-1f		<u> </u>	12,834,888			
Пe	_		Busines	s Code			
ven	2a 	_					
Service Revenue	b ————————————————————————————————————	_					
MCE	с —						
₹	d						
าสทา	e						
Program	f All other program service revenue						
۵	gTotal.Add lines 2a-2f					Т	
	3 Investment income (including divided similar amounts)			7:	8		78
	4 Income from investment of tax-exe	empt bond	proceeds 1	>			
	5 Royalties		1	•			
	(ı) Rea	ıl	(II) Personal				
	6a Gross rents						
	b Less rental expenses						
	c Rental income or			_			
	(loss)						
	d Net rental income or (loss)		· · •	7			
	(ı) Securi	ties	(II) Other				
	7a Gross amount from sales of						
	assets other than inventory						
	b Less cost or			-			
	other basis and sales expenses						
	C Gain or (loss)						
	d Net gain or (loss)	_	•				
9	8a Gross income from fundraising ev (not including \$	of					
en u	contributions reported on line 1c) See Part IV, line 18						
ev	b Less direct expenses	. а b		-			
ır F	c Net income or (loss) from fundrais		s .				
Other Revenue	9a Gross income from gaming activit	ies	<u> </u>				
0	See Part IV, line 19	a					
	b Less direct expenses	Б		-			
	c Net income or (loss) from gaming						
	10a Gross sales of inventory, less						
	returns and allowances	a					
	b Less cost of goods sold	ь		-			
	c Net income or (loss) from sales of	—∟ f inventorv	•	_			
	Miscellaneous Revenue		Business Code				
	11a						
					<u> </u>		
	b						
					<u></u>		
	С						
					<u> </u>		
	d All other revenue						
	e Total. Add lines 11a-11d		. •		<u> </u>		
	12 Total revenue. See Instructions			12,834,96	6	0	0 78
				12,034,90	-1	-1	0 78 Form 990 (2017)

Part TX Statement of Functional E

orm 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	2,660,021	2,660,021		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	820,978	510,379	310,599	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,324,976	3,101,004	223,972	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	222,907	217,173	5,734	
9 Other employee benefits	694,639	632,562	62,077	
10 Payroll taxes	327,913	298,111	29,802	
11 Fees for services (non-employees)				
a Management	87,703	32,106	55,597	
b Legal	53,324	19,520	33,804	
c Accounting	30,277	11,084	19,193	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	61,440	22,491	38,949	
12 Advertising and promotion	114,977	74,536	40,441	
13 Office expenses	314,126	271,784	42,342	
14 Information technology	282,606	263,669	18,937	
15 Royalties				
16 Occupancy	731,954	711,441	20,513	
17 Travel	160,213	154,660	5,553	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,968	9,603	2,365	
20 Interest	240	240		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	121,108	120,088	1,020	
23 Insurance	93,251	71,466	21,785	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PARTICIPANT WAGES & PAY	1,460,462	1,460,436	26	
b CONTRACT PAYMENTS	754,909	754,909		
c MAINTENANCE & REPAIRS	201,644	192,867	8,777	
d SECURITY SERVICES	183,901	181,130	2,771	
e All other expenses	204,935	191,628	13,307	
25 Total functional expenses. Add lines 1 through 24e	12,920,472	11,962,908	957,564	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational compagn and fundraising solicitation			,	

Form **990** (2017)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

End of year

Page **11**

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

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Assets or 30

Net

31

32

33

34

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

				,
1	Cash-non-interest-bearing	633,306	1	686,388
2	Savings and temporary cash investments	0	2	0
3	Pledges and grants receivable, net	1,076,258	3	1,238,222
ء ا	A consistency of the control of the	44.752	_	0.407

Beginning of year

30

31

32

33

34

675,576

3.176.355

Form **990** (2017)

761,082

3.045.278

Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net .

Assets Inventories for sale or use . 8 153.348 9 94.986 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a 5,339,026 basis Complete Part VI of Schedule D 4,452,065 971 686 886.961 b Less accumulated depreciation 10b 10c

11 Investments—publicly traded securities . 11 Investments—other securities See Part IV, line 11 . 12 12 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets

198,927 15 15 267.631 Other assets See Part IV, line 11 . 3.045.278 3.176.355 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 1,972,770 17 2,264,827 18 311,426 18 235,952 Grants payable . . .

19 19 Deferred revenue . . . Tax-exempt bond liabilities . . . 20 20

21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees,

Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties

24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 25 25 and other liabilities not included on lines 17-24)

Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . 2,284,196 26 2,500,779

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 27 through 29, and lines 33 and 34. 761.082 27 27 675.576 Unrestricted net assets

Fund Balances 28 28 Temporarily restricted net assets 29 29 ☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Check if Schedule O contains a response or note to any line in this Part XII

675,576

No

Nο

Yes

Yes

Yes

Yes

Yes Form 990 (2017)

2a

2b

2c

3a

3b

Additional Data

Software Version:

EIN: 43-1377197 Name: FULL EMPLOYMENT COUNCIL INC

Software ID:

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

efile GRAPHIC print - DO NOT PROCESS As Filed Date						ata - DLN: 93493135088						
SC	HED m 990	ULE A		Public (Charity Staturganization is a sect	ion 501(c)(3) d	organization or	ort	2017			
Depar	ment of	the Treasury	▶ Info	ormation abou	Attach to Form at Schedule A (Form	990 or Form 99	0-EZ.	ictions is at	Open to Public Inspection			
Nam	e of th	he organiza MENT COUNCI						Employer identific	ation number			
								43-1377197				
	rt I				us (All organization : it is (For lines 1 thro			see instructions.				
1			•		sociation of churches	5 ,	,	(Δ)(i).				
2		·		•	1)(A)(ii). (Attach Scl							
3					vice organization desc	•	• •					
_		·	•	•	-			•				
4	Ш	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170 (b)(1)(A)(iv). (Complete Part II)										
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).				
7	✓	-		mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in			
8					170(b)(1)(A)(vi)	(Complete Part I	I)					
9		An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university.										
10		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box			
а		Type I. A so	supporting org n(s) the powe	ganızatıon oper	ated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting o nt of the supp	rganization sup porting organiza	ervised or controlled i							
c		Type III f	unctionally i		supporting organizatio ons) You must com				ted with, its			
d		functionally	integrated ⁻	The organization	d. A supporting organ n generally must satis t IV, Sections A and	fy a distribution i	requirement and					
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the II		pe I, Type II, Type II	I functionally			
f	Enter			on-functionally organizations	integrated supporting	organization						
g				-	ipported organization(e)		_				
		(i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) Amount of							other support (see			
						Yes	No					
			'									
Take												
Tota		want Dadwa	tion Act Not	iaa aaa tha Tu	nstructions for	Cat No 11285	<u> </u>	 Schedule A (Form 9				

supported organization

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part Calendar year (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 13,233,278 12,863,673 14,664,440 14,676,227 12,834,888 68,272,506 membership fees received (Do not include any "unusual grant") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 13,233,278 68,272,506 Total. Add lines 1 through 3 12,863,673 14,664,440 14,676,227 12,834,888 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 68,272,506 from line 4 Section B. Total Support Calendar year (a)2013 (b)2014 (c)2015 (d)2016 (e)2017 (f)Total (or fiscal year beginning in) ▶ 13,233,278 12,863,673 14,664,440 12,834,888 68,272,506 Amounts from line 4 14,676,227 Gross income from interest, dividends, payments received on 16 19 19 22 78 154 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain 385,998 214,651 223 600,872 or loss from the sale of capital assets (Explain in Part VI) 11 **Total support.** Add lines 7 through 68,873,532 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 99 130 % 15 Public support percentage for 2016 Schedule A, Part II, line 14 15 98 880 % 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶ ☑ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization h 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
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)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	·			
	determination	3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purpos				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				

				3.
c	e organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	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		$\overline{}$	
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a				
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)			

6	id the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other ian (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its upported 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	the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in tion 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 or 990-EZ)			

