

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
FULL EMPLOYMENT COUNCIL INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1740 PASEO BLVD

City or town, state or province, country, and ZIP or foreign postal code
KANSAS CITY, MO 64108

D Employer identification number
43-1377197

E Telephone number
(816) 471-2330

G Gross receipts \$ 13,625,233

F Name and address of principal officer
CLYDE MCQUEEN
1740 PASEO BLVD
KANSAS CITY, MO 64108

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW FECKC ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1984

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO OBTAIN PUBLIC AND PRIVATE SECTOR EMPLOYMENT FOR THE UNEMPLOYED OR UNDEREMPLOYED RESIDENTS OF THE GREATER KANSAS CITY AREA

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

3 Number of voting members of the governing body (Part VI, line 1a)	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	6
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	775
6 Total number of volunteers (estimate if necessary)	61
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,834,888	13,624,268
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78	965
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,834,966	13,625,233
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,660,021	2,476,593
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,391,413	5,761,209
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,869,038	5,491,419
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,920,472	13,729,221
19 Revenue less expenses Subtract line 18 from line 12	-85,506	-103,988
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,176,355	3,309,378
21 Total liabilities (Part X, line 26)	2,500,779	2,737,790
22 Net assets or fund balances Subtract line 21 from line 20	675,576	571,588

Part II Signature Block

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

Sign Here

Signature of officer: *****
Date: 2020-07-09

CLYDE MCQUEEN PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00829977
Firm's name ▶ RUBINBROWN LLP			Firm's EIN ▶ 43-0765316	
Firm's address ▶ 1200 MAIN STREET SUITE 1000 KANSAS CITY, MO 64105			Phone no (816) 472-1122	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE FULL EMPLOYMENT COUNCIL IS A BUSINESS-LED, PRIVATE, NONPROFIT CORPORATION WHOSE MISSION IS TO OBTAIN PUBLIC AND PRIVATE SECTOR EMPLOYMENT FOR THE UNEMPLOYED AND UNDEREMPLOYED RESIDENTS OF THE GREATER KANSAS CITY AREA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 12,585,883 including grants of \$ 2,476,593) (Revenue \$)
See Additional Data

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

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

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

4e Total program service expenses ▶ 12,585,883

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	31
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	775		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			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			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			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).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f 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			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (7); 1b Enter the number of voting members included in line 1a, above, who are independent (6); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (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 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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? (No); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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-A 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 PRESIDENT CEO 1740 PASEO BLVD KANSAS CITY, MO 64108 (816) 471-2330

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g and 1h Total.

Table for Program Service Revenue with columns for Business Code and rows 2a-2f and 9 Total.

Main revenue table with columns (A)-(D). Rows include 3-12 Total revenue, categorized into Investment income, Rental income, Fundraising events, Gaming activities, and Miscellaneous Revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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	2,476,593	2,476,593		
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	785,525	587,006	198,519	
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	3,804,562	3,401,499	403,063	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	240,838	237,962	2,876	
9 Other employee benefits	562,131	526,024	36,107	
10 Payroll taxes	368,153	342,987	25,166	
11 Fees for services (non-employees)				
a Management	81,411	22,671	58,740	
b Legal	95,385	26,563	68,822	
c Accounting	72,650	20,231	52,419	
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 O)	68,008	18,939	49,069	
12 Advertising and promotion	109,173	71,469	37,704	
13 Office expenses	316,937	260,053	56,884	
14 Information technology	323,106	303,394	19,712	
15 Royalties				
16 Occupancy	648,871	614,370	34,501	
17 Travel	145,262	130,514	14,748	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,168	156	13,012	
20 Interest	1,360		1,360	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	107,882	105,511	2,371	
23 Insurance	197,126	161,354	35,772	
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	1,867,807	1,857,730	10,077	
b CONTRACT PAYMENTS	838,481	838,481		
c SECURITY SERVICES	202,144	197,936	4,208	
d MAINTENANCE & REPAIRS	172,382	165,742	6,640	
e All other expenses	230,266	218,698	11,568	
25 Total functional expenses. Add lines 1 through 24e	13,729,221	12,585,883	1,143,338	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	686,388	1	745,038
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	1,238,222	3	1,367,045
	4	Accounts receivable, net	2,167	4	1,779
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	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) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	94,986	9	99,926
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,354,195		
	b	Less accumulated depreciation	10b 4,559,947	886,961	10c 794,248
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	267,631	15	301,342
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,176,355	16	3,309,378	
Liabilities	17	Accounts payable and accrued expenses	2,264,827	17	2,252,454
	18	Grants payable	235,952	18	485,336
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		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, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,500,779	26	2,737,790
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	675,576	27	571,588
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	675,576	33	571,588	
34	Total liabilities and net assets/fund balances	3,176,355	34	3,309,378	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,625,233
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,729,221
3	Revenue less expenses Subtract line 2 from line 1	3	-103,988
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	675,576
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	571,588

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 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 Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 43-1377197

Name: FULL EMPLOYMENT COUNCIL INC

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FULL EMPLOYMENT COUNCIL INC

Employer identification number
43-1377197

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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 III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	12,863,673	14,664,440	14,676,227	12,834,888	13,624,268	68,663,496
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	12,863,673	14,664,440	14,676,227	12,834,888	13,624,268	68,663,496
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						68,663,496

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total	
7	Amounts from line 4	12,863,673	14,664,440	14,676,227	12,834,888	13,624,268	68,663,496	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19	19	22	78	965	1,103	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	214,651	223				214,874	
11	Total support. Add lines 7 through 10						68,879,473	
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, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.690 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	99.130 %

