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 By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial 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 $ 13,619,292

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

Activities & Governance

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)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1,682
6	Total number of volunteers (estimate if necessary)	6	11
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	17,389,637	13,233,278
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54	16
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	227,590	385,998
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,617,281	13,619,292
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,947,148	2,792,761
	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)	6,288,730	5,706,648
	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)	6,238,737	4,864,957
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,474,615	13,364,366
	19	Revenue less expenses Subtract line 18 from line 12	142,666	254,926
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,860,206	4,027,196
	21	Total liabilities (Part X, line 26)	5,113,131	3,025,195
	22	Net assets or fund balances Subtract line 21 from line 20	747,075	1,002,001

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

****** 2015-05-14
Signature of officer Date

CLYDE MCQUEEN PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TERESA KERBE				P01384173

Firm's name ▶ RUBINBROWN LLP — Firm's EIN ▶ 43-0765316

Firm's address ▶ 10975 GRANDVIEW DR SUITE 600
OVERLAND PARK, KS 66210 — Phone no (913) 491-4144

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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 $ 12,408,239 including grants of $ 2,792,761) (Revenue $)

SEE SCHEDULE O

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** ▶ 12,408,239

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

		Line	Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If so, complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	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	43			
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	Yes	
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	1,682			
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? *If "No" to line 3b, provide an explanation in Schedule O*			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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the 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? *If "No," provide an explanation in Schedule O*			14b		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶MO

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
▶CLYDE MCQUEEN PRESIDENTCEO 1740 PASEO BLVD
KANSAS CITY, MO 64108 (816) 471-2330

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ELLEN FAIRCHILD DIRECTOR/CHAIRMAN	1 00	X		X				0	0	0
(2) BARRET HATCHES DIRECTOR	1 00	X						0	0	0
(3) ED DESOIGNIE DIRECTOR/VICE CHAIR	1 00	X		X				0	0	0
(4) ROBERT HUGHES JR DIRECTOR	1 00	X						0	0	0
(5) BRIDGETTE WILLIAMS DIRECTOR/SECRETARY	1 00	X		X				0	0	0
(6) ALISE MARTINY DIRECTOR	1 00	X						0	0	0
(7) WILL MCCARTHER DIRECTOR	1 00	X						0	0	0
(8) MARK JAMES DIRECTOR	1 00	X						0	0	0
(9) CLYDE MCQUEEN PRESIDENT/CEO	40 00	X		X				352,982	0	24,327
(10) BETTY FREEMAN-BOOTS DIRECTOR	1 00	X						0	0	0
(11) RANDALL FERGUSON DIRECTOR	1 00	X						0	0	0
(12) NANCY SEELEN DIRECTOR/TREASURER	1 00	X						0	0	0
(13) SHELLY ESTELL SENIOR VICE PRES/COO	40 00			X				157,682	0	28,945
(14) TIRHAS KIDANE VICE PRESIDENT/CFO	40 00			X				140,066	0	11,315

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								650,730	0	64,587

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶3

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF CENTRAL MISSOURI 600 S COLLEGE AVE WARRENSBURG MO 64093	TRAINING	1,161,323
METROPOLITAN COMMUNITY COLLEGE 3201 SW TRAFFICWAY KANSAS CITY MO 64111	TRAINING	513,396
NEW HORIZONS COMPUTER LEARNING WDE 1100 WARRENSBURG MO 64093	TRAINING	269,000
GREATER KANSAS CITY COMMUNITY FOUNDATION 1055 BROADWAY SUITE 130 KANSAS CITY MO 64105	BUILDING RENT	244,933
A&A CONCRETE COMPANY 9611 E METCALF AVENUE OVERLAND PARK KS 66212	SIDEWALK REPAIRS	175,310

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶5

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e	12,748,762				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	484,516				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		13,233,278			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		16			16
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . ▶					
	8a	Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	385,998	385,998		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . ▶		385,998			
	12	**Total revenue.** See Instructions . . . . . ▶		13,619,292	385,998	0	16

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 . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	2,792,761	2,792,761		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	483,159	328,142	155,017	
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	3,981,611	3,766,522	215,089	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	174,057	172,343	1,714	
9 Other employee benefits	663,504	617,070	46,434	
10 Payroll taxes	404,317	374,860	29,457	
11 Fees for services (non-employees)				
a Management	82,070	18,514	63,556	
b Legal	66,325	14,962	51,363	
c Accounting	62,885	14,186	48,699	
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)	107,492	24,249	83,243	
12 Advertising and promotion	116,225	59,182	57,043	
13 Office expenses	350,986	278,139	72,847	
14 Information technology	302,729	276,985	25,744	
15 Royalties . .				
16 Occupancy	522,078	502,291	19,787	
17 Travel	118,517	103,662	14,855	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,807	14,384	8,423	
20 Interest	10,825	10,746	79	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	205,812	205,812		
23 Insurance	45,689	43,901	1,788	
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	1,790,121	1,784,867	5,254	
b CONTRACT PAYMENTS	497,778	497,778		
c REPAIRS & MAINTENANCE	189,514	182,371	7,143	
d SECURITY SERVICES	146,670	145,995	675	
e All other expenses	226,434	178,517	47,917	
25 **Total functional expenses.** Add lines 1 through 24e	13,364,366	12,408,239	956,127	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		200	1	343,955
	2	Savings and temporary cash investments		1,111,248	2	110,000
	3	Pledges and grants receivable, net		2,399,578	3	1,674,300
	4	Accounts receivable, net		952,300	4	440,287
	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		207,534	9	172,425
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,011,418			
	b	Less accumulated depreciation	10b 3,827,629	1,189,346	10c	1,183,789
	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			15	102,440
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,860,206	16	4,027,196
Liabilities	17	Accounts payable and accrued expenses		3,701,142	17	2,468,284
	18	Grants payable		1,133,234	18	532,534
	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		278,755	23	24,377
	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		5,113,131	26	3,025,195
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		747,075	27	1,002,001
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		747,075	33	1,002,001
	34	Total liabilities and net assets/fund balances		5,860,206	34	4,027,196