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

```
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.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9	
			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 in (b) and (c) below, the governing body of a supported organization?	11a			
b	A family member of a person described in (a) above?	11b			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c			
	ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year				
_		1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization				
5	ection C. Type II Supporting Organizations				
	cetion c. Type 11 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)					
S	ection D. All Type III Supporting Organizations				
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?			Yes	No	
		1			
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)					
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3			
s	ection E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)		
2	Activities Test Answer (a) and (b) below.		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b			
3	Parent of Supported Organizations Answer (a) and (b) below.				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a			
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b			

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Schedule A (Page 8							
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)							
	Facts And Circumstances Test							
990 Sched	lule A, Supplemen	tal Information						
Ret	Return Reference Explanation							
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER		OTHER INCOME - 2013 AMOUNT \$ 385,998 2014 AMOUNT \$ 214,651 2015 AMOUNT \$ 223 2016 AMOUNT \$ 0 2017 AMOUNT \$ 0						

INCOME

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

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.

DLN: 93493135088149 OMB No 1545-0047

(Form 990)

Open to Public ▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** FULL EMPLOYMENT COUNCIL INC 43-1377197 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2017

Par	t III	Organizations Maintaining	Collections o	f Art, Hist	torical T	reasu	ıres, or	Other	Similar A	ssets (continued _,)
3		the organization's acquisition, access (check all that apply)	ssion, and other	records, ch	eck any of	the fo	llowing th	nat are a	significant i	use of it	s collection	1
а		Public exhibition			d 🗆	Loan	or excha	nge prog	rams			
b		Scholarly research			e 🗌	Other	r					
c		Preservation for future generations										
4	Provide Part	de a description of the organization's KIII	collections and	explain how	they furt	her the	e organiza	ation's ex	kempt purpo	se in		
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No											
Pa	rt IV	Escrow and Custodial Arrar Complete if the organization a X, line 21.		" on Form	990, Part	IV, lı	ne 9, or	reporte	ed an amou	unt on	Form 990	, Part
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other	intermediary	for contri	bution	s or othe	r assets	not	☐ Y	es 🗆	No
b	If "Y∈	es," explain the arrangement in Part	XIII and comple	ete the follov	ving table				Α	lmount		_
С	Begin	ining balance						1c				
d	Addıt	ions during the year						1d				
е	Dıstrı	butions during the year						1e				
f	Endın	ng balance						1f				
2a	Did th	ne organization include an amount oi	n Form 990, Par	t X, line 21,	for escrov	v or cu	stodial ad	count lia	ibility?		<u> </u>	— No
b	TE 111/-	- " Door	VIII Charleton	C. +				Dt \	/***		_	
		es," explain the arrangement in Part									· · <u></u>	
Pē	rt V	Endowment Funds. Complet	e if the organ (a)Currer		wered if (b)Prior yea		(c)Two ye				(e)Four ye	are back
1a	Beginn	ing of year balance	(a)currer	it year	(D)Prior yea	<u>' </u>	(C) I WO YE	ars back	(u) mree ye	ars Dack	(e)roui ye	ars Dack
	=	outions										
		restment earnings, gains, and losses										
		or scholarships										
		expenditures for facilities										
	and pr	ograms										
f	Admını	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the c	urrent year end	l balance (lır	ie 1g, colu	mn (a))) held as	;				
а	Board	d designated or quasi-endowment 🕨										
b	Perm	anent endowment 🟲										
С	Temp	orarily restricted endowment >										
	The p	ercentages on lines 2a, 2b, and 2c s	hould equal 100	0%								
3а		here endowment funds not in the po	ssession of the	organızatıon	that are h	eld an	d adminis	stered fo	r the			
	_	nization by								_	Yes	No
		nrelated organizations									a(i)	+
b		elated organizations es" on 3a(ii), are the related organiza	tions listed as r	equired on 9	chedule P	,					a(ii) 3b	+
4		ribe in Part XIII the intended uses of				•	•				30	
	rt VI	Land, Buildings, and Equip		TI O CHIGOTTIII								
1 4		Complete if the organization a		" on Form	990, Part	IV, lı	ne 11a.	See For	m 990, Pa	art X, II	ne 10.	
	Descri		r other basis stment)	(b) Cost or o	ther basis (other)	(c) Accu	ımulated o	lepreciation		(d) Book va	lue
1a	Land											
	Buildin	gs			8	80,255			238,178			642,077
		old improvements			7	22,477			633,361			89,116
		nent				36,294			3,580,526			155,768
	Other					•			. , .			
		lines 1a through 1e (Column (d) mu	st equal Form 9	90, Part X, c	olumn (B)	, line 1	10(c)).		>			886,961
		, /	-	,	` '							

Schedule D (Form 990) 2017		1 W T 000	Page 3
Part VII Investments—Other Securities. Complete if the organiz See Form 990, Part X, line 12.	ation ansi	wered "Yes" on Form 990	, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		of valuation vear market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			_
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•		
Complete if the organization answered 'Yes' on Form 990,			
