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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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FULL EMPLOYMENT COUNCIL INC		D Employer identification number 43-1377197	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 1740 PASEO BLVD		Room/suite	
	City or town, state or country, and ZIP + 4 KANSAS CITY, MO 64108			
	F Name and address of principal officer CLYDE MCQUEEN 1740 PASEO BLVD KANSAS CITY,MO 64108		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
		H(c) Group exemption number ▶		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.FECKC.ORG				

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1984	M State of legal domicile MO
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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 <input type="checkbox"/> 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	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	1,799
	6	Total number of volunteers (estimate if necessary)	6	7
	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
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	15,738,007	17,389,637
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	321	54
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,929	227,590
			15,761,257	17,617,281
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,781,797	4,947,148
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,016,512	6,288,730
	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)	5,940,930	6,238,737
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,739,239	17,474,615
	19	Revenue less expenses Subtract line 18 from line 12	22,018	142,666
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	5,582,440	5,860,206
	21	Total liabilities (Part X, line 26)	4,978,031	5,113,131
	22	Net assets or fund balances Subtract line 21 from line 20	604,409	747,075

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	*****		2014-05-13		
	Signature of officer		Date		
Paid Preparer Use Only	CLYDE MCQUEEN PRESIDENT/CEO		Type or print name and title		
	Print/Type preparer's name TERESA KERBE		Preparer's signature		Date
	Firm's name ▶ RUBINBROWN LLP		Check <input type="checkbox"/> if self-employed		PTIN P01384173
Firm's address ▶ 10975 GRANDVIEW DR SUITE 600		OVERLAND PARK, KS 66210		Firm's EIN ▶ 43-0765316	
				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 to any question 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 \$ 16,489,012 including grants of \$ 4,947,148) (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 ▶ 16,489,012

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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 to any question 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	8	
	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	7	
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	
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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 PRESIDENT/CEO 1740 PASEO BLVD KANSAS CITY, MO (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 to any question 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)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARRET HATCHES CHAIRMAN	1 00	X		X				0	0	0
(2) BETTY FREEMAN-BOOTS DIRECTOR	1 00	X						0	0	0
(3) BRIDGETTE WILLIAMS TREAS/SEC/DIRECTOR	1 00	X		X				0	0	0
(4) RANDALL FERGUSON DIRECTOR	1 00	X						0	0	0
(5) CLYDE MCQUEEN PRESIDENT/CEO	40 00	X		X				352,982	0	29,813
(6) NANCY SEELEN DIRECTOR	1 00	X						0	0	0
(7) ELLEN FAIRCHILD DIRECTOR	1 00	X						0	0	0
(8) MARK JAMES DIRECTOR	1 00	X						0	0	0
(9) SHELLY ESTELL SENIOR VICE PRES/COO	40 00			X				157,682	0	33,903
(10) TIRHAS KIDANE VICE PRESIDENT/CFO	40 00			X				140,066	0	11,502

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	650,730	0	75,218

2 Total number of individuals (including but not limited to those listed in Item 1) 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
METROPOLITAN COMMUNITY COLLEGE 3201 SOUTHWEST TRAFFIC WAY KANSAS CITY MO 64111	TRAINING	980,011
UNIVERSITY OF CENTRAL MISSOURI WARD EDWARDS BLDG RM 1100 WARRENSBURG MO 64093	TRAINING	592,065
NEW HORIZONS COMPUTER LEARNING 9611-E METCALF AVENUE OVERLAND PARK KS 66212	TRAINING	324,500
CONCORD CAREER INSTITUTE 3239 BROADWAY KANSAS CITY MO 64111	TRAINING	317,117
GREATER KANSAS CITY COMMUNITY FOUNDATION 1055 BROADWAY STE 130 KANSAS CITY MO 64105	BUILDING RENT	254,656

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 to any question 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, 513, or 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	16,299,123		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,090,514		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		17,389,637		
Program Service Revenue	2a		Business Code			
	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)	54		
4		Income from investment of tax-exempt bond proceeds . .				
5		Royalties				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
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	OTHER INCOME	900099	227,590	227,590		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		227,590			
12	Total revenue. See Instructions		17,617,281	227,590	0	54