Part XI **Reconcilliation 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	13,619,292
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,364,366
3	Revenue less expenses Subtract line 2 from line 1	3	254,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	747,075
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	1,002,001

Part XII **Financial Statements and Reporting**

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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 11, 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)
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 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)
10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h
a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated
e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document? Yes	**(iv)** No	**(v)** Did you notify the organization in col **(i)** of your support? Yes	**(v)** No	**(vi)** Is the organization in col **(i)** organized in the U S ? Yes	**(vi)** No	**(vii)** Amount of monetary support
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F **Schedule A (Form 990 or 990-EZ) 2013**

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	23,379,301	17,473,250	15,738,007	17,389,637	13,233,278	87,213,473
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	23,379,301	17,473,250	15,738,007	17,389,637	13,233,278	87,213,473
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						87,213,473

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	23,379,301	17,473,250	15,738,007	17,389,637	13,233,278	87,213,473
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	296	51	321	54	16	738
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 IV)	20,385	37,777	22,939	227,644	385,998	694,743
11 **Total support** (Add lines 7 through 10)						87,908,954

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 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99 210 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	99 650 %

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** 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 IV 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 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to 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 8/17/06, 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, and enforcing conservation easements during the year ▶________

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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 Revenues included in 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" to 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	**1c**	
d	Additions during the year	**1d**	
e	Distributions during the year	**1e**	
f	Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **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" to 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 in 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

			Yes	No
	(i) unrelated organizations	**3a(i)**		
	(ii) related organizations	**3a(ii)**		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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' to 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	149,616	730,639
c Leasehold improvements		722,477	318,210	404,267
d Equipment		3,408,686	3,359,803	48,883
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . ▶				1,183,789

Part VII **Investments—Other Securities.** Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11b. See Form 990, Part X, lıne 12.

(a) Descrıptıon of securıty or category (ıncludıng name of securıty)	(b)Book value	(c) Method of valuatıon Cost or end-of-year market value
(1)Fınancıal derıvatıves		
(2)Closely-held equıty ınterests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) lıne 12)* ▶		

Part VIII **Investments—Program Related.** Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11c. See Form 990, Part X, lıne 13.

(a) Descrıptıon of ınvestment	(b) Book value	(c) Method of valuatıon Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) lıne 13)* ▶		

Part IX **Other Assets.** Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11d See Form 990, Part X, lıne 15

(a) Descrıptıon	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) lıne 15.)* . . . . ▶	

Part X **Other Liabilities.** Complete ıf the organızatıon answered 'Yes' to Form 990, Part IV, lıne 11e or 11f. See Form 990, Part X, lıne 25.

1 (a) Descrıptıon of lıabılıty	(b) Book value
Federal ıncome taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) lıne 25)* ▶	

2. Lıabılıty for uncertaın tax posıtıons In Part XIII, provıde the text of the footnote to the organızatıon's fınancıal statements that reports the organızatıon's lıabılıty for uncertaın tax posıtıons under FIN 48 (ASC 740) Check here ıf the text of the footnote has been provıded ın Part XIII ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	13,619,292
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains 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	13,619,292
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	13,619,292

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

1	Total expenses and losses per audited financial statements			1	13,364,366
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	13,364,366
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	13,364,366

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

Part XIII Supplemental Information ***(continued)***

Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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

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 Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
(1) TUITION ASSISTANCE	1115	2,792,761			

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

Return Reference	**Explanation**
PART I, LINE 2	NO GRANT ASSISTANCE TO ORGANIZATIONS THE PROGRAM PROVIDES FINANCIAL ASSISTANCE TO INDIVIDUALS FOR TRAINING AND SUPPORT RELATED TO EMPLOYMENT PARTICIPANTS WHO MET THE ELIGIBILITY CRITERIA ARE SELECTED AND ENROLLED TO A PROGRAM FOR ASSISTANCE AFTER A REVIEW OF THE ADMISSION THE ELIGIBILITY CRITERIA ARE SET BASED ON US DEPARTMENT OF LABOR AND THE STATE OF MISSOURI DIVISION OF WORKFORCE DEVELOPMENT'S GUIDELINE AN ADMISSION COMMITTEE REVIEWS AND APPROVES APPLICANTS FOR ASSISTANCE THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION ADMINISTERS THE BILLING AND PAYMENT PROCESS TO THE DIFFERENT COLLEGES WHO PARTICIPATE IN THE PROGRAM THE ORGANIZATION RETAINS AN INDEPENDENT ACCOUNTING (CPA) FIRM TO MONITOR THIS PROGRAM QUARTERLY

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" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FULL EMPLOYMENT COUNCIL INC

Employer identification number
43-1377197

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☑ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
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	**1b**	Yes	
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?	**2**	Yes	
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 ☑ Compensation committee ☑ Independent compensation consultant ☐ Form 990 of other organizations ☑ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
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	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLYDE MCQUEEN PRESIDENT/CEO	(i)	185,218	0	167,764	18,498	5,829	377,309	0
	(ii)	0	0	0	0	0	0	0
(2) SHELLY ESTELL SENIOR VICE PRES/COO	(i)	118,932	23,000	15,750	11,892	17,053	186,627	0
	(ii)	0	0	0	0	0	0	0
(3) TIRHAS KIDANE VICE PRESIDENT/CFO	(i)	106,766	19,000	14,300	10,639	676	151,381	0
	(ii)	0	0	0	0	0	0	0