	Book value		of valuation vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			_
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organization answered 'Yes' on Fo	orm 990, Pa	I art IV, line 11d See Form 99	
(a) Description (1) OTHER ASSETS			(b) Book value 267,631
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			267,631
Part X Other Liabilities. Complete if the organization answered	'Yes' on Fo	orm 990, Part IV, line 11e	
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) E	ook value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnotes.	ote to the o	rganization's financial statem	nents that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check			_

4a

4b

2a

2h

2c

Page 4

12.834.966

12.834.966

12,834,966

12,920,472

12,920,472

12,920,472

Schedule D (Form 990) 2017

2e 3

4c

1

2e

3

4c

5

2 Amounts included on line 1 but not on Form 990. Part VIII, line 12 Net unrealized gains (losses) on investments 2a

2h h 2c

2d

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

Explanation

3

Schedule D (Form 990) 2017

Part XI

4

5

Part XIII

Return Reference

Amounts included on Form 990, Part VIII, line 12, but not on line 1 4

Investment expenses not included on Form 990, Part VIII, line 7b .

Add lines 4a and 4b

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1

2 Amounts included on line 1 but not on Form 990, Part IX, line 25

а

3

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

b

Investment expenses not included on Form 990, Part VIII, line 7b . . .

<u> </u>	orm 990) 2017		Page 5
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493135088149 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** FULL EMPLOYMENT COUNCIL INC 43-1377197 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (q) Description of organization (if applicable) (book, FMV, appraisal, noncash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017

(4) (5) (6)

(7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

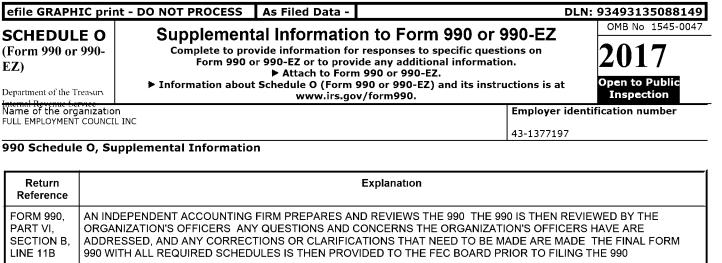
Return Reference Explanation PART I, LINE 2 NO GRANT ASSISTANCE TO ORGANIZATIONS. THE PROGRAM PROVIDES FINANCIAL ASSISTANCE TO INDIVIDUALS FOR TRAINING AND SUPPORT RELATED TO EMPLOYMENT PARTICIPANTS WHO MET THE ELIGIBILITY CRITERIA ARE SELECTED AND ENROLLED TO A PROGRAM FOR ASSISTANCE AFTER A REVIEW OF THE

ADMISSION THE ELIGIBILITY CRITERIA ARE SET BASED ON US DEPARTMENT OF LABOR AND THE STATE OF MISSOURI DIVISION OF WORKFORCE DEVELOPMENT'S GUIDELINE AN ADMISSION COMMITTEE REVIEWS AND APPROVES APPLICANTS FOR ASSISTANCE THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION ADMINISTERS THE BILLING AND PAYMENT PROCESS TO THE DIFFERENT COLLEGES WHO PARTICIPATE IN THE PROGRAM. THE ORGANIZATION RETAINS AN INDEPENDENT ACCOUNTING (CPA) FIRM TO MONITOR THIS PROGRAM QUARTERLY

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data -	DLN: 934931	35088	3149	
Schedule J (Form 990)		Compensation Inform	ation OMB No	1545-	0047	
		For certain Officers, Directors, Trustees, Key En	nployees, and Highest			
		Compensated Employees ► Complete if the organization answered "Yes" on F	Form 990, Part IV, line 23. 20	2017 Open to Public		
		▶ Attach to Form 990.				
•	Department of the Treasury Internal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 .					
	me of the organiza		Employer identification n	umber		
101	E EMI EOTMENT COO	NCL INC	43-1377197			
Pa	rt I Questi	ons Regarding Compensation				
_				Yes	No	
1a		opiate box(es) if the organization provided any of the following to ection A, line 1a Complete Part III to provide any relevant inform				
			ce or residence for personal use			
	_	·	siness use of personal residence			
			club dues or initiation fees			
	□ Discretion	nary spending account L Personal service	s (e g , maid, chauffeur, chef)			
b		xes in line 1a are checked, did the organization follow a written po all of the expenses described above? If "No," complete Part III to e		Yes		
2		ation require substantiation prior to reimbursing or allowing expen		Yes		
	directors, truste	es, officers, including the CEO/Executive Director, regarding the it	ems checked in line 1a?			
3		If any, of the following the filing organization used to establish the				
		EO/Executive Director Check all that apply Do not check any box ed organization to establish compensation of the CEO/Executive Di				
	_					
		ation committee Written employr ent compensation consultant Compensation s				
		·	board or compensation committee			
4	During the year, related organiza	, did any person listed on Form 990, Part VII, Section A, line 1a, w ition	with respect to the filing organization or a			
а	Receive a sever	ance payment or change-of-control payment?	4a		No	
b	Participate in, o	r receive payment from, a supplemental nonqualified retirement p	lan? 4b		No	
С	Participate in, o	r receive payment from, an equity-based compensation arrangeme	ent? 4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts f	or each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete	lines 5-9.			
5	For persons liste	ed on Form 990, Part VII, Section A, line 1a, did the organization pontingent on the revenues of				
а	The organization		5a		No	
b	Any related orga		5b		No	
_	, -	5a or 5b, describe in Part III				
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pontingent on the net earnings of	pay or accrue any			
а	The organization	٦٦	6a		No	
b	Any related orga	anization?	6b		No	
	If "Yes," on line	6a or 6b, describe in Part III				
7		ed on Form 990, Part VII, Section A, line 1a, did the organization pescribed in lines 5 and 6? If "Yes," describe in Part III	provide any nonfixed 7		No	