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 to any question 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	4,947,148	4,947,148		
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	687,478	427,725	259,753	
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	4,545,178	4,331,423	213,755	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	224,441	216,285	8,156	
9	Other employee benefits	484,097	477,972	6,125	
10	Payroll taxes	347,536	327,190	20,346	
11	Fees for services (non-employees)				
a	Management	55,282	15,374	39,908	
b	Legal	42,872	11,923	30,949	
c	Accounting	61,650	17,145	44,505	
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)	82,561	22,962	59,599	
12	Advertising and promotion	146,318	70,882	75,436	
13	Office expenses	334,806	293,559	41,247	
14	Information technology	257,004	248,386	8,618	
15	Royalties				
16	Occupancy	764,828	740,712	24,116	
17	Travel	142,176	87,869	54,307	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,388	32,569	16,819	
20	Interest	22,678	22,662	16	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	208,178	208,178		
23	Insurance	161,709	138,464	23,245	
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	1,935,097	1,935,097		
b	CONTRACT PAYMENTS	1,373,711	1,353,760	19,951	
c	REPAIRS & MAINTENANCE	291,295	264,756	26,539	
d	SECURITY SERVICES	144,509	144,105	404	
e	All other expenses	164,675	152,866	11,809	
25	Total functional expenses. Add lines 1 through 24e	17,474,615	16,489,012	985,603	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X ☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			200	1	200
	2	Savings and temporary cash investments			754,549	2	1,111,248
	3	Pledges and grants receivable, net			2,032,374	3	2,399,578
	4	Accounts receivable, net			1,209,420	4	952,300
	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			321,268	9	207,534
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	4,811,163			
	b	Less accumulated depreciation	10b	3,621,817	1,264,629	10c	1,189,346
	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	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			5,582,440	16	5,860,206
Liabilities	17	Accounts payable and accrued expenses			3,660,928	17	3,701,142
	18	Grants payable			767,095	18	1,133,234
	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			550,008	23	278,755
	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			4,978,031	26	5,113,131
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			604,409	27	747,075
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			604,409	33	747,075
	34	Total liabilities and net assets/fund balances			5,582,440	34	5,860,206

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,617,281
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,474,615
3	Revenue less expenses Subtract line 2 from line 1	3	142,666
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	604,409
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	747,075

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	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	Yes	

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.

OMB No 1545-0047

2012

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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 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?

(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?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	17,045,425	23,379,301	17,473,250	15,738,007	17,389,637	91,025,620
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	17,045,425	23,379,301	17,473,250	15,738,007	17,389,637	91,025,620
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						91,025,620

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	17,045,425	23,379,301	17,473,250	15,738,007	17,389,637	91,025,620
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,005	296	51	321	54	1,727
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)	7,551	20,385	37,777	22,939	227,644	316,296
11	Total support (Add lines 7 through 10)						91,343,643
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 2012 (line 6, column (f) divided by line 11, column (f))		1499 650 %
15	Public support percentage for 2011 Schedule A, Part II, line 14		1599 870 %
16a	33 1/3% support test—2012. 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		<input checked="" type="checkbox"/>
b	33 1/3% support test—2011. 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		<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2012. 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		<input type="checkbox"/>
b	10%-facts-and-circumstances test—2011. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

Part IIIPart 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. 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.** Complete this part to 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

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ 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	b (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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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	112,495	767,760
c Leasehold improvements		547,167	302,140	245,027
d Equipment		3,383,741	3,207,182	176,559
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,189,346

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

1	Total revenue, gains, and other support per audited financial statements	1	17,617,281
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	17,617,281
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	17,617,281

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

1	Total expenses and losses per audited financial statements	1	17,474,615
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	17,474,615
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	17,474,615

Part XIII Supplemental Information

Complete this part to 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.