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
FULL EMPLOYMENT COUNCIL INC

Employer identification number
43-1377197

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	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 990 IS THEN PROVIDED TO THE FEC BOARD FOR THEIR REVIEW PRIOR TO FILING THE 990 ANY QUESTIONS AND/OR CONCERNS ARE ADDRESSED, AND ANY CONCERNS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE THE FINAL FORM 990 DRAFT WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS PRIOR TO FILING THE 990

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 AND KEY EMPLOYEES ANNUALLY AND IMMEDIATELY BY ANY REPLACEMENT DIRECTOR AND KEY EMPLOYEES UPON TAKING THE NEW POSITION THROUGHOUT THE YEAR IN THE CONFLICT OF INTEREST 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

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 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

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 THE FORM 990 IS ALSO AVAILABLE UPON REQUEST AND CAN BE FOUND ON THE GREATER KANSAS CITY COMMUNITY FOUNDATION'S WEBSITE - WWW GKCCF ORG

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	THE FULL EMPLOY MENT COUNCIL IS THE FISCAL AGENT AND OPERATOR OF 4 FULL SERVICE AND 3 AFFIL IATE MISSOURI CAREER CENTERS AS A RESULT OF THE IMPLEMENTATION OF THE NEXT GENERATION CAR EER CENTER SERVICE DESIGN OF CO-ENROLLMENT AND BROADENED CORE SERVICES, A DRAMATIC INCREAS E IN PARTICIPANTS OCCURRED DURING THE PROGRAM YEAR THE FEC MISSOURI CAREER CENTER EMPLOY M ENT AND TRAINING PROGRAMS FOR KANSAS CITY AND VICINITY (KCV) AND EASTERN JACKSON COUNTY IN PROGRAM YEAR JULY 1, 2013 - JUNE 30, 2014 (PY 2013) RECORDED 51,369 UNIQUE CUSTOMERS SERV ED IN THE WORKFORCE INVESTMENT ACT (WIA) ADULT PROGRAMS MORE THAN 29,271 CUSTOMERS ATTEND ED WORKSHOPS IN THE WORKFORCE INVESTMENT ACT (WIA) ADULT ECONOMICALLY DISADVANTAGED PROGR AMS, WHICH PROVIDE JOB PLACEMENT ASSISTANCE, VOCATIONAL TRAINING, AND TRANSPORTATION ASSIS TANCE TO ECONOMICALLY DISADVANTAGED ADULTS, FEC SERVED 31,845 ECONOMICALLY DISADVANTAGED A DULTS, ENROLLED 459 IN TRAINING, AND PLACED 15,814 OF THE 31,845 COUNTED IN THE ENTERED EM PLOY MENT PERFORMANCE MEASURE IN EMPLOY MENT AS A RESULT OF THE EFFORTS OF THE CENTERS, FEC ACHIEVED ITS PLANNED PERFORMANCE OUTCOME IN KCV IN ADULT ENTERED EMPLOY MENT OF 89 2% IN A DULT RETENTION WITH 95 4% AND IN ADULT AVERAGE EARNINGS 100 9% AND ACHIEVED ITS PLANNED PE RFORMANCE OUTCOME IN EJAC IN ADULT ENTERED EMPLOY MENT, 86 2%, ADULT RETENTION, 95 7%, AND ADULT AVERAGE EARNINGS, 99% IN THE DISLOCATED WORKER PROGRAM, THE NUMBER OF CUSTOMERS SER VED IN THE COMBINED KCV AND EJAC REGION'S WORKFORCE INVESTMENT ACT (WIA) DISLOCATED WORKER PROGRAM WAS 19,859 IN PY 2013 OF THE 19,859 WORKERS LAID-OFF FROM THEIR JOBS WHO RECEIVE D ASSISTANCE THROUGH THE WIA DISLOCATED WORKER (DW) PROGRAMS, 413 RECEIVED TRAINING, 10,71 5 COUNTED IN THE ENTERED EMPLOY MENT PERFORMANCE MEASURE WENT TO WORK AS A RESULT OF THE E FFORTS OF THE CENTERS, FEC ACHIEVED ITS PLANNED PERFORMANCE OUTCOMES IN KCV IN DW ENTERED EMPLOY MENT, 87%, DW RETENTION, 90 6%, AND DW AVERAGE EARNINGS, 105 5%, AND ACHIEVED ITS PL ANNED PERFORMANCE OUTCOME IN EJAC IN DW ENTERED EMPLOY MENT, 85 8%, DW RETENTION, 91 3%, AN D DW AVERAGE EARNINGS, 95 5% SPECIAL PROJECTS AND PROGRAMS FOR ADULTS FEC WAS ABLE TO GEN ERATE FUNDING FOR UNEMPLOY ED AND DISLOCATED WORKERS THROUGH A NUMBER OF SPECIAL FUNDING PR OGRAMS IN PY 2013 THESE INCLUDE DISASTER RECOVERY JOBS PROGRAM (DRJP) - FEC WAS AWARDED $1 6 MILLION IN FUNDING FOR A JOBS PROGRAM DESIGNED TO ASSIST IN THE CLEAN UP AND RESTORAT ION OF THE MAJOR FLOOD DISASTER OF 2013 IN PLATTE AND RAY COUNTIES IN MISSOURI IT IS SPEC IFICALLY TAILORED FOR THOSE INDIVIDUALS THAT LOST THEIR JOBS DUE TO THE NATURAL DISASTER THE DRJP PROGRAM SERVED AND ENROLLED IN TRAINING 67 ADULTS FORD CLAYCOMO PROJECT - FEC RE CEIVED $1 5 MILLION IN FUNDING FROM THE U S DEPARTMENT OF LABOR AND THE MISSOURI DIVISION OF WORKFORCE DEVELOPMENT TO ADMINISTER FUNDS AND OPERATE THE FORD/UNITED AUTOMOBILE WORKE RS (UAW) TRANSITION PROGRAM TO ASSIST DISLOCATED UAW WORKERS FROM LOCAL OFFICES 249 AND 71 0 WITH WORKFORCE NEEDS AND REEMPLOY MENT SERVICES 174 DISLOCATED WORKERS WERE SERVED AND E NROLLED IN TRAINING PROGRAMS TO UPGRADE AND RETAIN FORD WORKERS WHEN FORD PUBLICLY ANNOUN CED THAT IT WAS CREATING 2,000 NEW JOBS, THE FEC RECRUITED OVER 7,000 PERSONS FOR THE APPR OXIMATELY 900 JOBS REMAINING AFTER THE 1,100 IDLED FORD WORKERS WENT BACK TO WORK DISABIL ITY NAVIGATOR PROGRAM (DNP) - PROVIDED ASSISTANCE TO JOB SEEKERS WITH DISABILITIES TO TAKE ADVANTAGE OF TRAINING AND EMPLOY MENT SERVICES TWO DNP PERSONNEL, CO-LOCATED WITHIN THE O NE-STOP CAREER CENTERS, TO SERVE THE THREE CAREER CENTERS LOCATED IN KANSAS CITY & VICINIT Y THE DNP STAFF ASSISTED CUSTOMERS AND STAFF AT THE 1740 PASEO, NORTHLAND CAREER CENTERS AND SOUTH KANSAS CITY CAREER CENTERS TO PROVIDE SERVICES TO INDIVIDUALS WITH DISABILITIES IN ORDER TO ENSURE THAT ALL ONE-STOP SERVICES ARE AVAILABLE TO INDIVIDUALS WITH DISABILITI ES THIS EFFORT INCREASED EMPLOY MENT AND SELF-SUFFICIENCY FOR PERSONS WITH DISABILITIES BY LINKING THEM TO EMPLOYERS AND FACILITATED ACCESS TO PROGRAMS AND SERVICES THAT WOULD ENAB LE THIS POPULATION IN THEIR ENTRY OR RE-ENTRY INTO THE WORKFORCE DNP STAFF FACILITATED TR AINING AND PROVIDED DISABILITY-RELATED RESOURCES AND INFORMATION TO JOB SEEKERS WITH DISAB ILITIES DNP PERSONNEL ALSO PROVIDED OUTREACH TO PEOPLE WITH DISABILITIES BY DISSEMINATING INFORMATION ON WORKFORCE SERVICES AVAILABLE THROUGH THE ONE-STOP CAREER CENTERS FEC DISA BILITY NAVIGATOR PROGRAM (DNP) INITIATIVE ASSISTED 579 CUSTOMERS AND HANDLED 245 STAFF REQ UESTS FOR ASSISTANCE PROSPERITY CENTER FOR FINANCIAL LITERACY (CFO) - THE PROSPERITY CENT ER FOR FINANCIAL OPPORTUNITY (CFO) IS LOCATED ON THE ROCKHURST UNIVERSITY CAMPUS, THE PROS PERITY CENTER PROVIDES SERVICES FOCUSED ON EMPLOY MENT PLACEMENT, CAREER IMPROVEMENT, FINAN CIAL EDUCATION AND COACHING, AND PUBLIC BENEFITS ACCESS, SO INDIVIDUALS AND FAMILIES CAN O BTAIN LONG-TERM FINANCIAL HEALTH PARTNERS INCLUDE FULL EMPLOY MENT COUNCIL, CATHOLIC CHAR ITIES OF KANSAS CITY-ST JOSEPH, UNITED WAY OF GRE