8		nts reported on Form 990, Part VII, paid or accured pursuant to a nitial contract exception described in Regulations section 53 4958-	4(a)(3)? If "Yes," describe			
9		8, did the organization also follow the rebuttable presumption prod	cedure described in Regulations section		No	
Ear I		uction Act Notice, see the Instructions for Form 990.	Cat No 50053T Schedule 1 (For	m 000)	2017	

								. uge =
			y Employees, and Hig					
instructions, on row (ii)	Do no	ot list any individuals that	rted on Schedule J, report t are not listed on Form 99 idividual must equal the to	990, Part VII		-	·	at Individual
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & incentive (iii) Other		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported	
		compensation	compensation	reportable compensation	compensation		,,,,,,	as deferred on prior Form 990
1 CLYDE MCQUEEN PRESIDENT/CEO	(i)	180,503	0	193,945	24,792	7,467	406,707	0
	(ii)		0	0	0	0	0	0
2 SHELLY ESTELL SENIOR VICE	(i)	133,562	31,544	28,434	14,320	10,168	218,028	0
PRESIDENT/COO	(ii)	0	0	0	0	0	0	0
3 TIRHAS KIDANE VICE PRESIDENT/CFO	(i)	119,444	28,479	25,564	11,610	459	185,556	0
	(ii)	0	0	0	0	0	0	0
				!				1
				1				

Schedule J (Form 990) 2017						
Part III Supplemental Information						
Provide the information, explanation, or	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					
Return Reference	Explanation					
PART I, LINE 1A	PROVIDED FOR ALL EMPLOYEES AND TREATED AS TAXABLE COMPENSATION					



990 Schedule O, Supplemental Information

CONFLICT

Return

Reference	
FORM 990,	CONFLICT OF INTEREST STATEMENTS ARE COMPLETED AND SIGNED BY ALL BOARD OF DIRECTORS MEMBERS,
PART VI,	OFFICERS, AND KEY EMPLOYEES ANNUALLY AND IMMEDIATELY BY ANY REPLACEMENT DIRECTOR, OFFICER, AND
SECTION B,	KEY EMPLOYEE UPON TAKING THE POSITION THROUGHOUT THE YEAR IN THE CONFLICT OF INTERST POLICY,
LINE 12C	THERE ARE SECTIONS THAT ADDRESS FIDUCIARY RESPONSIBILITIES/DISCLOSURE, DEFINING OF CONFLICT OF
	INTEREST AND RESTRAINT ON VOTING THE BOARD CHAIR REMINDS DIRECTORS OF THE NEED TO DECLARE ANY

Explanation

INTEREST AND RESTRAINT ON VOTING THE BOARD CHAIR REMINDS DIRECTORS OF THE NEED TO DECLARE CONFLICTS OF INTEREST THROUGHOUT THE YEAR DIRECTORS WITH A CONFLICT OF INTEREST ANNOUNCE BEFORE A VOTE IS TAKEN THAT THEY ARE ABSTAINING FROM THE VOTE AND STATE THE REASON FOR THE

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT/CEO AND THE SENIOR OFFICERS HAVE A SALARY AND COMPENSATION PACKAGE SET BY THE BOARD'S COMPENSATION COMMITTEE IN ACCORDANCE WITH THE BOARD'S BY-LAWS THE COMMITTEE USES AN INDEPENDENT CONTRACTOR TO CONDUCT AN EXTENSIVE COMPENSATION REVIEW OF SIMILAR SIZE ORGANIZATIONS ACROSS THE UNITED STATES IN ADDITION, THE CONTRACTOR STUDIES WHAT SALARIES AND COMPENSATION PACKAGES ARE FOR LOCAL AND REGIONAL ORGANIZATIONS WITH SIMILAR SIZE OF STAFFING, BUDGET AND REGIONAL SCOPE ONCE THE CONTRACTOR HAS COMPLETED A THOROUGH ANALYSIS, THEY PRESENT THEIR ANALYSIS TO THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE APPROVES THE SALARY AND COMPENSATION PACKAGES FOR THE CEO AND SENIOR OFFICERS, AND THE COMMITTEE MAINTAINS SUBSTANTIATION OF THE DECISION THIS HAS SERVED AS THE BASE LINE FOR SETTING THE PRESIDENT/CEO'S AND SENIOR OFFICERS' COMPENSATION THE COMPENSATION COMMITTEE DETERMINES IF ANY YEARLY INCENTIVE PAYMENT WILL BE PAID TO PRESIDENT/CEO AND SENIOR OFFICERS, BASED ON FEC'S MEETING CORPORATE GOALS THIS HAS BEEN THE COMPENSATION PHILOSOPHY OF THE ORGANIZATION THE STUDY IS UPDATED PERIODICALLY BY AN INDEPENDENT CONSULTANT

Explanation

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

990	Schedu	le O,	Supp	lemental	Inf	ormati	on

Return Reference	Explanation
FORM 990, PART III, LINE 4A	THE FULL EMPLOYMENT COUNCIL IS THE FISCAL AGENT AND ADMINISTRATIVE ENTITY FOR TWO WORKFORC E INNOVATION AND OPPORTUNITY ACT (WIOA) MISSOURI WORKFORCE DEVELOPMENT BOARDS (WDB), THE K ANSAS CITY AND VICINITY (KCV) WDB AND EASTERN JACKSON COUNTY (EJAC) WDB THE TWO REGIONS C OMPRISE 5-COUNTIES, CASS, CLAY, JACKSON, PLATTE AND RAY COUNTIES, AND COVER OVER 2,400 SQU ARE MILES AND A POPULATION OF 1,135,499 AND INCLUDE 3 COMPREHENSIVE CAREER SERVICES CENTER S, 2 YOUTH FACILITIES, 3 AFFILIATE AND 5 BRANCH OFFICES OF THE MISSOURIJAMERICAN JOB CENTER STHE FEC MISSOURI JOB CENTER EMPLOYMENT AND TRAINING PROGRAMS IN PROGRAM YEAR JULY 1, 2 017 - JUNE 30, 2018 (PY 2017) RECORDED 28,578 UNIQUE CUSTOMERS SERVED IN THE WORKFORCE INN OVATION AND OPPORTUNITY ACT (WIOA) PROGRAMS THAT WAS SIGNED INTO LAW JULY 2014 IN THE WORKFORCE INN OVATION AND OPPORTUNITY ACT (WIOA) PROGRAMS THAT WAS SIGNED INTO LAW JULY 2014 IN THE WORKFORCE INN OVATION AND OPPORTUNITY ACT (WIOA) PROGRAMS THAT WAS SIGNED INTO LAW JULY 2014 IN THE WORKFORCE INN OVATION AND PROGRAMS, WHICH PROVIDE JOB PLACEMENT ASSISTANCE, VOCAT IONAL TRAINING, AND TRANSPORTATION ASSISTANCE TO ECONOMICALLY DISADVANTAGED ADULTS. FEC SE RVED 16, 301 ECONOMICALLY DISADVANTAGED ADULTS. ENROLLED 552 IN TRAINING, AND PLACED IN EMP LOYMENT 11,578 OF THE 16,301 COUNTED IN THE ENTERED EMPLOYMENT PERFORMANCE MEASURE AT AN A VERAGE WAGE OF \$12 49 TOTAL EARNINGS GENERATED BY ADULTS ENTERING EMPLOYMENT OVER 6 MONTHS WAS \$87,642,674 IN THE DISLOCATED WORKER (DW) PROGRAM, THE NUMBER OF CUSTOMERS SERVED I N THE COMBINED KCV AND EJAC REGION'S WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) DISLO CATED WORKER PROGRAM WAS 1,333 IN PY 2017 OF THESE WORKERS LAID-OFF FROM THEIR JOBS WHO R ECEIVED ASSISTANCE THROUGH THE WIOA DISLOCATED WORKER (DW) PROGRAMS, 148 RECEIVED TRAINING, 1,011 COUNTED IN THE ENTERED EMPLOYMENT PERFORMANCE MEASURE WENT TO WORK AT AN AVERAGE WAGE OF \$16 85 TOTAL EARNINGS GENERATED BY DISLOCATED WORKER (DW) PROGRAMS, 148 RECEIVED TRAINING, 1,011 COUNTED IN THE ENTERED EMPLOYMENT P