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 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.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
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 defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section 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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
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>		
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 the role played by the organization in this regard.</i>		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2014 AMOUNT \$ 214,651 2015 AMOUNT \$ 223 2016 AMOUNT \$ 0 2017 AMOUNT \$ 0 2018 AMOUNT \$ 0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047
2018
Open to Public Inspection

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

Name of the organization
FULL EMPLOYMENT COUNCIL INC

Employer identification number
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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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

b 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 ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		880,255	260,318	619,937
c Leasehold improvements		722,477	650,892	71,585
d Equipment		3,751,463	3,648,737	102,726
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				794,248

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER ASSETS	301,342
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	301,342

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(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 footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	13,625,233
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	13,625,233
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	13,625,233

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

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

1	Total expenses and losses per audited financial statements		1	13,729,221
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	13,729,221
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	13,729,221

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FULL EMPLOYMENT COUNCIL INC

Employer identification number

43-1377197

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) TUITION ASSISTANCE	1138	2,476,593			
(2)					
(3)					
(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 ORGANIZATION RETAINS AN INDEPENDENT ACCOUNTING (CPA) FIRM TO MONITOR THIS PROGRAM QUARTERLY

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FULL EMPLOYMENT COUNCIL INC

Employer identification number
43-1377197

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	PROVIDED FOR ALL EMPLOYEES AND TREATED AS TAXABLE COMPENSATION

Return Reference	Explanation
PART I, LINE 7	A \$27,075 BONUS WAS PAID TO SHELLY ESTELL, SENIOR VICE PRESIDENT/COO



SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization
FULL EMPLOYMENT COUNCIL INC

Employer identification number

43-1377197

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990 THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S OFFICERS ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S OFFICERS HAVE ARE ADDRESSED, AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO THE FEC BOARD PRIOR TO FILING THE 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST STATEMENTS ARE COMPLETED AND SIGNED BY ALL BOARD OF DIRECTORS MEMBERS, OFFICERS, AND KEY EMPLOYEES ANNUALLY AND IMMEDIATELY BY ANY REPLACEMENT DIRECTOR, OFFICER, AND KEY EMPLOYEE UPON TAKING THE POSITION THROUGHOUT THE YEAR IN THE CONFLICT OF INTERST POLICY, 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 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 CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENT, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>THE FULL EMPLOYMENT COUNCIL IS THE FISCAL AGENT AND ADMINISTRATIVE ENTITY FOR TWO WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) MISSOURI WORKFORCE DEVELOPMENT BOARDS (WDB), THE KANSAS CITY AND VICINITY (KCV) WDB AND EASTERN JACKSON COUNTY (EJAC) WDB THE TWO REGIONS COMPRISE 5-COUNTIES, CASS, CLAY, JACKSON, PLATTE AND RAY COUNTIES, AND COVER OVER 2,400 SQUARE MILES AND A POPULATION OF 1,135,499 AND INCLUDE DURING THE PROGRAM YEAR 3 COMPREHENSIVE CAREER SERVICES CENTERS, 2 YOUTH FACILITIES, 3 AFFILIATE AND 5 BRANCH OFFICES OF THE MISSOURI/AMERICAN JOB CENTERS THE FEC MISSOURI JOB CENTER EMPLOYMENT AND TRAINING PROGRAMS IN PROGRAM YEAR JULY 1, 2018 - JUNE 30, 2019 (PY 2019) RECORDED 28,242 UNIQUE CUSTOMERS SERVED IN THE WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) PROGRAMS IN THE WIOA ECONOMICALLY DISADVANTAGED PROGRAMS, WHICH PROVIDE JOB PLACEMENT ASSISTANCE, VOCATIONAL TRAINING, AND TRANSPORTATION ASSISTANCE TO ECONOMICALLY DISADVANTAGED ADULTS, FEC SERVED 14,199 ECONOMICALLY DISADVANTAGED ADULTS, ENROLLED 367 IN TRAINING, AND PLACED IN EMPLOYMENT 1,054 OF THE 1,374 COUNTED IN THE ENTERED EMPLOYMENT IN 2ND QUARTER AFTER EXIT PERFORMANCE MEASURE, AND 6,024 OF THE 8,551 COUNTED IN THE ENTERED EMPLOYMENT IN 4TH QUARTER AFTER EXIT PERFORMANCE TOTAL AVERAGE EARNINGS GENERATED BY ADULTS ENTERING EMPLOYMENT WAS \$130,651.45 IN THE DISLOCATED WORKER (DW) PROGRAM, THE NUMBER OF CUSTOMERS SERVED IN THE COMBINED KCV AND EJAC REGION'S WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) DISLOCATED WORKER PROGRAM WAS 247 IN PY 2018 OF THESE WORKERS LAID-OFF FROM THEIR JOBS WHO RECEIVED ASSISTANCE THROUGH THE WIOA DISLOCATED WORKER (DW) PROGRAMS, 109 RECEIVED TRAINING, 198 OUT OF THE 247 COUNTED IN THE ENTERED EMPLOYMENT IN THE 2ND QUARTER AFTER EXIT AND 133 OF THE 290 COUNTED IN THE ENTERED EMPLOYMENT IN THE 4TH QUARTER AFTER EXIT PERFORMANCE MEASURE WENT TO WORK AT AN MEDIAN WAGE OF \$18.00 TOTAL EARNINGS GENERATED BY DISLOCATED WORKERS ENTERING EMPLOYMENT WAS \$20,129,081 SPECIAL PROJECTS AND PROGRAMS FOR ADULTS IN ADDITION TO PROGRAMS FUNDED BY THE NORMAL WIOA FORMULA GRANTS, THE KCV AND EJAC WDB THROUGH THE FEC GENERATED THROUGH SPECIAL PROGRAM INITIATIVES AN ADDITIONAL \$20.1 MILLION DOLLARS TO THE REGION FOR TRAINING AND EMPLOYMENT SERVICES FEC WAS ABLE TO GENERATE SPECIAL FUNDING IN PY 2018-2019 FOR POPULATIONS OF WORKERS WITH SPECIAL NEEDS, SUCH AS THE LONG-TERM UNEMPLOYED, LAID-OFF, DISLOCATED WORKERS, VETERANS, TANF RECIPIENTS, INDIVIDUALS WITH DISABILITIES, UNBANKED, INDIVIDUALS WITH TRANSPORTATION CHALLENGES, AND BI-LINGUAL POPULATIONS THESE INCLUDE RESEA - REEMPLOYMENT SERVICES AND ELIGIBILITY ASSESSMENT SERVICES MUST BE PROVIDED TO UI CLAIMANTS RECEIVING EMERGENCY UNEMPLOYMENT COMPENSATION (EUC) REQUIRED JOB SERVICES (RJS), SERVICES THAT AFFORD UI CLAIMANTS THE OPPORTUNITY TO ACQUIRE SKILLS TO COMPETE FOR HIGH-WAGE JOBS IN EMERGING INDUSTRY SECTORS THE MISSOURI RESEA PROGRAM FUNDED BY U.S. DEPARTMENT OF LABOR EMPLOYMENT AND TRAIN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ING ADMINISTRATION AND THE MISSOURI OFFICE OF WORKFORCE DEVELOPMENT IMPLEMENTS A NEW VISION OF REEMPLOYING UI CLAIMANTS THROUGH AN INTEGRATED WORKFORCE SYSTEM UNDER THIS PROGRAM, UI CLAIMANT RECEIVED ENHANCED SERVICES WHICH ALLOWS THEM TO BE BETTER JOB CANDIDATES AND TO RETURN TO WORK IN A SHORTER LENGTH OF TIME TRADE ADJUSTMENT ASSISTANCE ACT PROGRAM - IS INTENDED TO HELP INDIVIDUALS WHOSE JOBS HAVE BEEN AFFECTED BY INTERNATIONAL TRADE AND HELPS THEM TO RETURN TO SUITABLE EMPLOYMENT, PROVIDES TRAINING ASSISTANCE, JOB SEARCH ALLOWANCE, AND RELOCATION ALLOWANCE AND OTHER SUPPORT SERVICES VETERANS PROGRAM - MISSOURI 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 INTENSIFIED DIRECT SERVICES SUCH AS CASE MANAGEMENT AND EMPLOYER JOB DEVELOPMENTS WITHIN THEIR SEPARATE ROLES THE FULL ARRAY OF EMPLOYMENT, TRAINING, AND PLACEMENT SERVICES ARE AVAILABLE UNDER PRIORITY OF SERVICE, THIS INCLUDES CONNECTION TO EDUCATION AND TRAINING PROGRAMS, BENEFITS AND SERVICES, CONNECTION TO SUPPLEMENTAL SERVICES, ONE-ON-ONE ASSESSMENTS, RESUME REVIEWS, FOLLOW-UP AS APPROPRIATE, MATCHING TO EMPLOYER BASE AND MATCHING TO SPECIFIC EMPLOYERS COMMITTED TO HIRING VETERANS, SUCH AS EMPLOYERS PARTICIPATING IN THE "SHOW ME HEROES" INITIATIVE THE NUMBER OF VETERAN CUSTOMERS SERVED IN THE COMBINED KCV AND EJAC REGION'S WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) DISLOCATED WORKER PROGRAM WAS 559 IN PY 2018 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 RESERVE RECONNECT WITH MEANINGFUL CAREERS, AND SHOWCASES MISSOURI EMPLOYERS WHO HAVE PLEDGED TO DO SO FUNDING GENERATED OF \$30,000