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	ATER KANSAS CITY, LOCAL INITIATIVES SUPPORT CORPORATION (LISC), AND A HOST OF OTHER COMMUN ITY STAKEHOLDERS BI-LINGUAL CALL OUTREACH - FEC HAS INSTITUTED A PROGRAM TO PROVIDE IMMED IATE ASSISTANCE TO SPANISH-SPEAKING CUSTOMERS THREE SPANISH-SPEAKING, BI-LINGUAL STAFF CO ORDINATORS HAVE BEEN HIRED TO SERVE THE SPANISH-SPEAKING YOUTH AND ADULT POPULATIONS AND H ELP ADDRESS BARRIERS TO EMPLOYMENT AND CAREER ADVANCEMENT FOR LATINO WORKERS FEC OFFERS T HE MOBILE BI-LINGUAL PROGRAM TO PROVIDE IMMEDIATE ASSISTANCE TO YOUTH AND ADULT LIMITED EN GLISH-SPEAKING POPULATIONS HEALTHCARE PROGRAM INITIATIVES FEC HAS BEEN SUCCESSFUL IN GEN ERATING ADDITIONAL RESOURCES FOR THE REGION'S UNEMPLOYED THROUGH SUCCESSFUL APPLICATIONS T O THE FEDERAL GOVERNMENT WITH A FOCUS ON HEALTHCARE GREATER KC HEALTHCARE AND HEALTHCARE INFORMATION TECHNOLOGY (GKC-HHIT) PROGRAM - U S DEPARTMENT OF LABOR AWARDED THE FEC A 3 YEAR $5 MILLION GRANT FOR THE GREATER KANSAS CITY HEALTHCARE AND HEALTHCARE INFORMATION TE CHNOLOGY (GKCHHIT) PROGRAM TO PROVIDE TRAINING AND PLACEMENT SERVICES TO UNEMPLOYED WORKER S PURSUING CAREERS IN NURSING, ALLIED HEALTH, LONG-TERM HEALTH CARE AND HEALTHCARE INFORMA TION TECHNOLOGY IN ORDER TO INCREASE THE NUMBER OF TRAINED HEALTHCARE WORKERS THROUGH A P ARTNERSHIP EFFORT WITH MISSOURI HOSPITAL ASSOCIATION, THE KANSAS WORKFORCE PARTNERS, THE L OCAL KANSAS WORKFORCE INVESTMENT BOARD, FEC SERVED AND ENROLLED 2,284 IN TRAINING A TOTAL OF 2,192 COMPLETED TRAINING AND RECEIVED CREDENTIALS, 976 HAVE BEEN PLACED IN EMPLOYMENT AND 1,243 INCUMBENT WORKERS HAVE RETAINED THEIR JOBS 21ST CENTURY HEALTHCARE WORKS PROGRA M - FEC RECEIVED A 5 YEAR $5 MILLION GRANT AWARD FROM THE U S DEPARTMENT OF HEALTH AND H UMAN SERVICES TO TRAIN LOW-INCOME ADULTS, FOOD STAMP RECIPIENTS, TANF RECIPIENTS, LOW-INCO ME UNEMPLOYED ADULTS, ECONOMICALLY DISADVANTAGED YOUTH 16-24, AND LOW-WAGE HEALTHCARE WORK ERS SEEKING CAREER PROGRESSION IN THE HEALTHCARE FIELD RECRUITMENT FOR THIS PROGRAM BEGAN IN APRIL AND TO DATE 731 HAVE BEEN SERVED AND ENROLLED IN TRAINING A TOTAL OF 616 COMPLE TED TRAINING AND 234 HAVE BEEN PLACED IN EMPLOYMENT MISSOURI WORK ASSISTANCE (MWA) - THIS WELFARE TO WORK PROGRAM FORMERLY KNOWN AS CAREER ASSISTANCE PROGRAM (CAP) PROVIDES JOB RE ADINESS AND TRAINING FOR TANF INDIVIDUALS ENGAGED IN WORK RELATED ACTIVITIES THIS PROGRAM ACHIEVED A MONTHLY PARTICIPATION RATE OF 56 33%, SERVED 460, AND ENGAGED 255 IN WORK ACTI VITIES 40 WERE ENROLLED IN CLASSROOM TRAINING, 129 WERE EMPLOYED - FULL TIME, 86 EMPLOYED - PART TIME AND TOTAL EMPLOYED EARNED AN AVERAGE WAGE OF $9 26