PROGRAM, UI CLAIMANT RECEIVED ENHANCED SERVICES WHICH ALLOWS THEM TO BE BETTER JOB CANDID ATES AND TO RETURN TO WORK IN A SHORTER LENGTH OF TIME TRADE ADJUSTMENT ASSISTANCE ACT PR OGRAM - IS INTENDED TO HELP INDIVIDUALS WHOSE JOBS HAVE BEEN AFFECTED BY INTERNATIONAL TRA DE AND HELPS THEM TO RETURN TO SUITABLE EMPLOYMENT PROVIDES TRAINING ASSISTANCE, JOB SEARC H ALLOWANCE, AND RELOCATION ALLOWANCE AND OTHER SUPPORT SERVICES VETERANS PROGRAM - MISSO URI CAREER CENTER DVOP AND LVER ARE FULLY INTEGRATED INTO THE CAREER CENTERS AND ARE PART OF THE BUSINESS SERVICES TEAMS DVOP/LVER STAFF ASSISTS VETERANS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT AS DEFINED BY US DEPARTMENT OF LABOR TO GAIN EMPLOYMENT THROUGH INTENSIFI ED DIRECT SERVICES SUCH AS CASE MANAGEMENT AND EMPLOYER JOB DEVELOPMENTS WITHIN THEIR SEPA RATE ROLES THE FULL ARRAY OF EMPLOYMENT, TRAINING, AND PLACEMENT SERVICES ARE AVAILABLE UNDER PRIORITY OF SERVICE, THIS INCLUDES CONNECTION TO EDUCATION AND TRAINING PROGRAMS, BEN EFITS AND SERVICES, CONNECTION TO SUPPLEMENTAL SERVICES, OBJECTION FOR ASSESSMENTS, RESUME REVIEWS, FOLLOW-UP AS APPROPRIATE, MATCHING TO EMPLOYER BASE AND MATCHING TO SPECIFIC EMPLOY ERS COMMITTED TO HIRING VETERANS, SUCH AS EMPLOYERS PARTICIPATING IN THE "SHOW ME HEROES" INITIATIVE SHOW-ME HEROES - THE SHOW-ME HEROES PROGRAM FUNDED BY THE MISSOURI DIVISION OF WORKFORCE DEVELOPMENT HELPS MISSOURI'S VETERANS AND MEMBERS OF THE NATIONAL GUARD AND RES ERVE RECONNECT WITH MEANINGFUL CAREERS, AND SHOWCASES MISSOURI EMPLOYERS WHO HAVE PLEDGED TO DO SO FUNDING GENERATED OF \$30,000	Return Reference	Explanation
	PART III,	AND TO RETURN TO WORK IN A SHORTER LENGTH OF TIME TRADE ADJUSTMENT ASSISTANCE ACT PR OGRAM - IS INTENDED TO HELP INDIVIDUALS WHOSE JOBS HAVE BEEN AFFECTED BY INTERNATIONAL TRA DE AND HELPS THEM TO RETURN TO SUITABLE EMPLOYMENT PROVIDES TRAINING ASSISTANCE, JOB SEARC H ALLOWANCE, AND RELOCATION ALLOWANCE AND OTHER SUPPORT SERVICES VETERANS PROGRAM - MISSO URI CAREER CENTER DVOP AND LVER ARE FULLY INTEGRATED INTO THE CAREER CENTERS AND ARE PART OF THE BUSINESS SERVICES TEAMS DVOP/LVER STAFF ASSISTS VETERANS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT AS DEFINED BY U S DEPARTMENT OF LABOR TO GAIN EMPLOYMENT THROUGH INTENSIFI ED DIRECT SERVICES SUCH AS CASE MANAGEMENT AND EMPLOYER JOB DEVELOPMENTS WITHIN THEIR SEPA RATE ROLES THE FULL ARRAY OF EMPLOYMENT, TRAINING, AND PLACEMENT SERVICES ARE AVAILABLE U NDER PRIORITY OF SERVICE, THIS INCLUDES CONNECTION TO EDUCATION AND TRAINING PROGRAMS, BEN EFITS AND SERVICES, CONNECTION TO SUPPLEMENTAL SERVICES, ONE-ON-ONE ASSESSMENTS, RESUME RE VIEWS, FOLLOW-UP AS APPROPRIATE, MATCHING TO EMPLOYER BASE AND MATCHING TO SPECIFIC EMPLOY ERS COMMITTED TO HIRING VETERANS, SUCH AS EMPLOYERS PARTICIPATING IN THE "SHOW ME HEROES" INITIATIVE SHOW-ME HEROES - THE SHOW-ME HEROES PROGRAM FUNDED BY THE MISSOURI DIVISION OF WORKFORCE DEVELOPMENT HELPS MISSOURI'S VETERANS AND MEMBERS OF THE NATIONAL GUARD AND RES ERVE RECONNECT WITH MEANINGFUL CAREERS,

Return Reference	Explanation
FORM 990, PART III, LINE 4A	PERSONS WITH DISABILITIES AND LIMITED ENGLISH - SPEAKING POPULATION (LEP) DISABILITY NAVIG ATOR PROGRAM - ANOTHER INITIATIVE IS THE DISABILITY NAVIGATOR PROGRAM (DNP) THE DNP IS CO -LOCATED WITHIN THE AMERICAN JOB CENTERS TO PROVIDE SERVICES TO INDIVIDUALS WITH DISABILITIES THE DNP ENSURES THAT ALL ONE-STOP SERVICES ARE AVAILABLE TO INDIVIDUALS WITH DISABILITIES THE PRIMARY OBJECTIVE OF THE DNP IS TO INCREASE EMPLOYMENT AND SELF-SUFFICIENCY FOR PERSONS WITH DISABILITIES BY LINKING THEM TO EMPLOYERS AND FACILITATING ACCESS TO PROGRAMS AND SERVICES THAT WILL ENABLE THEIR ENTRY OR REENTRY INTO THE WORKFORCE TWO DNP PERSONN ELSERVE CAREER CENTERS LOCATED IN KANSAS CITY & VICINITY AND EASTERN JACKSON COUNTY, ASSI STING CUSTOMERS AND STAFF AT THE 1740 PASEO CAREER CENTER, THE NORTHLAND CAREER CENTERS, A ND INDEPENDENCE CAREER CENTER DNP FACILITATES TRAININGS AND PROVIDES DISABILITY-RELATED RESOURCES AND INFORMATION TO ENSURE THAT JOB SEEKERS WITH DISABILITIES ARE SERVED EFFECTIVE LY DNP PERSONNEL ALSO PROVIDE OUTREACH TO PEOPLE WITH DISABILITIES BY DISSEMINATING INFOR MATION ON WORKFORCE SERVICES AVAILABLE THROUGH THE AMERICAN JOB CENTERS FEC DISABILITY NA VIGATOR PROGRAM (DNP) INITIATIVE ASSISTED 311 CUSTOMERS AND HANDLED GAS STAFF REQUESTS FOR ASSISTANCE BI-LINGUAL OUTREACH FEC INSTITUTED A PROGRAM TO PROVIDE IMMEDIATE ASSISTANCE TO SPANISH-SPEAKING CUSTOMERS TWO SPANISH-SPEAKING, BI-LINGUAL STAFF COORDINATORS HAVE BEEN HIRED TO SERVE THE SPANISH-SPEAKING YOUTH AND ADULT POPULATIONS AND HELP ADDRESS BARR IERS TO EMPLOYMENT AND CAREER ADVANCEMENT FOR LATINO WORKERS IN ADDITION TO HIS SERVICE FOR LIMITED ENGLISH-SPEAKING POPULATIONS (LEP), THE AMERICAN JOB CENTERS UTILIZES LANGUAGE LINK, A MULTILINGUAL COMMUNICATION SERVICE, WHICH IS AN INTERPRETATIVE SERVICE THAT HAS THE CAPACITY TO INTERPRET OVER 150 DIFFERENT LANGUAGES TEMPORARY ASSISTANCE FOR NEEDY FAMILIES) MWA PROGRAM -A PARTN ERSHIP WITH THE LOCAL INVESTMENT COMMISSION (LINC) TO PROVIDE EMPLOYMENT AND TRAINING SERVICES TO INDIVIDUALS WHO RECEIVE TEMPORARY ASSI

Return Reference	Explanation