990 Schedule O, Occupational Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>PERSONS WITH SPECIAL NEEDS AND LIMITED ENGLISH- SPEAKING POPULATION (LEP) FEC USES A COMBINATION OF COMPUTER ASSISTED TRAINING AND JOB SEARCH SYSTEMS TO INCREASE PROFICIENCY IN COMPUTER BASED JOB SEARCH, APPLICATIONS AND SOCIAL NETWORKING FOR EMPLOYMENT, CONDUCTS "CAREER CLINICS" DESIGNED TO PROVIDE JOB SEEKERS WITH THE APPROPRIATE INFORMATION AND TOOLS TO IDENTIFY WHERE THE JOBS ARE THIS INCLUDES SOFT SKILL TECHNIQUES, TEAMWORK, PROBLEM SOLVING SKILLS, AND THE UTILIZATION AND ORGANIZATION OF TRAINING SYSTEMS THAT INCLUDE "JUST IN TIME" NON-SEMESTER BASED TRAINING, SEMESTER BASED TRAINING, AS WELL AS TRAINING "COMBOS" THAT INTEGRATE CLASSROOM TRAINING WITH WORK BASED TRAINING TO TRAIN JOB SEEKERS TO ACHIEVE OCCUPATIONAL CERTIFICATIONS AND EMPLOYMENT SPECIFIC COMPETENCIES FOR CUSTOMERS WITH SPECIAL NEEDS, FEC ASSIGNS VOCATIONAL REHABILITATION SERVICES ON A ROTATING BASIS TO A MISSOURI CAREER CENTER SITE AND DIRECTLY CONNECTS TO THE CAREER CENTER BY FORMALIZED AGREEMENTS THE NUMBER OF SPECIAL NEEDS CUSTOMERS SERVED IN THE COMBINED KCV AND EJAC REGION'S WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) PROGRAM WAS 770 IN PY 2018 BI-LINGUAL OUTREACH - FEC INSTITUTED A PROGRAM TO PROVIDE IMMEDIATE ASSISTANCE TO SPANISH-SPEAKING CUSTOMERS SPANISH-SPEAKING, BI-LINGUAL STAFF SERVICES ARE AVAILABLE TO SERVE THE SPANISH-SPEAKING YOUTH AND ADULT POPULATIONS AND HELP ADDRESS BARRIERS TO EMPLOYMENT AND CAREER ADVANCEMENT FOR LATINO WORKERS FEC WILL CONTINUE TO OFFER THE BI-LINGUAL MOBILE PROGRAM TO PROVIDE IMMEDIATE ASSISTANCE TO SPANISH-SPEAKING CUSTOMERS WITH THE SPANISH SPEAKING BI-LINGUAL PERSONNEL HIRED TO SERVE THE YOUTH AND ADULT OF THIS LIMITED ENGLISH-SPEAKING POPULATIONS (LEP) AND HELP ADDRESS BARRIERS TO EMPLOYMENT AND CAREER ADVANCEMENT OF LATINO WORKERS IN ADDITION, 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 (TANF) AND PUBLIC ASSISTANCE TANF MISSOURI WORK ASSISTANCE (MWA) PROGRAM - ANOTHER MAJOR INITIATIVE IS THE TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES) MWA PROGRAM, A PARTNERSHIP WITH THE LOCAL INVESTMENT COMMISSION (LINC) TO PROVIDE EMPLOYMENT AND TRAINING SERVICES TO INDIVIDUALS WHO RECEIVE TEMPORARY ASSISTANCE FROM THE STATE OF MISSOURI WITH THE GOAL OF HELPING THE CLIENT IN OVERCOMING BARRIERS TO BECOME SELF-SUFFICIENT AND NO LONGER DEPENDENT UPON PUBLIC ASSISTANCE THIS IS A REFERRAL BASED PROGRAM TANF RECIPIENTS ARE REFERRED FROM THE LOCAL INVESTMENT COMMISSION (LINC) TO FEC TO PROVIDE EMPLOYMENT AND TRAINING SERVICES TO THOSE CLIENTS DEEMED WORK READY MWA HELPS PARTICIPANTS GAIN WORK EXPERIENCE, WORKPLACE SKILLS, AND INVOLVEMENT IN OTHER WORK ACTIVITIES, INCLUDING CLASSROOM TRAINING, ON-THE-JOB TRAINING (OJT), RESUME ASSISTANCE, JOB ASSESSMENT AND PLACEMENT, AND CAREER COUNSELING FINANCIAL AID IS AVAILABLE FOR TRAINING CLASSES AT LOCAL TECHNICAL</p>