Identifier	Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
FULL EMPLOYMENT COUNCIL INC

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

OMB No 1545-0047

2012

Open to Public
Inspection

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	1469	4,947,148			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, 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) <div>Department of the Treasury Internal Revenue Service</div>	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2012
		Open to Public Inspection

Name of the organization FULL EMPLOYMENT COUNCIL INC	Employer identification number 43-1377197
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Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate 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			
	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b	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			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?			
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			
	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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?			No
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?			No
	c Participate in, or receive payment from, an equity-based compensation arrangement?			No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
	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?			No
	b Any related organization?			No
	If "Yes," to line 5a or 5b, describe in Part III			
	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?			No
	b Any related organization?			No
	If "Yes," to line 6a or 6b, describe in Part III			
	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			No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			No	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?				

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	11,315	382,795	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	22,011	191,585	0
	(ii)	0	0	0	0	0	0	0
(3)TIRHAS KIDANE VICE PRESIDENT/CFO	(i)	106,766	19,000	14,300	10,639	863	151,568	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Complete this part to 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.

Identifier	Return Reference	Explanation
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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.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization FULL EMPLOYMENT COUNCIL INC	Employer identification number 43-1377197
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Identifier	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 FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS PRIOR TO FILING THE 990

Identifier	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

Identifier	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 WILL BE UPDATED EVERY THREE YEARS CBIZ, AN INDEPENDENT CONSULTING FIRM, CONDUCTED THE LATEST SALARY AND COMPENSATION REVIEW IN 2011

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S 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