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	IN THE GREEN CAREERS FEC HAD TWO PROGRAMS GREEN KC CAREER INITIATIVE - THIS PROGRAM IS FU NDED BY THE MID-AMERICA REGIONAL COUNCIL (MARC) AND THE CITY OF KANSAS CITY, MO THROUGH TH E U S DEPARTMENT OF ENERGY, DESIGNED TO INCREASE THE NUMBER OF INDIVIDUALS TRAINED AND PL ACED IN DECONSTRUCTIONS, ENERGY EFFICIENCY, AND WATER CONSERVATION JOBS THE PROGRAM SERVE D 122, TRAINED 122, AND EMPLOYED 37, AT AN AVERAGE WAGE OF $13 03 MCC GREEN ON-THE-JOB TR AINING - IS A JOINT PROGRAM OF METROPOLITAN COMMUNITY COLLEGE (MCC), THE GREEN IMPACT ZONE , AND THE FEC IT IS A JOB TRAINING INITIATIVE AIMED AT UNEMPLOYED AND UNDEREMPLOYED KANSA S CITY HOUSING AUTHORITY RESIDENTS IT OFFERS JOB CERTIFICATION TRAINING, ACADEMIC AND SOC IAL SUPPORT, AND JOB PLACEMENT ASSISTANCE IN THE NEIGHBORHOOD AREAS AND CONNECTS THEM TO L ONGER-TERM, CAREER LADDER JOBS IN CONSTRUCTION THE PROJECT SERVED AND ENROLLED IN TRAININ G 9 ADULTS KC REGIONAL JOBS AND INNOVATION ACCELERATOR CHALLENGE GRANT - IN THE ENGINEERI NG, INFORMATION TECHNOLOGY, AND MANUFACTURING CAREERS THE FEC GENERATED FUNDING THROUGH KC REGIONAL JOBS AND INNOVATION ACCELERATOR CHALLENGE GRANT AND THE EARN IT AND LEARN IT PRO GRAM FEC WAS AWARDED $1,000,000 FROM THE ETA H-1B TECHNICAL SKILLS TRAINING GRANT FUNDS F OR TRAINING AND RELATED EMPLOYMENT ACTIVITIES TO DEVELOP A SKILLED WORKFORCE FOR THE CLUST ER THE REGION WILL RECEIVE $1,891,338 FROM A COORDINATED INITIATIVE TO ADVANCE REGIONAL C OMPETITIVENESS, FUNDED BY THREE FEDERAL AGENCIES THE ECONOMIC DEVELOPMENT ADMINISTRATION, DEPARTMENT OF LABOR'S EMPLOYMENT AND TRAINING ADMINISTRATION AND THE SMALL BUSINESS ADMIN ISTRATION (SBA) FOR ITS PROJECT TO INCREASE EMPLOYMENT OPPORTUNITIES AT THE INTERSECTION O F TWO INDUSTRY CLUSTERS - ADVANCED MANUFACTURING AND INFORMATION TECHNOLOGY FEC PARTNERS WITH A REGIONAL TEAM, LED BY MID-AMERICA REGIONAL COUNCIL, UNIVERSITY OF MISSOURI-KANSAS C ITY INNOVATION CENTER, KCSOURCELINK, KANSAS WORKFORCE PARTNERSHIP AND THREE COMMUNITY COLL EGE SYSTEMS - JOHNSON COUNTY COMMUNITY COLLEGE, METROPOLITAN COMMUNITY COLLEGE DISTRICT AN D KANSAS CITY KANSAS COMMUNITY COLLEGE, AND WILL USE ITS FUNDS TO RAISE THE TECHNICAL SKIL L LEVELS OF AMERICAN WORKERS SO THEY CAN OBTAIN OR UPGRADE EMPLOYMENT IN HIGH-GROWTH INDUS TRIES AND/OR OCCUPATIONS AND TO REDUCE THEIR USE OF SKILLED FOREIGN PROFESSIONALS PERMITTE D TO WORK IN THE UNITED STATES ON A TEMPORARY BASIS UNDER THE H-1B VISA PROGRAM 146 HAVE BEEN SERVED AND ENROLLED IN TRAINING, 136 HAVE COMPLETED TRAINING AND 76 HAVE BEEN PLACED IN EMPLOYMENT EARN IT AND LEARN IT - IS A ANOTHER PROGRAM FUNDED BY THE U S DEPARTMENT O F LABOR EMPLOYMENT AND TRAINING ADMINISTRATION TO HELP BUSINESSES REDUCE THEIR DEPENDENCY ON H1-B VISAS BY PREPARING AMERICAN WORKERS WITH THE ADVANCED SKILLS IN INFORMATION TECHNO LOGY (IT), ENGINEERING, AND HEALTHCARE IT THAT EMPLOYERS NEED IT IS ONE OF 43 NATIONAL AW ARDS THROUGH THE $183 MILLION FEDERAL H1-B TECHNICAL SKILLS TRAINING GRANT PROGRAM AND FUN DED BY FEES PAID BY EMPLOYERS TO SPONSOR FOREIGN WORKERS MARC - JOB ACCESS REVERSE COMMUT E (JARC) - IN THE TRANSPORTATION FIELD, FEC GENERATED FUNDING FOR THE MARC -JOB ACCESS REV ERSE COMMUTE (JARC) CAREER TRANSIT PROGRAM (ACCESSIBLE TRANSPORTATION PROGRAM) WHICH PROVI DED OUTREACH AND MARKETING ACTIVITIES TO UN-SERVED AND UNDERSERVED TO INFORM POTENTIAL APP LICANTS OF THE EMPLOYMENT AND TRAINING SERVICES AVAILABLE THROUGH THE ONE STOP CENTERS / M ISSOURI CAREER CENTERS IN THE FIVE SURROUNDING COUNTIES CASS, CLAY, JACKSON, PLATTE AND RA Y COUNTIES TRANSPORTATION SERVICES PROVIDED ARE VAN SERVICES, BUS PASSES, ADVANTAGE POOL (ORGANIZED RIDE SHARING TO AND FROM WORK, SWING SHIFT, A ONE-WAY TRANSPORTATION TO OR FROM WORK AND SHARE-A-FARE A DOOR TO DOOR TRANSPORTATION SERVICE FOR PERSONS WITH DISABILITIES TO AND FROM WORK FROM APRIL 2013 TO JUNE 30, 2014 THERE WERE 574 OUTREACH ACTIVITIES KA NSAS CITY AREA TRANSPORTATION AUTHORITY PROGRAM- TAKES PEOPLE TO JOB LOCATIONS THAT ARE NO T SERVICED BY KCATA TRANSIT LINES THIS PROGRAM PROVIDED 620 MONTHLY PASSES AND 1,144 ONE- RIDE BUS TICKETS EUC/REA - FUNDED BY U S DEPARTMENT OF LABOR EMPLOYMENT AND TRAINING ADM INISTRATION AND THE MISSOURI DIVISION OF WORKFORCE DEVELOPMENT, MISSOURI'S REA PROGRAM DEM ONSTRATES THE UNITED STATES DEPARTMENT OF LABOR (USDOL), EMPLOYMENT AND TRAINING ADMINISTR ATION'S (ETA) NEW VISION OF REEMPLOYING UI CLAIMANTS THROUGH AN INTEGRATED WORKFORCE SYSTE M SHOW-ME HEROES - FUNDED BY THE MISSOURI DIVISION OF WORKFORCE DEVELOPMENT TO HELP MISSO URI'S VETERANS AND MEMBERS OF THE NATIONAL GUARD AND RESERVE RECONNECT WITH MEANINGFUL CAR EERS, AND TO SHOWCASE MISSOURI EMPLOYERS WHO HAVE PLEDGED TO DO SO CITY OF KC - FIRST SOU RCE IN PARTNERSHIP WITH THE CITY OF KANSAS CITY, MISSOURI, THE PROGRAM FACILITATES EMPLOYM ENT 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-EXC LUSIVE REFERRAL SYSTEM HOSTESS NEG - FUNDED BY TH