FORM 990, PART III, LINE 4A	TRAINING, 64 WERE EMPLOYED 42 FULL TIME AND 22 PART TIME, AND EARNED AN AVERAGE WAGE OF \$1 2 76 FUNDING GENERATED OF \$1,422,289 SKILLUP (EMPLOYMENT AND TRAINING PROGRAM) MISSOURI FOOD STAMP PROGRAM - ANOTHER MAJOR INITIATIVE IS THE SKILLUP PROGRAM WHICH OFFERS FOOD STA MP RECIPIENTS IN MISSOURI THE OPPORTUNITY TO GAIN SKILLS, TRAINING AND WORK EXPERIENCE SK ILLUP IS OFFERED AT NO COST TO THE PARTICIPANT AND HELPS PROMOTE EMPLOYABILITY AND SELF-SU FFICIENCY EX-OFFENDERS LINKING TO EMPLOYMENT ACTIVITIES PRE-RELEASE (LEAP) SPECIALIZED A MERICAN JOB CENTERS (AJCS) KEEP MOVING CAREER DEVELOPMENT PROJECT, THIS FEC JCDC AJC PROJE CT PROVIDES AMERICAN JOB CENTER (AJC) COMPREHENSIVE WORKFORCE DEVELOPMENT SERVICES TO INMA TES IN THE CITY-COUNTY CORRECTIONAL FACILITY PRIOR TO THEIR RELEASE AND LINKS THEM TO A CO NTINUUM OF EMPLOYMENT, AND TRAINING SERVICES POST-RELEASE THROUGH FEC'S LOCAL AJC OFFICES THIS INITIATIVE WAS FUNDED IN THE FIRST TWO YEARS WITH FUNDS FROM THE US DEPARTMENT OF LA BOR FEC IN PARTNERSHIP WITH THE JACKSON COUNTY GOVERNMENT AND THE JACKSON COUNTY DEPARTMENT OF CORRECTIONS DEVELOPED AND OPERATED, A JAIL BASED SPECIALIZED AJC ON-SITE FACILITY IN SIDE THE JACKSON COUNTY DETENTION CENTER, THE FIRST OF ITS KIND IN KANSAS CITY AND JACKSON COUNTY, MISSOURI

990	Schedule	Ο,	Supplemental	Information

THE PROSPERITY CENTER PROVIDES SERVICES FOCUSED ON EMPLOYMENT PLACEMENT, CAREE R IMPROVEMENT, FINANCIAL EDUCATION AND COACHING, AND PUBLIC BENEFITS ACCESS, SO INDIVIDUAL S AND FAMILIES CAN OBTAIN LONG-TERM FINANCIAL HEALTH PARTNERS INCLUDE FULL EMPLOYMENT CO UNCIL, CATHOLIC CHARITIES OF KANSAS CITY-ST JOSEPH, UNITED WAY OF GREATER KANSAS CITY, LO CAL INITIATIVES SUPPORT CORPORATION (LISC), AND A HOST OF OTHER COMMUNITY STAKEHOLDERS FU NDING GENERATED OF \$55,000 KANSAS CITY, MISSOURI FIRST SOURCE PROGRAM - IN PARTNERSHIP WI TH THE CITY OF KANSAS CITY, MISSOURI, THE PROGRAM FACILITATES EMPLOYMENT OF INDIVIDUALS IN TO THE FIELD OF CONSTRUCTION BY WORKING WITH CONTRACTORS AND UNIONS THE GOAL OF THE PROGRAM IS TO PROVIDE A POOL OF QUALIFIED JOB CANDIDATES THROUGH A NON-EXCLUSIVE REFERRAL SYSTE M CITY OF KANSAS CITY, MISSOURI JOBS FOR NEIGHBORHOODS PROGRAM - THE FULL EMPLOYMENT COUN CIL, INC PARTNERED WITH THE CITY OF KANSAS CITY, WHO FUNDED THE PROJECT, TO CLEAN UP DEBR IS IN NEIGHBORHOODS AND PROVIDE EMPLOYMENT OPPORTUNITIES TO KANSAS CITY RESIDENTS THROUGH THIS EFFORT FEC HAS RECRUITED, TRAINED, AND PROVIDED INTERNSHIPS AND EMPLOYMENT FOR LOCAL RESIDENTS, WHO CONDUCTED CITY-WIDE CLEAN-UP OF DEBRIS AND TRASH IN ALLEY WAYS, RIGHT OF W AYS, AND CITY OWNED PROPERTIES HUNDREDS OF CITY-OWNED PROPERTIES AND LOTS HAVE BEEN CLEAR ED OF DEBRIS GARBAGE AND BRUSH HAVE BEEN COLLECTED AND REMOVED FROM THESE CITY PROPERTIES FC EXECUTED THIS PROJECT UNDER THE GUIDANCE OF CITY LABOR AGREEMENTS WORKING COOPERATIVE LY WITH THE KANSAS CITY, MISSOURI HUMAN RELATIONS DEPARTMENT IN ADDITION TO THE REMOVAL OF TRASH, TIRES AND DEBRIS, JOBS FOR NEIGHBORHOODS WORKERS ALSO MOWED AND TRIMMED	Return Reference	Explanation
DEPARTMENT OF TRANSPORTATION BY RECRUITING 15 GREATER KANSAS CITY RESIDENTS TO GA IN TRAINING IN PREPARATION FOR	PART III,	PROSPERITY CENTER FOR FINANCIAL OPPORTUNITY (CFO) IS LOCATED ON THE ROCKHURST UNIVERS ITY CAMPUS, THE PROSPERITY CENTER PROVIDES SERVICES FOCUSED ON EMPLOYMENT PLACEMENT, CAREE R IMPROVEMENT, FINANCIAL EDUCATION AND COACHING, AND PUBLIC BENEFITS ACCESS, SO INDIVIDUAL S AND FAMILIES CAN OBTAIN LONG-TERM FINANCIAL HEALTH PARTNERS INCLUDE FULL EMPLOYMENT CO UNCIL, CATHOLIC CHARITIES OF KANSAS CITY-ST JOSEPH, UNITED WAY OF GREATER KANSAS CITY, LO CAL INITIATIVES SUPPORT CORPORATION (LISC), AND A HOST OF OTHER COMMUNITY STAKEHOLDERS FU NDING GENERATED OF \$55,000 KANSAS CITY, MISSOURI FIRST SOURCE PROGRAM - IN PARTNERSHIP WI TH THE CITY OF KANSAS CITY, MISSOURI, THE PROGRAM FACILITATES EMPLOYMENT OF INDIVIDUALS IN TO THE FIELD OF CONSTRUCTION BY WORKING WITH CONTRACTORS AND UNIONS THE GOAL OF THE PROGRAM IS TO PROVIDE A POOL OF QUALIFIED JOB CANDIDATES THROUGH A NON-EXCLUSIVE REFERRAL SYSTE M CITY OF KANSAS CITY, MISSOURI JOBS FOR NEIGHBORHOODS PROGRAM - THE FULL EMPLOYMENT COUN CIL, INC PARTNERED WITH THE CITY OF KANSAS CITY, WHO FUNDED THE PROJECT, TO CLEAN UP DEBR IS IN NEIGHBORHOODS AND PROVIDE EMPLOYMENT OPPORTUNITIES TO KANSAS CITY RESIDENTS THROUGH THIS EFFORT FEC HAS RECRUITED, TRAINED, AND PROVIDED INTERNSHIPS AND EMPLOYMENT FOR LOCAL RESIDENTS, WHO CONDUCTED CITY-WIDE CLEAN-UP OF DEBRIS AND TRASH IN ALLEY WAYS, RIGHT OF WAYS, AND CITY OWNED PROPERTIES HUNDREDDS OF CITY-OWNED PROPERTIES AND LOTS HAVE BEEN CLEAR ED OF DEBRIS GARBAGE AND BRUSH HAVE BEEN COLLECTED AND REMOVED FROM THESE CITY PROPERTIES FEC EXECUTED THIS PROJECT UNDER THE GUIDANCE OF CITY LABOR AGREEMENTS WORKING COOPERATIVE LY WITH THE KANSAS CITY, MISSOURI HUMAN RELATIONS DEPARTMENT IN ADDITION TO THE REMOVAL O F TRASH, TIRES AND DEBRIS, JOBS FOR NEIGHBORHOODS WORKERS ALSO MOWED AND TRIMMED GRASS, WE EDS, SHRUBS AND TREES AS REQUIRED THROUGH THIS PROGRAM, MORE THAN 217 5 TONS OF DEBRIS AC ROSS 342 PROPERTIES WAS COLLECTED IN 2018 AND CLIENTS HAVE BEEN PLACED IN EMPLOYMENT TIME WHE WAS CITY AREA TRANSPORTATION CHOSENS THE PROGRAM PROVIDES DONOT