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FORM 990, PART III, LINE 4A	CAL AND VOCATIONAL SCHOOLS, COMMUNITY COLLEGES, AND FOUR-YEAR COLLEGES, AND TRAINING ON THE JOB THIS PROGRAM ENROLLED 88 IN CLASSROOM TRAINING AND ON-JOB-TRAINING AND SUBSIDIZED PAID EMPLOYMENT, 49 WERE EMPLOYED AND EARNED AN AVERAGE WAGE OF \$15.78 FUNDING GENERATED OF \$1,357,312 SKILLUP (EMPLOYMENT AND TRAINING PROGRAM) MISSOURI FOOD STAMP PROGRAM - ANOTHER MAJOR INITIATIVE IS THE SKILLUP PROGRAM WHICH OFFERS FOOD STAMP RECIPIENTS IN MISSOURI THE OPPORTUNITY TO GAIN SKILLS, TRAINING AND WORK EXPERIENCE SKILLUP IS OFFERED AT NO COST TO THE PARTICIPANT AND HELPS PROMOTE EMPLOYABILITY AND SELF-SUFFICIENCY THIS PROGRAM ENROLLED 71 IN CLASSROOM TRAINING AND ON-JOB-TRAINING AND SUBSIDIZED PAID EMPLOYMENT, 16 WERE EMPLOYED AND EARNED A MEDIAN WAGE OF \$11.00 FUNDING GENERATED OF \$145,309