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	<p>THE FULL EMPLOYMENT COUNCIL IS THE FISCAL AGENT AND OPERATOR OF 4 FULL SERVICE AND 3 AFFILIATE MISSOURI CAREER CENTERS. AS A RESULT OF THE IMPLEMENTATION OF THE NEXT GENERATION CAREER CENTER SERVICE DESIGN OF CO-ENROLLMENT AND BROADENED CORE SERVICES, A DRAMATIC INCREASE IN PARTICIPANTS OCCURRED DURING THE PROGRAM YEAR. THE FEC MISSOURI CAREER CENTER EMPLOYMENT AND TRAINING PROGRAMS FOR KANSAS CITY AND VICINITY (KCV) AND EASTERN JACKSON COUNTY IN PROGRAM YEAR JULY 1, 2012 - JUNE 30, 2013 (PY 2012) RECORDED 68,001 UNIQUE CUSTOMERS SERVED IN THE WORKFORCE INVESTMENT ACT (WIA) ADULT PROGRAMS. MORE THAN 32,568 CUSTOMERS ATTENDED WORKSHOPS, AND 18,415 CUSTOMERS WERE ASSESSED IN THE WORKFORCE INVESTMENT ACT (WIA) ADULT ECONOMICALLY DISADVANTAGED PROGRAMS, WHICH PROVIDE JOB PLACEMENT ASSISTANCE, VOCATIONAL TRAINING, AND TRANSPORTATION ASSISTANCE TO ECONOMICALLY DISADVANTAGED ADULTS. FEC SERVED 42,958 ECONOMICALLY DISADVANTAGED ADULTS, ENROLLED 729 IN TRAINING, AND PLACED 15,385 OF THE 29,990 COUNTED IN THE ENTERED EMPLOYMENT PERFORMANCE MEASURE IN EMPLOYMENT. AS A RESULT OF THE EFFORTS OF THE CENTERS, FEC ACHIEVED ITS PLANNED PERFORMANCE OUTCOME IN KCV IN ADULT ENTERED EMPLOYMENT OF 83.5%, IN ADULT RETENTION WITH 94.8% AND IN ADULT AVERAGE EARNINGS 103.5% AND ACHIEVED ITS PLANNED PERFORMANCE OUTCOME IN EJAC IN ADULT ENTERED EMPLOYMENT, 89.7%, ADULT RETENTION, 96.2%, AND ADULT AVERAGE EARNINGS, 110.5%. IN THE DISLOCATED WORKER PROGRAM, THE NUMBER OF CUSTOMERS SERVED IN THE COMBINED KCV AND EJAC REGION'S WORKFORCE INVESTMENT ACT (WIA) DISLOCATED WORKER PROGRAM WAS 25,043 IN PY 2012. OF THE 17,906 WORKERS LAID-OFF FROM THEIR JOBS WHO RECEIVED ASSISTANCE THROUGH THE WIA DISLOCATED WORKER (DW) PROGRAMS, 828 RECEIVED TRAINING, 1,023 COUNTED IN THE ENTERED EMPLOYMENT PERFORMANCE MEASURE WENT TO WORK. AS A RESULT OF THE EFFORTS OF THE CENTERS, FEC ACHIEVED ITS PLANNED PERFORMANCE OUTCOMES IN KCV IN DW ENTERED EMPLOYMENT, 87.2%, DW RETENTION, 97.4%, AND DW AVERAGE EARNINGS, 116.2%, AND ACHIEVED ITS PLANNED PERFORMANCE OUTCOME IN EJAC IN DW ENTERED EMPLOYMENT, 91.1%, DW RETENTION, 98.9%, AND DW AVERAGE EARNINGS, 104.0%. SPECIAL PROJECTS AND PROGRAMS FOR ADULTS. FEC WAS ABLE TO GENERATE FUNDING FOR UNEMPLOYED AND DISLOCATED WORKERS THROUGH A NUMBER OF SPECIAL FUNDING PROGRAMS IN PY 2012. 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 RESTORATION OF THE MAJOR FLOOD DISASTER OF 2011 IN PLATTE AND RAY COUNTIES IN MISSOURI. IT IS SPECIFICALLY TAILORED FOR THOSE INDIVIDUALS THAT LOST THEIR JOBS DUE TO THE NATURAL DISASTER. THE DRJP PROGRAM SERVED AND ENROLLED IN TRAINING 62 ADULTS. FORD CLAYCOMO PROJECT - FEC RECEIVED \$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 WORKERS (UAW) TRANSITION PROGRAM TO ASSIST DISLOCATED UAW WORKERS FROM LOCAL OFFICES 249 AND 710 WITH WORKFORCE NEEDS AND REEMPLOYMENT SERVICES. 