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	CAREERS IN HEAVY HIGHWAY CONSTRUCTION FUNDING GENERATED OF \$54,738 WOMEN IN APPRENTICES HIP AND NONTRADITIONAL OCCUPATIONS (WANTO) PROGRAM UPDATE - THE WOMEN IN APPRENTICESHIPS A ND NONTRADITIONAL OCCUPATIONS (WANTO) PROGRAM ASSISTS WOMEN WITH ENTERING NON-TRADITIONAL OCCUPATIONS FOR FEMALES IN THE AREAS OF INFORMATION TECHNOLOGY, ADVANCED MANUFACTURING, BU SINESS AND FINANCIAL SERVICES, CONSTRUCTION AND WAREHOUSE AND LOGISTICS THIS PURPOSE OF THE GRANT IS TO PROVIDE TECHNICAL ASSISTANCE IN PROVIDING CUSTOMIZED PRE-APPRENTICESHIP IND USTRY-INFORMED TRAINING PROGRAMS THAT CONSIST OF CLASSROOM TRAINING, JOB SHADOWING, AND ON -THE-JOB TRAINING THE TERM OF THE CONTRACT YEAR IS FROM OCTOBER 1, 2017 TO SEPTEMBER 30, 2018 THE GOAL IS TO SERVE 50 WOMEN THE TOTAL NUMBER OF PARTICIPANTS IN THE PROGRAM PROVI DED OUTREACH IS 238, 51 WOMEN PARTICIPANTS HAVE ENROLLED IN PRE-APPRENTICESHIP TRAINING ACT TIVITIES, WITH 22 COMPLETING, AND 7 ENROLLED IN APPRENTICESHIP TRAINING WITH AVERAGE WAGE OF \$17.23 FUNDING GENERATED OF \$500,000 CHOICE NEIGHBORHOOD - THE CHOICE NEIGHBORHOODS P ROGRAM IS A COLLABORATIVE EFFORT BETWEEN THE HOUSING AUTHORITY OF KANSAS CITY, U S DEPART MENT OF HOUSING AND URBAN DEVELOPMENT AND THE CITY OF KANSAS CITY, AND THE KANSAS CITY AND VICINITY WORKFORCE DEVELOPMENT BOARD PROVIDES CAREER SERVICES, SOFT SKILLS TRAINING, EMPLOYMENT TRAINING, PAID INTERNSHI PS AND JOB SEARCH AND PLACEMENT SERVICES THE PARTNERSHIP SUPPORTS NEIGHBORHOOD IMPROVEMEN TS AND SUPPORTIVE SERVICES FOR PUBLIC HOUSING AND OTHER NEIGHBORHOOD RESIDENTS TO IMPLEMENT THE PASEO GATEWAY TRANSFORMATION PLAN FOR THIS INITIATIVE, FEC HIRCED THE NEW CAREER NAV IGATOR FOR THE PERIOD FEBRUARY 2017 WHO WAS COLOCATED AT THE CHOICE AUGUST TO PROVIDE SERVICES TO JOB READY CUSTOMERS FOR FIVE MONTHS AS TENANTS OFFICIALLY MOVED OUT OF THE DEVELOPMENT FOR THE PERIOD FEBRUARY 2017 JUNE 2017, 65 CUSTOMERS WERE REFERRED BY HOUSING AUTHORITY CASE MANAGERS, INITIAL INTERVIEWS COMPLETED TO DETERMINE JOB READINESS OF 56, A TOTAL OF 19 PARTICIPANTS IN THIS INITIAT

990 Schedule O, Supplemental Information

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Reference		L
FORM 990,	F 53 PARTICIPANTS IN THIS INITIATIVE WERE PLACED IN POSITIONS AND EARNED WAGES RANGING FRO M A LOW OF	l
PART III,	\$7 25 UP TO A HIGH OF \$42 00 AN HOUR AND AN OVERALL AVERAGE WAGE GENERATED WAS \$13 23 THE TOTAL	ı
LINE 4A	LEVERAGED DOLLARS FOR 2017 CHOICE NEIGHBORHOODS FOR 88 CLIENTS WAS \$467, 039 13 THE TOTAL	l

Explanation

LEVERAGED DOLLARS FOR 2018 CHOICE NEIGHBORHOODS FOR 48 CLIENTS WAS \$30,0 05 71 FUNDING GENERATED OF \$68,000

FORM 990, PART III, LINE 4A WORKFORCE DEVELOPMENT INITIATIVE THROUGH INNOVATIVE INFRASTRUCTURE AND SPECIAL DEMONSTRATION PROJECTS TARGET HIGH-GROWTH INDUSTRIES SECTOR INITIATIVES - FEC HAS BEEN SUCCESSFUL IN GENERATIN ADDITIONAL RESOURCES FOR THE REGION'S UNEMPLOYED THROUGH SUCCESSFUL APPLICATIONS TO THE FEDERAL GOVERNMENT AND OTHER FUNDING SOURCES TO TARGET HIGH-GROWTH HEALTHCARE, INFORMATION	Return Reference	Explanation
	PART III,	PROJECTS TARGET HIGH-GROWTH INDUSTRIES SECTOR INITIATIVES - FEC HAS BEEN SUCCESSFUL IN GENERATING ADDITIONAL RESOURCES FOR THE REGION'S UNEMPLOYED THROUGH SUCCESSFUL APPLICATIONS TO THE FEDERAL GOVERNMENT AND OTHER FUNDING SOURCES TO TARGET HIGH-GROWTH HEALTHCARE, INFORMATION TECHNOLOGY, BIOSCIENCES, FINANCIAL AND PROFESSIONAL SERVICES, TRANSPORTATION AND LOGISTICS, AND ADVANCED MANUFACTURING AND CONSTRUCTION INDUSTRY SECTORS FEC WAS ABLE TO GENERATE FUNDING FOR UNEMPLOYED AND DISLOCATED WORKERS THROUGH A NUMBER OF SPECIAL FUNDING PROGRAMS IN PY 2017-18 TARGET HIGH-GROWTH INDUSTRIES SECTOR - FEC DEVELOPED STRATEGIES FOR AND ALLOCATED RESOURCES BY GENERATING FUNDING FOR UNEMPLOYED AND DISLOCATED WORKERS THROUGH A NUMBER OF SPECIAL FUNDING PROGRAMS TO PROVIDE SPECIAL FOCUS TO TARGET HIGH-GROWTH INDUSTRIES ADVANCED MANUFACTURING HEALTH SCIENCES & SERVICES BIOSCIENCES INFORMATION TECHNOLOGY BUSINESS AND

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	HEALTHCARE SECTOR FOCUSED PROGRAMS MISSOURI HEALTHCARE INDUSTRY TRAINING AND EDUCATION (H ITE) - THIS GRANT WAS BASED ON SUCCESSFUL PERFORMANCE WITH A 5 YEAR, \$5 MILLION GRANT FUND ED BY THE US DEPARTMENT OF HEALTH & HUMAN SERVICES THE PURPOSE OF THE HEALTH PROFESSION OPPORTUNITY GRANTS (HPOG) GRANT WAS TO ASSIST UNEMPLOYED, ECONOMICALLY-DISADVANTAGED INDI VIDUALS IN SUCCESSFULLY ENTERING OR ADVANCING IN THE HEALTHCARE FIELD, IN OCCUPATIONS THAT PAY WELL AND ARE EXPECTED TO EITHER EXPERIENCE LABOR SHORTAGES OR BE IN HIGH DEMAND THIS PROGRAM INCLUDED AN EVIDENCED BASED METHODOLOGICALLY RIGOROUS RANDOM ASSIGNMENT STUDY DES IGN RESEARCH EVALUATION CONDUCTED BY ABT ASSOCIATES AND THE URBAN INSTITUTE FEC SUCCESSFULLY PARTNERED IN 2015 WITH THE STATE OF MISSOURI'S DEPARTMENT OF SOCIAL SERVICES, MISSOURI HEALTHCARE INDUSTRY TRAINING AND EDUCATION (HITE) LOCATED IN JEFFERSON CITY, MO TO BE AW ARDED A SECOND FIVE YEAR (SEPTEMBER 30, 2015 - SEPTEMBER 29, 2020) \$14 MILLION HPOG GRANT THE HPOG GRANT, ADMINISTERED BY THE ADMINISTRATION FOR CHILDREN AND FAMILIES, U.S. DEPART MENT OF HEALTH & HUMAN SERVICES, WAS CREATED TO PROVIDE EDUCATION AND TRAINING TO TAMP REC (PIENTS AND OTHER LOW-INCOME INDIVIDUALS FOR OCCUPATIONS IN THE HEALTH CARE FIELD THAT PAY WELL AND ARE EXPECTED TO EITHER EXPERIENCE LABOR SHORTAGES OR BE IN HIGH DEMAND COLLABOR ATING PARTNERS FROM KANSAS CITY, ST. LOUIS, AND CENTRAL MISSOURI REGIONS WILL EXPAND AND REPLICATE MODEL COMPONENTS OF THE FULL EMPLOYMENT COUNCIL OF KANSAS CITY (FEC) 21ST CENTURY HEALTHCARE WORKS PROGRAM THE PROJECTS PARTNERS INCLUDE FEC, ST. LOUIS AGENCY ON TRAINING AND EMPLOYMENT (SLATE), AND CENTRAL REGION WORKFORCE INVESTMENT BOARDS (CWIB) THE TARGE T POPULATION ARE TANF RECIPIENTS, OTHER LOW-INCOME INDIVIDUALS, AFRICAN AMERICANS, LATINOS, AND OTHER MINORITY POPULATIONS IN THE READER EDOCATIONS, AND COPPORTUNITY TO OBTAIN HI GHER EDUCATION, TRAINING AND SUPPORT SERVICES NEEDED TO SECURE POSITIONS THAT HAVE OPPORTUNITY FOR ADVANCEMENT AND SUSTAINBHILLY ULTIMATELY LEADING THESE INDIVI