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FORM 990, PART III, LINE 4A	<p>OTHER SPECIAL CLIENT FOCUSED PROGRAMS KANSAS CITY, MISSOURI FIRST SOURCE PROGRAM - IN PARTNERSHIP WITH THE CITY OF KANSAS CITY, MISSOURI, THE PROGRAM FACILITATES EMPLOYMENT OF INDIVIDUALS INTO 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 SYSTEM KANSAS CITY, MISSOURI NEIGHBORHOOD WORKS PROGRAM - THE FULL EMPLOYMENT COUNCIL, INC IN COOPERATION WITH THE CITY OF KANSAS CITY, MO, NEIGHBORHOODS AND HOUSING SERVICES DEPARTMENT, PROVIDED THE KANSAS CITY NEIGHBORHOOD WORKS FOR CAREERS PROGRAM, A PROJECT TO CLEAN UP NEIGHBORHOODS AND PROVIDE EMPLOYMENT OPPORTUNITIES TO KANSAS CITY RESIDENTS THE KANSAS CITY NEIGHBORHOOD WORKS FOR CAREERS PROGRAM PROVIDES CITY-WIDE CLEANUP OF DEBRIS AND TRASH IN ALLEYWAYS, AND CITY-OWNED PROPERTIES, AS WELL AS MOWING, TRIMMING, AND EDGING OVERGROWN AREAS SUCCESSFUL APPLICANTS RECEIVE OSHA 10 TRAINING, SUPPORTIVE SERVICES SUCH AS WORK SUPPLIES AND STEEL TOE BOOTS ALSO, FEC PROVIDES CLASSROOM TRAINING THAT LEADS TO A DIPLOMA OR CERTIFICATE OR CREDENTIAL IN AN IN-DEMAND OCCUPATION THE CITY OF KANSAS CITY MISSOURI AWARDED FEC FUNDS TO PAINT CITY FIRE HYDRANTS AND CLEAN-UP DEBRIS IN THE CITY'S RIGHT-OF-WAY FUNDING GENERATED OF \$300,000 TRANSPORTATION - KANSAS CITY AREA TRANSPORTATION AUTHORITY PROGRAM (KCATA) FEC HAS WORKED WITH KCATA FOR MORE THAN 27 YEARS TO PROVIDE TRANSPORTATION RESOURCES TO JOB SEEKERS IN THE KANSAS CITY AREA, TO AREAS NOT SERVICED BY THE TRANSPORTATION SYSTEM THE PROGRAM PROVIDES DOOR-TO-DOOR TAXI AND VAN SERVICES, TO AND FROM WORK, WHERE EXISTING TRANSPORTATION SYSTEMS DO NOT OPERATE THIS PROGRAM PROVIDED 195 MONTHLY PASSES AND 2,150 EMPLOYMENT TRANSPORTATION RIDER TRIPS AND 43 EMPLOYMENT TRANSPORTATION RIDERS FUNDING GENERATED OF \$160,000 MODOT - THE FULL EMPLOYMENT COUNCIL, INC WILL SUPPORT THE MISSOURI DEPARTMENT OF TRANSPORTATION BY RECRUITING 15 GREATER KANSAS CITY RESIDENTS TO GAIN TRAINING IN PREPARATION FOR CAREERS IN HEAVY HIGHWAY CONSTRUCTION THIS PROGRAM ENROLLED 18 IN CLASSROOM TRAINING, PLACED 16 AND PERSONS EARNED AN AVERAGE WAGE OF \$17.43 FUNDING GENERATED OF \$54,738 WOMEN IN APPRENTICESHIP AND NONTRADITIONAL OCCUPATIONS (WANTO) PROGRAM UPDATE - THE WOMEN IN APPRENTICESHIPS AND NONTRADITIONAL OCCUPATIONS (WANTO) PROGRAM ASSISTS WOMEN WITH ENTERING NON-TRADITIONAL OCCUPATIONS FOR FEMALES IN THE AREAS OF INFORMATION TECHNOLOGY, ADVANCED MANUFACTURING, BUSINESS AND FINANCIAL SERVICES, CONSTRUCTION AND WAREHOUSE AND LOGISTICS THIS PURPOSE OF THE GRANT IS TO PROVIDE TECHNICAL ASSISTANCE IN PROVIDING CUSTOMIZED PRE-APPRENTICESHIP INDUSTRY-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 JUNE 30, 2019 THE GOAL IS TO SERVE 60 WOMEN THE TOTAL NUMBER OF PARTICIPANTS IN THE PROGRAM PROVIDED OUTREACH WAS 238, 123 WOMEN PARTICIPANTS HAVE ENROLLED IN P</p>

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FORM 990, PART III, LINE 4A	RE-APPRENTICESHIP TRAINING ACTIVITIES, WITH 71 COMPLETING, 7 ENROLLED IN APPRENTICESHIP TRAINING, AND 44 PLACED WITH AVERAGE WAGE OF \$17.18. FUNDING GENERATED OF \$500,000. CHOICE NEIGHBORHOOD - THE CHOICE NEIGHBORHOODS PROGRAM IS A COLLABORATIVE EFFORT BETWEEN THE HOUSING AUTHORITY OF KANSAS CITY, U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AND THE CITY OF KANSAS CITY, AND THE KANSAS CITY AREA UNITED WAY. THROUGH THIS PARTNERSHIP, THE KANSAS CITY AND VICINITY WORKFORCE DEVELOPMENT BOARD PROVIDES CAREER SERVICES, SOFT SKILLS TRAINING, EMPLOYMENT TRAINING, PAID INTERNSHIPS AND JOB SEARCH AND PLACEMENT SERVICES. THE PARTNERSHIP SUPPORTS NEIGHBORHOOD IMPROVEMENTS AND SUPPORTIVE SERVICES FOR PUBLIC HOUSING AND OTHER NEIGHBORHOOD RESIDENTS TO IMPLEMENT THE PASEO GATEWAY TRANSFORMATION PLAN. FOR THIS INITIATIVE, FEC HIRED THE NEW CAREER NAVIGATOR FOR THE CHOICE PROJECT IN FEBRUARY 2017 WHO WAS CO-LOCATED AT THE CHOUTEAU COURT TO PROVIDE SERVICES TO JOB READY CUSTOMERS FOR FIVE MONTHS AS TENANTS OFFICIALLY MOVED OUT OF THE DEVELOPMENT. FOR THE PERIOD FEBRUARY 2017-JUNE 2019, 2,087 CUSTOMERS WERE REFERRED BY HOUSING AUTHORITY CASE MANAGERS AND SERVED, PROVIDED INITIAL INTERVIEWS, COMPLETED JOB READINESS, OR ATTENDED HIRING EVENTS. A TOTAL OF 190 PARTICIPANTS IN THIS INITIATIVE WERE PLACED IN POSITIONS THAT EARNED OVERALL AVERAGE WAGES OF \$13.23. LEVERAGED SERVICES WERE PROVIDED TO RESIDENTS IN THE CHOICE NEIGHBORHOODS. ALL PARTICIPANTS SERVED IN ANY CAREER CENTER FROM THE PASEO GATEWAY NEIGHBORHOODS, WHICH INCLUDED ZIP CODES 64106, 64127, AND 64124. FUNDING GENERATED OF \$68,000.

