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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FULL EMPLOYMENT COUNCIL INC

Doing Business As

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

City or town, state or country, and ZIP + 4
KANSAS CITY, MO 64108

D Employer identification number
43-1377197

E Telephone number
(816)471-2330

G Gross receipts $ 15,761,257

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? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW FECKC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1984

M State of legal domicile MO

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2,036
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

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	17,490,251	15,738,007
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51	321
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,777	22,929
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,528,079	15,761,257
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,265,583	4,781,797
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,273,088	5,016,512
	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)	9,261,243	5,940,930
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,799,914	15,739,239
	19	Revenue less expenses Subtract line 18 from line 12	-271,835	22,018
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	3,807,190	5,582,440
	21	Total liabilities (Part X, line 26)	3,224,799	4,978,031
	22	Net assets or fund balances Subtract line 21 from line 20	582,391	604,409

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

****** 2013-05-14
Signature of officer Date

CLYDE MCQUEEN PRESIDENT/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ KEVIN ENSMINGER	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P01310558
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RUBINBROWN LLP 10975 GRANDVIEW DR SUITE 600 OVERLAND PARK, KS 66210			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 and section 4947(a)(1) trusts 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 $ 14,524,432 including grants of $ 4,781,797) (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** ▶$ 14,524,432

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, 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, line10? *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, XII, and XIII*	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, XII, and XIII 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, Part I*	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 U S ? *If "Yes," complete Schedule F, Part 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 U S ? *If "Yes," complete Schedule F, Part 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*	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 hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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	1a	95			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,036			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response 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			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 8			
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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☑ Another's website ☑ Upon request

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CLYDE MCQUEEN PRESIDENTCEO
1740 PASEO BLVD
KANSAS CITY, MO 64108
(816) 471-2330

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

Check if Schedule O contains a response 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, and **current** key employees 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) 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				330,102	0	24,031
(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				147,421	0	27,768
(10) TIRHAS KIDANE VICE PRESIDENT/CFO	40 00			X				141,062	0	11,071

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

		(D)	(E)	(F)
1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	618,585	0	62,870

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
METROPOLITAN COMMUNITY COLLEGE 3201 SOUTHWEST TRAFFIC WAY KANSAS CITY, MO 64111	TRAINING	751,989
UNIVERSITY OF CENTRAL MISSOURI WARD EDWARDS BLDG RM 1100 WARRENSBURG, MO 64093	TRAINING	428,200
DEPARTMENT OF ELEMENTARY AND SECONDARY E PO BOX 480 JEFFERSON CITY, MO 65102	TRAINING	404,048
CONCORD CAREER INSTITUTE 3239 BROADWAY KANSAS CITY, MO 64111	TRAINING	271,812
NEW HORIZONS COMPUTER LEARNING 9611-E METCALF AVENUE OVERLAND PARK, KS 66212	TRAINING	171,675

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

				(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 15,257,389				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 480,618				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	15,738,007			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)	▶	321			321
	4	Income from investment of tax-exempt bond proceeds . .	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	▶				
	8a	Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from fundraising events . .	▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . .	▶				
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . .	▶				
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	22,929			22,929
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	22,929			
	12	**Total revenue.** See Instructions . . .	▶	15,761,257	0	0	23,250