174 DISLOCATED WORKERS WERE SERVED AND ENROLLED IN TRAINING PROGRAMS TO UPGRADE AND RETRAIN FORD WORKERS. WHEN FORD PUBLICLY ANNOUNCED THAT IT WAS CREATING 2,000 NEW JOBS, THE FEC RECRUITED OVER 7,000 PERSONS FOR THE APPROXIMATELY 900 JOBS REMAINING AFTER THE 1,100 IDLED FORD WORKERS WENT BACK TO WORK. DISABILITY NAVIGATOR PROGRAM (DNP) - PROVIDED ASSISTANCE TO JOB SEEKERS WITH DISABILITIES TO TAKE ADVANTAGE OF TRAINING AND EMPLOYMENT SERVICES. TWO DNP PERSONNEL, CO-LOCATED WITHIN THE ONE-STOP CAREER CENTERS, TO SERVE THE THREE CAREER CENTERS LOCATED IN KANSAS CITY & VICINITY. 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 DISABILITIES. THIS EFFORT INCREASED EMPLOYMENT AND SELF-SUFFICIENCY FOR PERSONS WITH DISABILITIES BY LINKING THEM TO EMPLOYERS AND FACILITATED ACCESS TO PROGRAMS AND SERVICES THAT WOULD ENABLE THIS POPULATION IN THEIR ENTRY OR RE-ENTRY INTO THE WORKFORCE. DNP STAFF FACILITATED TRAINING AND PROVIDED DISABILITY-RELATED RESOURCES AND INFORMATION TO JOB SEEKERS WITH DISABILITIES. DNP PERSONNEL ALSO PROVIDED OUTREACH TO PEOPLE WITH DISABILITIES BY DISSEMINATING INFORMATION ON WORKFORCE SERVICES AVAILABLE THROUGH THE ONE-STOP CAREER CENTERS. FEC DISABILITY NAVIGATOR PROGRAM (DNP) INITIATIVE ASSISTED 654 CUSTOMERS AND HANDLED 220 STAFF REQUESTS FOR ASSISTANCE. PROSPERITY CENTER FOR FINANCIAL LITERACY (CFO) - THE PROSPERITY CENTER FOR FINANCIAL OPPORTUNITY (CF) IS LOCATED ON THE ROCKHURST UNIVERSITY CAMPUS. THE PROSPERITY CENTER PROVIDES SERVICES FOCUSED ON EMPLOYMENT PLACEMENT, CAREER IMPROVEMENT, FINANCIAL EDUCATION AND COACHING, AND PUBLIC BENEFITS ACCESS, SO INDIVIDUALS AND FAMILIES CAN OBTAIN LONG-TERM FINANCIAL HEALTH. PARTNERS INCLUDE FULL EMPLOYMENT COUNCIL, CATHOLIC CHARITIES OF</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	<p>KANSAS CITY-ST JOSEPH, UNITED WAY OF GREATER KANSAS CITY, LOCAL INITIATIVES SUPPORT CORPORATION (LISC), AND A HOST OF OTHER COMMUNITY STAKEHOLDERS BI-LINGUAL CALL OUTREACH - FEC HAS INSTITUTED A PROGRAM TO PROVIDE IMMEDIATE ASSISTANCE TO SPANISH-SPEAKING CUSTOMERS TH REE SPANISH-SPEAKING, BI-LINGUAL STAFF COORDINATORS HAVE BEEN HIRED TO SERVE THE SPANISH-S PEAKING YOUTH AND ADULT POPULATIONS AND HELP ADDRESS BARRIERS TO EMPLOYMENT AND CAREER ADV ANCEMENT FOR LATINO WORKERS FEC OFFERS THE MOBILE BI-LINGUAL PROGRAM TO PROVIDE IMMEDIATE ASSISTANCE TO YOUTH AND ADULT LIMITED ENGLISH-SPEAKING POPULATIONS HEALTHCARE PROGRAM INITIATIVES FEC HAS BEEN SUCCESSFUL IN GENERATING ADDITIONAL RESOURCES FOR THE REGION'S UNE MPLOYED THROUGH SUCCESSFUL APPLICATIONS TO THE FEDERAL GOVERNMENT WITH A FOCUS ON HEALTHCA RE 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 TECHNOLOGY (GKCHHIT) PROGRAM TO PROVIDE TRAINING AND PLACEMENT SERVICES TO UNEMPLOYED WORKERS PURSUING CAREERS IN NURSING, ALLIED HEALTH, LONG-TERM HEALTH CARE AND HEALTHCARE INFORMATION TECHNOLOGY IN ORDER TO INCREASE THE NUMBER O F TRAINED HEALTHCARE WORKERS THROUGH A PARTNERSHIP EFFORT WITH MISSOURI HOSPITAL ASSOCIAT ION, THE KANSAS WORKFORCE