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	E MISSOURI DIVISION OF WORKFORCE DEVELOPMENT ASSISTS DISLOCATED EMPLOYEES FROM ALLIANT TEC HSYSTEM SMALL CALIBER SYSTEMS (ATK), AMERICAN ITALIAN PASTA COMPANY, CLIMAX PACKAGING, CPI , ENERGIZER, FAURECIA, FILTRATION GROUP, HOSTESS, MARS PET CARE, SANOFI-AVENTIS, THYSSEN K RUPP ACCESS CORP, AND YELLOW PAGES WITH WORKSHOPS, WORKKEYS NCRC, COUNSELING, SUPPORTIVE S ERVICES, NEEDS RELATED PAYMENTS AND REFERRALS TO PARTNER AGENCIES TO AID IN THEIR RETURN T O THE WORKFORCE. DISLOCATED WORKERS-OJT NEG MO 33- FUNDED BY THE MISSOURI DIVISION OF WORK FORCE DEVELOPMENT TO SERVICE DISLOCATED WORKERS EXPERIENCING A PERIOD OF UNEMPLOYMENT LONG ER THE THAN THE STATE'S AVERAGE UNEMPLOYMENT DURATION DISLOCATED WORKERS TRAINING NEG MO 37- FUNDED BY THE MISSOURI DIVISION OF WORKFORCE DEVELOPMENT TO ASSIST DISLOCATED WORKERS WITH CLASSROOM AND WORK BASED TRAINING TO AID IN THEIR RETURN TO THE WORKFORCE WITH PRIORI TY GIVEN TO THE LONG-TERM UNEMPLOYED REBOOT U LONG TERM UNEMPLOYED - IT - FUNDED BY THE M ISSOURI DIVISION OF WORKFORCE DEVELOPMENT THE LONG TERM UNEMPLOYED PROJECT WILL ASSIST LON G-TERM UNEMPLOYED WORKERS TO REJOIN THE WORKFORCE IN IT OCCUPATIONS WITH ESSENTIAL SKILLS TRAINING, CLASSROOM TRAINING IN TECHNICAL SKILLS, PAID WORK EXPERIENCE, AND FULL-TIME EMPL OYMENT