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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 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 2018-19 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 PROFESSIONAL SERVICES TRANSPORTATION & LOGISTICS FINANCIAL SERVICES CONSTRUCTION

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<p>FORM 990, PART III, LINE 4A</p>	<p>HEALTHCARE SECTOR FOCUSED PROGRAMS MISSOURI HEALTHCARE INDUSTRY TRAINING AND EDUCATION (HITE) "THIS GRANT WAS BASED ON SUCCESSFUL PERFORMANCE WITH A 5 YEAR, \$5 MILLION GRANT FUNDED BY THE U S DEPARTMENT OF HEALTH & HUMAN SERVICES THE PURPOSE OF THE HEALTH PROFESSION OPPORTUNITY GRANTS (HPOG) GRANT WAS TO ASSIST UNEMPLOYED, ECONOMICALLY-DISADVANTAGED INDIVIDUALS 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 DESIGN 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 AWARDED 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 DEPARTMENT OF HEALTH & HUMAN SERVICES, WAS CREATED TO PROVIDE EDUCATION AND TRAINING TO TANF RECIPIENTS 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 COLLABORATING 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 PROJECT'S PARTNERS INCLUDE FEC, ST LOUIS AGENCY ON TRAINING AND EMPLOYMENT (SLATE), AND CENTRAL REGION WORKFORCE INVESTMENT BOARDS (CWIB) THE TARGET POPULATION ARE TANF RECIPIENTS, OTHER LOW-INCOME INDIVIDUALS, AFRICAN AMERICANS, LATINOS, AND OTHER MINORITY POPULATIONS HPOG PARTICIPANTS ARE GIVEN THE OPPORTUNITY TO OBTAIN HIGHER EDUCATION, TRAINING AND SUPPORT SERVICES NEEDED TO SECURE POSITIONS THAT HAVE OPPORTUNITY FOR ADVANCEMENT AND SUSTAINABILITY, ULTIMATELY LEADING THESE INDIVIDUALS ON A PATHWAY TO FINANCIAL SELF-SUFFICIENCY THE TOTAL NUMBER ENROLLED IN HITE WAS 182, THE NUMBER ENROLLED IN HEALTHCARE OCCUPATIONAL TRAINING 205, THE NUMBER COMPLETE HEALTHCARE OCCUPATIONAL TRAINING WAS 128, THE NUMBER THAT OBTAIN EMPLOYMENT IN A HEALTHCARE WAS 92 AT AN AVERAGE WAGE AT PLACEMENT OF \$14 10 FUNDING GENERATED OF \$5,184,185 ADVANCED MANUFACTURING AND INFORMATION TECHNOLOGY SECTOR FOCUSED PROGRAMS TECHHIRE - THE GREATER KANSAS CITY TECHNOLOGY CAREER COLLABORATION (GKCTCC) PROGRAM WILL SERVE YOUTH AND YOUNG ADULTS, 17-29, WITH BARRIERS TO TRAINING AND EMPLOYMENT OPPORTUNITIES, WHO LACK THE EDUCATIONAL ATTAINMENT, WORK EXPERIENCES AND/OR SKILL LEVEL NECESSARY TO SECURE FULL-TIME EMPLOYMENT IN MIDDLE OR HIGH-SKILL JOBS WORKING WITH INDUSTRY INTERMEDIARIES FROM THE TARGET INDUSTRIES FOR THIS PROJECT IN INFORMATION TECHNOLOGY, HEALTHCARE, ADVANCED MANUFACTURING AND FINANCIAL SERVICES, GKCTCC PROGRAM WILL IDENTIFY COM</p>