990	Schedule	Ο,	Suppl	lemental	Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	OMPETENCY/SKILLS ESSENTIAL TO EACH INDUSTRY AND WORK WITH THE TRAINING PROVIDERS TO CUSTOM IZE CURRICULUM AND TRAINING PROGRAMS THE FULL EMPLOYMENT COUNCIL (FEC), OPERATOR OF TWO A JC WORKFORCE REGIONS AND FISCAL AGENT FOR THE KANSAS CITY & VICINITY. THE EASTERN JACKSON COUNTY WORKFORCE DEVELOPMENT BOARDS, WILL PARTNER WITH INDUSTRY INTERMEDIARIES SUCH AS THE MISSOURI/KANSAS HOSPITAL ASSOCIATION (MHA) AND EDUCATION AND TRAINING PROVIDERS, SUCH AS UNIVERSITY OF CENTRAL MISSOURI AND METROPOLITAN COMMUNITY COLLEGE TO PROVIDE TRAINING FOR ENTRY INTO H-18 CAREERS FOR 2,000 YOUTH AND YOUNG ADULTS BETWEEN THE AGES OF 17 AND 29 YEARS OF AGE, WHO ARE OUT-OF-SECONDARY SCHOOL, AND HAVE BARRIERS TO TRAINING AND EMPLOYMENT IN THE CITIES OF KANSAS CITY, MISSOURI AND INDEPENDENCE, MISSOURI, AND CASS, CLAY, JACKSON, PLATTE AND RAY COUNTIES IN MISSOURI, AN AREA COVERING 3,000 SQUARE MILES FIVE HUNDRED OF THESE YOUNG PEOPLE SERVED WILL BE UNEMPLOYED, DISLOCATED, UNDEREMPLOYED, AND INCUMBENT WORKERS, IN LOWER-SKILL, LOWER-WAGE, AND FRONT-LINE JOBS IN NEED OF UP-SKILLING THESE YOUNG ADULTS WILL HAVE THE BENEFIT OF A TRAINING MODEL THAT INTEGRATES CREDENTIALED OCCUPATIONA L SKILLS CLASSROOM TRAINING, INTERNSHIPS, WORK EXPERIENCES AND ON-THE-JOB TRAINING OPPORTU NITIES ALONG WITH SPECIALIZED JOB PLACEMENT STRATEGIES INCLUDING CAREER-O-RAMA'S, JOB FAIR S AND HIRING EVENTS THE EMPLOYERS THAT HAVE SIGNED PARTNERSHIP AGREEMENTS WITH FEC HAVE A GREEED TO BE WORKPLACE LABORATORIES, AGREEING TO WORK WITH THE PUBLIC WORKFORCE SYSTEM TO R EALIZE MORE ACCELERATED, EFFICIENT, AND IMPROVED WORKFORCE DEVELOPMENT APPROACHES THAT WILL IMPACT NEW HIRES AS WELL AS LOW PAID AND UNSKILLED FRONTLINE WORKERS PRESENTLY IN THEIR EMPLOY 2,000 YOUTH AND YOUNG ADULTS WILL BE SERVED BETWEEN THE AGES OF 17 AND 29 YEARS OF AGE, WHO ARE OUT-OF-SECONDARY SCHOOL, AND HAVE BARRIERS TO TRAINING AND EMPLOYMENT IN CAS S, CLAY, JACKSON, PLATTE AND RAY COUNTIES IN MISSOURI, 1,800 PARTICIPANTS WILL BE SERVED BETWEEN THE AGES OF 17 AND 29 YEARS OF AGE, WHO ARE OUT-OF-SECO

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ENCY OF TRAINING AND EMPLOYMENT, CITY OF MINNEAPOLIS TRAINING AND EMPLOYMENT, DETROIT EMPL OYMENT SOLUTIONS CORPORATION, THE NORTHWEST INDIANA WORKFORCE INVESTMENT BOARD, SOUTHWEST OHIO REGION WORKFORCE INVESTMENT BOARD, WISCONSIN REGIONAL TRAINING PARTNERSHIP/BUILDING I NDUSTRY GROUP, SKILLED TRADES EMPLOYMENT PROGRAM (BIG STEP), COUNCIL FOR ADULT AND EXPERIE NTIAL LEARNING, AND IT TRAINING ORGANIZATION PER SCHOLAS OVERALL, \$6 MILLION DOLLARS WAS AWARDED TO THE ENTIRE CONSORTIUM, WITH MORE THAN \$1 5 MILLION DOLLARS IN LEVERAGED FUNDING DEDICATED TO SUPPORT THIS MAJOR NATIONAL STRATEGIC EFFORT THE TOTAL NUMBER SERVED WAS 51 8, THE NUMBER ENROLLED IN OCCUPATIONAL TRAINING 142, THE NUMBER COMPLETE OCCUPATIONAL TRAINING WAS 116, THE NUMBER THAT OBTAIN EMPLOYMENT WAS 26 AT AN AVERAGE WAGE AT PLACEMENT OF \$18 00 FUNDING GENERATED OF \$1,080,000

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Return	Explanation
Reference	p
FORM 990, PART III, LINE 4A	VOUTH PROGRAMS - GOALS FEC'S WIOA YOUTH PROGRAMS PROVIDED JOB AND CAREER TRAINING ASSISTA NCE THROUGH WORK EXPERIENCE OR CLASSROOM OCCUPATIONAL TRAINING ASSISTANCE TO 262 YOUTH IN KANSAS CITY AND VICINITY (KCV) AND EASTERN JACKSON COUNTY (EJAC) YOUTH WHO COMPLETED THE PROGRAM WERE PLACED IN EMPLOYMENT, ENROLLED IN POST-SECONDARY TRAINING (SUCH AS AREA COMMU NITY COLLEGES, 4-YEAR COLLEGES, APPRENTICESHIP AND VOCATIONAL TRAINING PROGRAMS) AND/OR THE IMILITARY OF THOSE YOUTH IN THE PROGRAM, 130 ATTAINED DEGREE/CREDENTIAL, 80 PLACEMENTS WERE MADE AND 79 WERE EMPLOYED AT AN AVERAGE WAGE OF \$11.75 SPECIAL PROGRAMS FOR YOUTH IN ADDITION TO PROGRAMS FUNDED BY THE WIOA FORMULA GRANTS, FEC GENERATED THROUGH SPECIAL PRO GRAM INITIATIVES AN ADDITIONAL \$6.9 MILLION DOLLARS TO THE REGION FOR TRAINING AND EMPLOYMENT SERVICES SUMMER JOBS LEAGUE - IS A PROGRAM, SPONSORED BY GOVERNOR'S FUNDING THROUGH THE STATE OF MISSOURI DIVISION OF WORKFORCE DEVELOPMENT AND THE MISSOURI FAMILY SUPPORT DIVISION, WHICH WAS CREATED FOR MISSOURIS EMERGING WORKFORCE, AGES 16 TO 24, DISCONNECTED YO UTH, ECONOMICALLY DISADVANTAGED INSCHOOLY QUTH, THOSE MOST AT RISK OF COURT INVOLVEMENT, HOMELESS, RUNAWAY YOUTH, CHILDREN OF INCARCERATED PARENTS, MIGRANT YOUTH, NATIVE AMERICAN YOUTH HIN AND AGING OUT OF FOSTER CARE, YOUTH OFFINDERS AND THOSE AT RISK OF COURT INVOLVEMENT, HOMELESS, RUNAWAY YOUTH, CHILDREN OF INCARCERATED PARENTS, MIGRANT YOUTH, NATIVE AMERICAN YOUTH HIN AND AGING OWN OR REPERIENCE TO PREPARE FOR TOMORROW'S CAREERS THE FEC KCV AND EJAC WIDSS PROGRAMS COMBINED PAID WORK EXPERIENCE TO PREPARE FOR TOMORROW'S CAREERS THE FEC KCV AND EJAC WIDSS PROGRAMS COMBINED PAID WORK EXPERIENCE TO PREPARE FOR TOMORROW'S CAREERS THE FEC KCV AND EJAC WIDSS PROGRAMS COMBINED PAID WORK EXPERIENCE TO PREPARE FOR TOMORROW'S CAREERS THE FEC KCV AND EJAC WIDSS PROGRAMS COMBINED PAID WORK EXPERIENCE TO PREPARE FOR TOMORROW'S CAREERS THE FEC KCV AND EJAC WIDSS PROGRAMS COMBINED PAID WORK EXPERIENCE TO PREPARE FOR TOMORROW'S CAREERS THE FEC KCV AND EJAC WIDSS PROG

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Reference	Explanation
FORM 990,	OURSES PROVIDES INDUSTRY-RECOGNIZED CREDENTIALS FOR IN-DEMAND JOBS IN THE GREATER KANSAS C ITY
PART III,	AREA TRAINING IS ON-SITE, AFTER SCHOOL ELIMINATING TRANSPORTATION ISSUES AND REDUCES ABSENTEEISM
LINE 4A	THE FIRST COURSE OFFERED THROUGH THIS NEW PARTNERSHIP IS THE WAREHOUSE JUMPST ART CERTIFICATE
	INCLUDES OSHA 10 TRAINING, FORKLIFT SAFETY TRAINING, AND FORKLIFT OPERATI ON TRAINING ALONG WITH
	OTHER CAREER READINESS TRAINING FROM THE UNIVERSITY OF CENTRAL MISS OURI CERTIFICATE THIS
	INVESTMENT WILL PAY FOR TUITION AND INTERNSHIPS FOR 20 ELIGIBLE RUS KIN HIGH SCHOOL STUDENTS OVER A
	TWO YEAR PERIOD FUNDING GENERATED OF \$100,000

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