PARTNERS, THE LOCAL KANSAS WORKFORCE INVESTMENT BOARD, FEC SERVED AND ENROLLED 2,284 IN TRAINING A TOTAL OF 2,192 COMPLETED TRAINING AND RECEIVED CREDENT IALS, 976 HAVE BEEN PLACED IN EMPLOYMENT AND 1,243 INCUMBENT WORKERS HAVE RETAINED THEIR J OBS 21ST CENTURY HEALTHCARE WORKS PROGRAM - FEC RECEIVED A 5 YEAR \$5 MILLION GRANT AWARD FROM THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES TO TRAIN LOW-INCOME ADULTS, FOOD ST AMP RECIPIENTS, TANF RECIPIENTS, LOW-INCOME UNEMPLOYED ADULTS, ECONOMICALLY DISADVANTAGED YOUTH 16-24, AND LOW-WAGE HEALTHCARE WORKERS SEEKING CAREER PROGRESSION IN THE HEALTHCARE FIELD RECRUITMENT FOR THIS PROGRAM BEGAN IN APRIL AND TO DATE 803 HAVE BEEN SERVED AND EN ROLLED IN TRAINING A TOTAL OF 632 COMPLETED TRAINING AND 112 HAVE BEEN PLACED IN EMPLOY ME NT MISSOURI WORK ASSISTANCE (MWA) - THIS WELFARE TO WORK PROGRAM FORMERLY KNOWN AS CAREER ASSISTANCE PROGRAM (CAP) PROVIDES JOB READINESS 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 ACTIVITIES 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</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUED	FORM 990, PART III, LINE 4A	<p>IN THE GREEN CAREERS FEC HAD TWO PROGRAMS GREEN KC CAREER INITIATIVE - THIS PROGRAM IS FUNDED BY THE MID-AMERICA REGIONAL COUNCIL (MARC) AND THE CITY OF KANSAS CITY, MO THROUGH THE U.S. DEPARTMENT OF ENERGY, DESIGNED TO INCREASE THE NUMBER OF INDIVIDUALS TRAINED AND PLACED IN DECONSTRUCTIONS, ENERGY EFFICIENCY, AND WATER CONSERVATION JOBS. THE PROGRAM SERVED 147, TRAINED 139, AND EMPLOYED 64, AT AN AVERAGE WAGE OF \$13.03. MCC GREEN ON-THE-JOB TRAINING - 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 KANSAS CITY HOUSING AUTHORITY RESIDENTS. IT OFFERS JOB CERTIFICATION TRAINING, ACADEMIC AND SOCIAL SUPPORT, AND JOB PLACEMENT ASSISTANCE IN THE NEIGHBORHOOD AREAS AND CONNECTS THEM TO LONGER-TERM, CAREER LADDER JOBS IN CONSTRUCTION. THE PROJECT SERVED AND ENROLLED IN TRAINING 9 ADULTS. KC REGIONAL JOBS AND INNOVATION ACCELERATOR CHALLENGE GRANT - IN THE ENGINEERING, 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 PROGRAM. FEC WAS AWARDED \$1,000,000 FROM THE ETA H-1B TECHNICAL SKILLS TRAINING GRANT FUNDS FOR TRAINING AND RELATED EMPLOYMENT ACTIVITIES TO DEVELOP A SKILLED WORKFORCE FOR THE CLUSTER. THE REGION WILL RECEIVE \$1,891,338 FROM A COORDINATED INITIATIVE TO ADVANCE REGIONAL COMPETITIVENESS, FUNDED BY THREE FEDERAL AGENCIES: THE ECONOMIC DEVELOPMENT ADMINISTRATION, DEPARTMENT OF LABOR'S EMPLOYMENT AND TRAINING ADMINISTRATION AND THE SMALL BUSINESS ADMINISTRATION (SBA) FOR ITS PROJECT TO INCREASE EMPLOYMENT OPPORTUNITIES AT THE INTERSECTION OF TWO INDUSTRY CLUSTERS: ADVANCED MANUFACTURING AND INFORMATION TECHNOLOGY. FEC PARTNERS WITH A REGIONAL TEAM, LED BY MID-AMERICA REGIONAL COUNCIL, UNIVERSITY OF MISSOURI-KANSAS CITY INNOVATION CENTER, KCSOURCELINK, KANSAS WORKFORCE PARTNERSHIP AND THREE COMMUNITY COLLEGE SYSTEMS: JOHNSON COUNTY COMMUNITY COLLEGE, METROPOLITAN COMMUNITY COLLEGE DISTRICT AND KANSAS CITY KANSAS COMMUNITY COLLEGE, AND WILL USE ITS FUNDS TO RAISE THE TECHNICAL SKILL LEVELS OF AMERICAN WORKERS SO THEY CAN OBTAIN OR UPGRADE EMPLOYMENT IN HIGH-GROWTH INDUSTRIES AND/OR OCCUPATIONS AND TO REDUCE THEIR USE OF SKILLED FOREIGN PROFESSIONALS PERMITTED TO WORK IN THE UNITED STATES ON A TEMPORARY BASIS UNDER THE H-1B VISA PROGRAM. 