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	YOUTH PROGRAMS - FEC'S WIA YOUTH PROGRAMS PROVIDED JOB READINESS, COUNSELING, WORK EXPERIE NCE, CLASSROOM OCCUPATIONAL TRAINING ASSISTANCE AND INTERNSHIPS TO ECONOMICALLY DISADVANTA GED YOUTH (AGES 16-21), DROPOUTS, AND AT-RISK YOUTH YOUTH WHO COMPLETED THIS PROGRAM WERE PLACED IN EMPLOYMENT, ENROLLED IN POST SECONDARY TRAINING (SUCH AS AREA COMMUNITY COLLEGE S, 4-YEAR COLLEGES, APPRENTICESHIP AND VOCATIONAL TRAINING PROGRAMS) AND/OR THE MILITARY THIS PROGRAM SERVED 1,042 YOUTH, 350 IN-SCHOOL AND 692 OUT-OF-SCHOOL WHO WERE PROVIDED JOB AND CAREER TRAINING ASSISTANCE THROUGH WORK EXPERIENCE OR CLASSROOM OCCUPATIONAL TRAINING ASSISTANCE IN KANSAS CITY AND VICINITY AND EASTERN JACKSON COUNTY REGIONS OF THOSE YOUTH IN THE PROGRAM, 421 ATTAINED DEGREE/CREDENTIAL AND THERE WERE A 155 PLACEMENTS OF THE TO TAL NUMBER OF PLACEMENTS 118 WERE EMPLOYED AT AN AVERAGE WAGE OF $9 00, 2 ENTERED THE MILI TARY AND 37 WERE ENROLLED IN POST SECONDARY EDUCATION THROUGH AGGRESSIVE AND RESPONSIVE S TAFF EFFORT FEC ACHIEVED ITS PLANNED PERFORMANCE OUTCOMES IN KCV IN YOUTH PLACEMENT, 85 1% , YOUTH ATTAINMENT DEGREE / CREDENTIAL, 123%, AND LITERACY NUMERACY, 83% AND ACHIEVED ITS PLANNED PERFORMANCE OUTCOMES IN EJAC IN YOUTH PLACEMENT, 90 4%, YOUTH ATTAINMENT DEGREE / CREDENTIAL, 131 9%, AND LITERACY NUMERACY, 145 8% SPECIAL PROGRAMS FOR YOUTH THE AMERICAN RECOVERY AND REINVESTMENT ACT STIMULUS PROGRAM FUNDING HAD A MAJOR IMPACT ON SERVICES PRO VIDED FOR YOUTH (AGES 16-24) AND SPENDING ON PROGRAM PARTICIPANTS IN THE 2013 PROGRAM YEAR THE STATE PARKS YOUTH CORPS WAS PART OF THIS FUNDING STATE PARKS YOUTH CORP - THE STATE PARKS YOUTH CORPS (SPYC) PROGRAM FOR YOUTH AGES 16-24, WAS A VENTURE JOINTLY SPONSORED BY THE MISSOURI DIVISION OF WORKFORCE DEVELOPMENT, DIVISION OF STATE PARKS AND MISSOURI'S 14 WORKFORCE INVESTMENT BOARDS THE PROGRAM PLACED PARTICIPANTS IN A PAID WORK EXPERIENCE IN MISSOURI STATE PARKS AND HISTORIC SITES BUILDING TRAILS, LEADING TOURS, EXCAVATING HISTOR ICAL SITES, DESIGNING MARKETING CAMPAIGNS THE PROGRAM, DESIGNED TO HELP PREPARE YOUTH FOR TOMORROW'S CAREERS WHILE SURROUNDED BY NATURE AND THE BEAUTY OF MISSOURI'S STATE PARKS, S ERVED 6 AND PLACED 6 IN WORK EXPERIENCE AT AN AVERAGE WAGE OF $7 25 DURING THE PERIOD MAY 2, 2013 TO DECEMBER 31, 2013 THESE PLACEMENTS ARE BASED ON THE TOTAL NUMBER OF SLOTS AVAI LABLE FOR THE STATE PARKS SYSTEM IN THE REGION SIF PROJECT RISE - FEC SECURED FUNDING OF $1 3 MILLION FROM MAYOR'S FUND TO ADVANCE NEW YORK CITY (MAYOR'S FUND) AND THE NYC CENTER FOR ECONOMIC OPPORTUNITY SOCIAL INNOVATION FUND (SIF) TO PROVIDE PAID INTERNSHIPS, EDUCATI ONAL OPPORTUNITIES AND SUPPORT FOR DISCONNECTED 18-24 YEAR OLD YOUNG ADULTS IN THE KANSAS CITY, MO IN A PROGRAM CALLED PROJECT RISE. PROJECT RISE SERVED AND ENROLLED 206 YOUTH IN E DUCATIONAL SERVICES AND ENROLLED 166 YOUTH IN INTERNSHIPS UNITED WAY/CITY FOUNDATION POST -SECONDARY SUCCESS PROJECT - ENGAGES PREVIOUS PROJECT RISE DROPOUT RECOVERY GRADUATES ALRE ADY ENROLLED IN OR THINKING ABOUT POST-SECONDARY EDUCATION, IN COACHING INTERVENTION, ELEC TRONIC MEDIA, AND GROUP-BASED ACTIVITIES LEARN TO EARN - FEC ALSO SECURED FUNDING OF $400 ,000 FROM THE KANSAS CITY CHIEFS FOOTBALL CLUB, KANSAS CITY ROYALS BASEBALL, AND THE JACKS ON COUNTY SPORTS COMPLEX AUTHORITY FOR THE LEARN TO EARN INITIATIVE TO PROVIDE EDUCATION A ND TRAINING THROUGH SCHOLARSHIPS AND PAID INTERNSHIPS TO WOMEN AND MINORITY YOUTH 18 TO 24 YEARS OF AGE IN FIELDS RELATED TO THE PROFESSIONAL SPORTS LEARN TO EARN SERVED AND ENROL LED 68 YOUTH IN TRAINING COMBAT - PREVENTION - FEC RECEIVED A $54,000 AWARD FROM THE COMB AT PROGRAM THE PROGRAM PROVIDES LONG-TERM CAREER PLANNING AND PLACEMENT ASSISTANCE TO JUV ENILES IN TREATMENT AND REHABILITATION, AND THOSE AT-RISK, WHOSE PRIMARY OFFENSES ARE DRUG -RELATED THE PROGRAM SERVES EX-OFFENDERS AGES 18-24 WHO ARE. UNEMPLOYED, REENTERING THE P OPULATION, ON PROBATION, AND/OR HAVE LONG-TERM UNEMPLOYMENT PROSPECTS THE PRIMARY FOCUS I S TO PROVIDE TRAINING AND EMPLOYMENT OPPORTUNITIES TO THIS POPULATION THROUGH RECRUITMENT, JOB SKILLS AND EMPLOYMENT ASSESSMENT, TRAINING THROUGH CAREER CLINICS, BASIC COMPUTER OPE RATION AND ONLINE JOB SEARCHES, AND ULTIMATELY, FULL-TIME EMPLOYMENT COMBAT - AVSI - FUND ED BY THE JACKSON COUNTY ANTI-DRUG SALES TAX TO TARGET DISCONNECTED HIGH RISK YOUTH BETWEE N THE AGES OF 17-21, WHO ARE COURT INVOLVED YOUTH JUVENILE EX-OFFENDERS RECENTLY RETURNED TO THE LOCAL COMMUNITY OR CURRENTLY RESIDING IN HIGH-CRIME COMMUNITIES IN THE TARGETED ARE A IN THE CITY OF KANSAS CITY THE GOAL OF THE PROGRAM IS TO REDUCE THE RISK FACTORS OF DIS CONNECTEDNESS, CRIMINAL BEHAVIOR AND VIOLENCE. COMBAT IS FUNDED BY THE JACKSON C ANTI-DRU G SALES TAX UNITED WAY/CITI FINANCIAL EDUCATION - THE UNITED WAY/CITI FOUNDATION COMMUNIT Y INVESTMENT IN FINANCIAL EDUCATION PARTNERSHIP AWARDED FEC $35,000 TO PROVIDE EFFECTIVE I NFORMATION TO AT-RISK YOUTH AND YOUNG ADULTS AGES 16 TO 26 AT OR BELOW 200% OF POVERTY LEV EL TO BETTER UNDERSTAND HOW TO USE THE FINANCIAL R