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FORM 990, PART III, LINE 4A	<p>PETENCY/SKILLS ESSENTIAL TO EACH INDUSTRY AND WORK WITH THE TRAINING PROVIDERS TO CUSTOMIZ E CURRICULUM AND TRAINING PROGRAMS THE FULL EMPLOYMENT COUNCIL (FEC), OPERATOR OF TWO AJC WORKFORCE REGIONS AND FISCAL AGENT FOR THE KANSAS CITY & VICINITY, THE EASTERN JACKSON CO UNTY WORKFORCE DEVELOPMENT BOARDS, WILL PARTNER WITH INDUSTRY INTERMEDIARIES SUCH AS THE M ISSOURI/KANSAS HOSPITAL ASSOCIATION (MHA) AND EDUCATION AND TRAINING PROVIDERS, SUCH AS UN IVERSITY OF CENTRAL MISSOURI AND METROPOLITAN COMMUNITY COLLEGE TO PROVIDE TRAINING FOR EN TRY INTO H-1B 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, P LATTE AND RAY COUNTIES IN MISSOURI, AN AREA COVERING 3,000 SQUARE MILES FIVE HUNDRED OF T HESE YOUNG PEOPLE SERVED WILL BE UNEMPLOYED, DISLOCATED, UNDEREMPLOYED, AND INCUMBENT WORK ERS, IN LOWER-SKILL, LOWER-WAGE, AND FRONT-LINE JOBS IN NEED OF UP-SKILLING THESE YOUNG A DULTS WILL HAVE THE BENEFIT OF A TRAINING MODEL THAT INTEGRATES CREDENTIALLED OCCUPATIONAL SKILLS CLASSROOM TRAINING, INTERNSHIPS, WORK EXPERIENCES AND ON-THE-JOB TRAINING OPPORTUNI TIES ALONG WITH SPECIALIZED JOB PLACEMENT STRATEGIES INCLUDING CAREER-O-RAMA'S, JOB FAIRS AND HIRING EVENTS THE EMPLOYERS THAT HAVE SIGNED PARTNERSHIP AGREEMENTS WITH FEC HAVE AGR EED TO BE WORKPLACE LABORATORIES, AGREEING TO WORK WITH THE PUBLIC WORKFORCE SYSTEM TO REA LIZE 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 EM PLOY 2,000 YOUTH AND YOUNG ADULTS WILL BE SERVED BETWEEN THE AGES OF 17 AND 29 YEARS OF A GE, WHO ARE OUT-OF-SECONDARY SCHOOL, AND HAVE BARRIERS TO TRAINING AND EMPLOYMENT IN CASS, CLAY, JACKSON, PLATTE AND RAY COUNTIES IN MISSOURI, 1,800 PARTICIPANTS WILL BE ENROLLED I N EDUCATION/TRAINING ACTIVITIES, 1,500 PARTICIPANTS WILL COMPLETE EDUCATION/TRAINING ACTIV ITIES AND RECEIVE A DEGREE OR OTHER CREDENTIAL, 900 UNEMPLOYED PARTICIPANTS WILL OBTAIN EM PLOYMENT, AT AN AVERAGE WAGE OF \$14 50 THE TOTAL NUMBER SERVED WAS 1,210, THE NUMBER ENRO LLED IN OCCUPATIONAL TRAINING 688, THE NUMBER COMPLETE OCCUPATIONAL TRAINING WAS 496, THE NUMBER THAT OBTAIN EMPLOYMENT WAS 451 AT AN AVERAGE WAGE AT PLACEMENT OF \$16 00 FUNDING G ENERATED OF \$4,250,000 AMERICA'S PROMISE GRANT - FEC WAS AWARDED A 4 YEAR \$1 2 MILLION GR ANT AWARD AS A MEMBER OF THE COMPETE MIDWEST AMERICA'S PROMISE ALLIANCE, TO PROVIDE CASE M ANAGEMENT, COMPUTERIZED CAREER ASSESSMENTS, CAREER DEVELOPMENT, JOB TRAINING, JOB PLACEMEN T AND SUPPORTIVE SERVICES TO 300 PARTICIPANTS PURSUING H-1B OCCUPATIONS IN SECTORS SUCH AS ADVANCED MANUFACTURING, HEALTHCARE, INFORMATION TECHNOLOGY, WAREHOUSE/LOGISTICS, AND BUSI NESS/FINANCIAL SERVICES IN PARTNERSHIP WITH OTHER MAJOR WORKFORCE DEVELOPMENT ENTITIES EM PLOY MILWAUKEE, ST LOUIS AGEN</p>

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FORM 990, PART III, LINE 4A	CY OF TRAINING AND EMPLOYMENT, CITY OF MINNEAPOLIS TRAINING AND EMPLOYMENT, DETROIT EMPLOYMENT SOLUTIONS CORPORATION, THE NORTHWEST INDIANA WORKFORCE INVESTMENT BOARD, SOUTHWEST OH IO REGION WORKFORCE INVESTMENT BOARD, WISCONSIN REGIONAL TRAINING PARTNERSHIP/BUILDING IND USTRY GROUP, SKILLED TRADES EMPLOYMENT PROGRAM (BIG STEP), COUNCIL FOR ADULT AND EXPERIENT IAL LEARNING, AND IT TRAINING ORGANIZATION PER SCHOLAS OVERALL, \$6 MILLION DOLLARS WAS AW ARDED TO THE ENTIRE CONSORTIUM, WITH MORE THAN \$1 5 MILLION DOLLARS IN LEVERAGED FUNDING D EDICATED TO SUPPORT THIS MAJOR NATIONAL STRATEGIC EFFORT THE TOTAL NUMBER SERVED WAS 278, THE NUMBER ENROLLED IN OCCUPATIONAL TRAINING 185, THE NUMBER COMPLETE OCCUPATIONAL TRAINING WAS 136, THE NUMBER THAT OBTAIN EMPLOYMENT WAS 59 AT AN AVERAGE WAGE AT PLACEMENT OF \$1 8 00 FUNDING GENERATED OF \$1,080,000