77 HAVE BEEN SERVED AND ENROLLED IN TRAINING. 47 HAVE COMPLETED TRAINING AND 21 HAVE BEEN PLACED IN EMPLOYMENT. EARN IT AND LEARN IT - IS ANOTHER PROGRAM FUNDED BY THE U.S. DEPARTMENT OF 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 TECHNOLOGY (IT), ENGINEERING, AND HEALTHCARE IT THAT EMPLOYERS NEED. IT IS ONE OF 43 NATIONAL AWARDS THROUGH THE \$183 MILLION FEDERAL H1-B TECHNICAL SKILLS TRAINING GRANT PROGRAM AND FUNDED BY FEES PAID BY EMPLOYERS TO SPONSOR FOREIGN WORKERS. MARC - JOB ACCESS REVERSE COMMUTE (JARC) - IN THE TRANSPORTATION FIELD, FEC GENERATED FUNDING FOR THE MARC -JOB ACCESS REVERSE COMMUTE (JARC) CAREER TRANSIT PROGRAM (ACCESSIBLE TRANSPORTATION PROGRAM) WHICH PROVIDED OUTREACH AND MARKETING ACTIVITIES TO UN-SERVED AND UNDERSERVED TO INFORM POTENTIAL APPLICANTS OF THE EMPLOYMENT AND TRAINING SERVICES AVAILABLE THROUGH THE ONE STOP CENTERS / MISSOURI CAREER CENTERS IN THE FIVE SURROUNDING COUNTIES: CASS, CLAY, JACKSON, PLATTE AND RAY 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 2012 TO JUNE 30, 2013 THERE WERE 412 OUTREACH ACTIVITIES. KANSAS CITY AREA TRANSPORTATION AUTHORITY PROGRAM- TAKES PEOPLE TO JOB LOCATIONS THAT ARE NOT SERVED BY KCATA TRANSIT LINES. THIS PROGRAM PROVIDED 868 MONTHLY PASSES AND 3,000 ONE-RIDE BUS TICKETS. YOUTH PROGRAMS - FEC'S VIA YOUTH PROGRAMS PROVIDED JOB READINESS, COUNSELING, WORK EXPERIENCE, CLASSROOM OCCUPATIONAL TRAINING ASSISTANCE AND INTERNSHIPS TO ECONOMICALLY DISADVANTAGED 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 COLLEGES, 4-YEAR COLLEGES, APPRENTICESHIP AND VOCATIONAL TRAINING PROGRAMS) AND/OR THE MILITARY. THIS PROGRAM SERVED 1027 YOUTH, 298 IN-SCHOOL AND 729 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, 109 ATTAINED DEGREE/CREDENTIAL, 136 PLACEMENTS WERE AND 83 WERE EMPLOYED AT AN AVERAGE WAGE OF \$9.44 AND 53 WERE ENROLLED IN POST SECONDARY EDUCATION THROUGH AGGRESSIVE AND RESPONSIVE STAFF EFFORT. FEC</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUED	FORM 990, PART III, LINE 4A	<p>ACHIEVED ITS PLANNED PERFORMANCE OUTCOMES IN KCV IN YOUTH PLACEMENT, 99 3%, YOUTH ATTAINMENT DEGREE / CREDENTIAL, 117 7%, AND LITERACY NUMERACY, 109 2% AND ACHIEVED ITS PLANNED PERFORMANCE OUTCOMES IN EJAC IN YOUTH PLACEMENT, 126 3%, YOUTH ATTAINMENT DEGREE / CREDENTIAL, 179 3%, AND LITERACY NUMERACY, 153 8% SPECIAL PROGRAMS FOR YOUTH THE AMERICAN RECOVERY AND REINVESTMENT ACT STIMULUS PROGRAM FUNDING HAD A MAJOR IMPACT ON SERVICES PROVIDED FOR YOUTH (AGES 16-24) AND SPENDING ON PROGRAM PARTICIPANTS IN THE 2012 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 