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	ESOURCES AVAILABLE TO THEM AND BENEFITS IN PLANNING AND PREPARATION OF THEIR FINANCIAL FUT URE THE FINANCIAL EDUCATION IS DESIGNED INCREASE THE NUMBER OF LOW-INCOME YOUNG ADULTS TH E OPPORTUNITY TO PARTICIPATE IN TRAINING ACTIONABLE INFORMATION ON FINANCING OPTIONS, FINA NCIAL LITERACY TOOLS, DEBT AVOIDANCE AND CAREER PLANNING FACE FORWARD - THE PURPOSE OF TH E FACE FORWARD PROJECT, KC-YOUTH REINTEGRATION OF EX-OFFENDERS INITIATIVE (FF REXO), FUNDE D BY US DEPARTMENT OF LABOR EMPLOYMENT & TRAINING ADMINISTRATION IS TO PROVIDE AN ALTERNA TIVE TO COURT PROCEEDINGS FOR CERTAIN JUVENILES AND YOUNG ADULT OFFENDERS AGES 16-24 TANF URBAN STATE PARK YOUTH PROGRAM - THE OBJECTIVE OF THE STATE PARKS YOUTH CORPS IS TO PROVI DE MISSOURI'S YOUTH THE OPPORTUNITY TO GAIN VALUABLE WORK EXPERIENCE TO PREPARE FOR TOMORR OW'S CAREERS, WHILE ENJOYING THE BEAUTY AND GRANDEUR OF MISSOURI'S STATE PARKS THE PROGRA M FOSTERS TEAMWORK, SOCIAL RESPONSIBILITY AND RESPECT FOR THE ENVIRONMENT