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<p>FORM 990, PART III, LINE 4A</p>	<p>ENVIRONMENTAL PROTECTION AGENCY - THIS GRANT THE FULL EMPLOYMENT COUNCIL, INC , OF KANSAS CITY, MISSOURI, HAS BEEN SELECTED TO RECEIVE A \$200,000 GRANT FROM THE U S ENVIRONMENTAL PROTECTION AGENCY (EPA) TO HELP RECRUIT, TRAIN AND PLACE RESIDENTS IN FULL-TIME SUSTAINABLE GREEN JOBS AS PART OF EPA'S ENVIRONMENTAL WORKFORCE DEVELOPMENT AND JOB TRAINING (EWDJT) PROGRAM, THIS GRANT WILL HELP PREPARE PEOPLE FOR GREEN JOBS THAT REDUCE ENVIRONMENTAL CONTAMINATION AND PROVIDE MORE SUSTAINABLE FUTURES FOR THE COMMUNITIES MOST AFFECTED BY SOLID AND HAZARDOUS WASTE CONTAMINATION THE FEC EPA TRAINING AND EMPLOYMENT PROGRAM WILL TRAIN 30 PARTICIPANTS IN YEAR 1 IN TWO COHORTS OF 15 EACH AND 30 PARTICIPANTS IN YEAR 2, IN TWO COHORTS OF 15 EACH FOR A TOTAL OF 60 TOTAL NUMBER OF PARTICIPANTS THAT COMPLETE TRAINING ACTIVITIES AND RECEIVED A LICENSE, CREDENTIAL OR CERTIFICATE IS 50 PARTICIPANTS TOTAL NUMBER OF PARTICIPANTS THAT COMPLETE TRAINING ACTIVITIES AND ENTER EMPLOYMENT IN THE ENVIRONMENTAL SECTOR IS 35 BY THE END OF THE THREE-YEAR GRANT PERIOD TOTAL NUMBER OF PARTICIPANTS PURSUING FURTHER EDUCATION IS 6 TRAINED GRADUATES FUNDING GENERATED OF \$200,000 YOUTH PROGRAMS - GOALS FEC'S WIOA YOUTH PROGRAMS PROVIDED JOB AND CAREER TRAINING ASSISTANCE 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 COMMUNITY COLLEGES, 4-YEAR COLLEGES, APPRENTICESHIP AND VOCATIONAL TRAINING PROGRAMS) AND/OR THE MILITARY OF THOSE YOUTH IN THE PROGRAM, 149 ATTAINED DEGREE/CREDENTIAL, 209 OUT OF THE 287 COUNTED IN THE ENTERED EMPLOYMENT IN THE 2ND QUARTER AFTER EXIT AND 283 OF THE 364 COUNTED IN THE ENTERED EMPLOYMENT IN THE 4TH QUARTER AFTER EXIT PERFORMANCE MEASURE AT AN AVERAGE WAGE OF \$11.75 SPECIAL PROGRAMS FOR YOUTH IN ADDITION TO PROGRAMS FUNDED BY THE WIOA FOR MULA GRANTS, FEC GENERATED THROUGH SPECIAL PROGRAM INITIATIVES AN ADDITIONAL \$1.4 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 MISSOURI'S EMERGING WORKFORCE, AGES 16 TO 24, DISCONNECTED YOUTH, ECONOMICALLY DISADVANTAGED IN-SCHOOL YOUTH, THOSE MOST AT RISK OF DROPPING OUT, YOUTH IN AND AGING OUT OF FOSTER CARE, YOUTH OFFENDERS AND THOSE AT RISK OF COURT INVOLVEMENT, HOMELESS, RUNAWAY YOUTH, CHILDREN OF INCARCERATED PARENTS, MIGRANT YOUTH, NATIVE AMERICAN YOUTH, YOUTH WITH DISABILITIES AND OUT-OF-SCHOOL YOUTH TO PROVIDE THEM WITH THE OPPORTUNITY TO GAIN VALUABLE WORK EXPERIENCE TO PREPARE FOR TOMORROW'S CAREERS THE FEC KCV AND EJAC WDBS PROGRAMS COMBINED PAID WORK EXPERIENCE WITH AN EDUCATIONAL COMPONENT, SERVED 341 FUNDING GENERATED OF \$1,190,807 COMBAT 2018 PREVENTION - THE COMBAT PROGRAM</p>

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FORM 990, PART III, LINE 4A	<p>, FUNDED BY THE JACKSON COUNTY ANTI-DRUG SALES TAX, TARGETS JUVENILES IN TREATMENT AND REHABILITATION, AND THOSE AT-RISK, EX-OFFENDERS AGES 18-24 WHO ARE UNEMPLOYED, REENTERING THE POPULATION, ON PROBATION, AND/OR HAVE LONG-TERM UNEMPLOYMENT PROSPECTS WHOSE PRIMARY OFFENSES ARE DRUG-RELATED THE PROGRAM WILL PROVIDE EDUCATIONAL AND EMPLOYMENT TRAINING ACTIVITIES THROUGH DUAL ENROLLMENT IN THE WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) PROGRAM THE PROGRAM PROVIDE TRAINING AND EMPLOYMENT OPPORTUNITIES TO THIS POPULATION THROUGH RECRUITMENT, JOB SKILLS AND EMPLOYMENT ASSESSMENT, TRAINING THROUGH CAREER CLINICS, BASIC COMPUTER OPERATION AND ONLINE JOB SEARCHES, AND ULTIMATELY, FULL-TIME EMPLOYMENT THESE ACTIVITIES FOCUS ON INDIVIDUAL CAREER GOALS TO OBTAIN LONG-TERM EMPLOYMENT THE PROGRAM ALLOWS INDIVIDUALS TO CONNECT TO SERVICES AND ACTIVITIES THAT LEAD TO SHORT-TERM EDUCATIONAL ACTIVITIES RESULTING IN LONG-TERM EMPLOYMENT OPPORTUNITIES FUNDING GENERATED OF \$15,000 THE HICKMAN MILLS CAREER PATHWAYS PROJECT AT RUSKIN HIGH SCHOOL - THROUGH THE PARTNERSHIP OF THE FULL EMPLOYMENT COUNCIL, INC (FEC), THE HICKMAN MILLS SCHOOL DISTRICT, ALTCAP, AND NORTHPPOINT DEVELOPMENT CORPORATION, FEC OFFER WORK-SKILLS TRAINING COURSES AFTER SCHOOL TO ELIGIBLE STUDENTS AT RUSKIN HIGH SCHOOL THESE COURSES PROVIDES INDUSTRY-RECOGNIZED CREDENTIALS FOR IN-DEMAND JOBS IN THE GREATER KANSAS CITY AREA TRAINING IS ON-SITE, AFTER SCHOOL ELIMINATING TRANSPORTATION ISSUES AND REDUCES ABSENTEEISM THE FIRST COURSE OFFERED THROUGH THIS NEW PARTNERSHIP IS THE WAREHOUSE JUMPSTART CERTIFICATE INCLUDES OSHA 10 TRAINING, FORKLIFT SAFETY TRAINING, AND FORKLIFT OPERATION TRAINING ALONG WITH OTHER CAREER READINESS TRAINING FROM THE UNIVERSITY OF CENTRAL MISSOURI CERTIFICATE THIS INVESTMENT WILL PAY FOR TUITION AND INTERNSHIPS FOR 20 ELIGIBLE RUSKIN HIGH SCHOOL STUDENTS OVER A TWO YEAR PERIOD FUNDING GENERATED OF \$100,000</p>