HISTORICAL 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, SERVED 12 AND PLACED 12 IN WORK EXPERIENCE AT AN AVERAGE WAGE OF \$7 25 DURING THE PERIOD MAY 2, 2012 TO DECEMBER 31, 2012 THESE PLACEMENTS ARE BASED ON THE TOTAL NUMBER OF SLOTS AVAILABLE FOR THE STATE PARKS SYSTEM IN THE REGION HEALTH CARE FOUNDATION OF GREATER KANSAS CITY - FEC ALSO RECEIVED A \$100,000 GRANT AWARD FROM THE HEALTHCARE FOUNDATION OF GREATER KANSAS CITY TO BRIDGE EMPLOYMENT AND TRAINING PROGRAM TO 16-24 ECONOMICALLY-DISADVANTAGED YOUTH THIS BRIDGE PROGRAM WILL LINK TO POST-SECONDARY INSTITUTIONS FOR THE COMPLETION AND AWARD OF CLASS CREDIT AND CREDENTIALS TO LOW-INCOME YOUTH IN THE HEALTHCARE PROGRAMS, LEAD TO A DIPLOMA OR CERTIFICATE AT A POST-SECONDARY INSTITUTION AND ULTIMATELY TO PLACEMENT INTO EMPLOYMENT THE PROGRAM WILL CREATE A MORE EFFICIENT TRANSITION TO THE AWARDING OF POST-SECONDARY CREDENTIALS AND EMPLOYMENT THEREAFTER TO THESE ECONOMICALLY-DISADVANTAGED YOUTH FECSERVED AND ENROLLED 245 YOUTH IN TRAINING A TOTAL OF 68 COMPLETED TRAINING AND RECEIVED CREDENTIALS, AND 31 HAVE BEEN PLACED IN EMPLOYMENT 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, EDUCATIONAL 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 146 YOUTH IN EDUCATIONAL SERVICES AND ENROLLED 88 YOUTH IN INTERNSHIPS LEARN TO EARN - FEC ALSO SECURED FUNDING OF \$400,000 FROM THE KANSAS CITY CHIEFS FOOTBALL CLUB, KANSAS CITY ROYALS BASEBALL, AND THE JACKSON COUNTY SPORTS COMPLEX AUTHORITY FOR THE LEARN TO EARN INITIATIVE TO PROVIDE EDUCATION AND 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 ENROLLED 73 YOUTH IN TRAINING</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUED	FORM 990, PART III, LINE 4A	<p>COMBAT - FEC RECEIVED A \$54,000 AWARD FROM THE COMBAT PROGRAM. THE PROGRAM PROVIDES LONG-TERM CAREER PLANNING AND PLACEMENT ASSISTANCE TO JUVENILES 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 POPULATION, ON PROBATION, AND/OR HAVE LONG-TERM UNEMPLOYMENT PROSPECTS. THE PRIMARY FOCUS IS TO PROVIDE TRAINING AND EMPLOYMENT OPPORTUNITIES TO THIS POPULATION THROUGH RECRUITMENT, JOB SKILLS AND EMPLOYMENT ASSESSMENT, TRAINING THROUGH CAREER CLINICS, BASIC COMPUTER OPERATION AND ONLINE JOB SEARCHES, AND ULTIMATELY, FULL-TIME EMPLOYMENT. COMBAT IS FUNDED BY THE JACKSON C. ANTI-DRUG SALES TAX. UNITED WAY/CITI FINANCIAL EDUCATION - THE UNITED WAY/CITI FOUNDATION COMMUNITY INVESTMENT IN FINANCIAL EDUCATION PARTNERSHIP AWARDED FEC \$35,000 TO PROVIDE EFFECTIVE INFORMATION TO AT-RISK YOUTH AND YOUNG ADULTS AGES 16 TO 26 AT OR BELOW 200% OF POVERTY LEVEL TO BETTER UNDERSTAND HOW TO USE THE FINANCIAL RESOURCES AVAILABLE TO THEM AND BENEFITS IN PLANNING AND PREPARATION OF THEIR FINANCIAL FUTURE. THE FINANCIAL EDUCATION IS DESIGNED INCREASE THE NUMBER OF LOW-INCOME YOUNG ADULTS THE OPPORTUNITY TO PARTICIPATE IN TRAINING ACTIONABLE INFORMATION ON FINANCING OPTIONS, FINANCIAL LITERACY TOOLS, DEBT AVOIDANCE AND CAREER PLANNING.</p>