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) but are not required to complete columns (B), (C), and (D)
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	4,781,797	4,781,797		
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	681,455	354,216	327,239	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,433,101	3,204,817	228,284	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	145,798	124,249	21,549	
9	Other employee benefits	396,762	357,874	38,888	
10	Payroll taxes	359,396	320,105	39,291	
11	Fees for services (non-employees)				
a	Management	63,965	15,877	48,088	
b	Legal	80,217	19,911	60,306	
c	Accounting	93,100	23,108	69,992	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	55,262	13,716	41,546	
12	Advertising and promotion	143,099	56,022	87,077	
13	Office expenses	341,233	258,246	82,987	
14	Information technology	255,440	238,721	16,719	
15	Royalties . .				
16	Occupancy	744,707	709,616	35,091	
17	Travel	134,688	94,985	39,703	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,774	10,449	8,325	
20	Interest	35,225	35,225		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	353,764	353,764		
23	Insurance	119,591	99,164	20,427	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PARTICIPANT WAGES	1,633,309	1,633,309	0	
b	CONTRACT PAYMENTS	1,237,741	1,234,241	3,500	
c	REPAIRS & MAINTENANCE	175,900	171,228	4,672	
d	SECURITY SERVICES	144,315	143,432	883	
e					
f	All other expenses	310,600	270,360	40,240	
25	**Total functional expenses.** Add lines 1 through 24f	15,739,239	14,524,432	1,214,807	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		200	1	200
	2	Savings and temporary cash investments		690,730	2	754,549
	3	Pledges and grants receivable, net		797,578	3	2,032,374
	4	Accounts receivable, net		632,737	4	1,209,420
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 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		271,112	9	321,268
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 4,678,268			
	b	Less accumulated depreciation	10b 3,413,639	1,414,833	10c	1,264,629
	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)		3,807,190	16	5,582,440
Liabilities	17	Accounts payable and accrued expenses		2,163,111	17	3,660,928
	18	Grants payable		320,860	18	767,095
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	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		740,828	23	550,008
	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		3,224,799	26	4,978,031
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		582,391	27	604,409
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		582,391	33	604,409
	34	Total liabilities and net assets/fund balances		3,807,190	34	5,582,440

Part XI Reconcilliation 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	15,761,257
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,739,239
3	Revenue less expenses Subtract line 2 from line 1	3	22,018
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	582,391
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	604,409

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 ☐ Cash ☑ Accrual ☐ Other ________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

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 **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section (see instructions))	**(iv)** Is the organization in col (i) listed in your governing document?		**(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 support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	15,494,956	17,045,425	23,379,301	17,473,250	15,738,007	89,130,939
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	15,494,956	17,045,425	23,379,301	17,473,250	15,738,007	89,130,939
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						89,130,939

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	15,494,956	17,045,425	23,379,301	17,473,250	15,738,007	89,130,939
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,645	1,005	296	51	321	14,318
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	12,917	7,551	20,385	37,777	22,939	101,569
11 **Total support** (Add lines 7 through 10)						89,246,826

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 2011 (line 6 column (f) divided by line 11 column (f))	14	99 870 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99 850 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III **Support Schedule for Organizations Described in IRC 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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(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 2011 (line 8 column (f) divided by line 13 column (f))	**15**	
16 Public support percentage from 2010 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	**17**	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FULL EMPLOYMENT COUNCIL INC

Employer identification number
43-1377197

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

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

3 Using the organization's 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 XIV

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 XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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 year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

4 Describe in Part XIV 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	89,996	790,259
c Leasehold improvements		547,167	302,140	245,027
d Equipment		3,250,846	3,021,503	229,343
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,264,629

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,761,257
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,739,239
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	22,018
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	22,018

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

1	Total revenue, gains, and other support per audited financial statements			1	15,761,257
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 XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	15,761,257
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	15,761,257

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

1	Total expenses and losses per audited financial statements			1	15,739,239
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 XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	15,739,239
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	15,739,239

Part XIV 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FULL EMPLOYMENT COUNCIL INC

Employer identification number
43-1377197

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) 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. Use Schedule I-1 (Form 990) 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	1718	4,781,797			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, 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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
FULL EMPLOYMENT COUNCIL INC

Employer identification number
43-1377197

Part I Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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, columns (D) and (E) for that individual

(A) Name		(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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLYDE MCQUEEN	(i)	183,116	0	146,986	18,498	5,533	354,133	0
	(ii)	0	0	0	0	0	0	0
(2) SHELLY ESTELL	(i)	108,253	23,000	16,168	11,659	16,109	175,189	0
	(ii)	0	0	0	0	0	0	0
(3) TIRHAS KIDANE	(i)	107,494	19,000	14,568	10,444	627	152,133	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, 4c, 5a, 5b, 6a, 6b, 7, and 8 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

2011

Open to Public Inspection

Name of the organization
FULL EMPLOYMENT COUNCIL INC

Employer identification number
43-1377197

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

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 GOVERNING DOCUMENT, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE FORM 990 IS ALSO AVAILABLE UPON REQUEST AND CAN BE FOUND ON THE GREATER KANSAS CITY COMMUNITY FOUNDATION'S WEBSITE - WWW GKCCF ORG

Identifier	Return Reference	Explanation
		FORM 990, PART XII, LINE 2C OVERSIGHT COMMITTEE FOR AUDIT NO CHANGES IN OVERSIGHT PROCESS OR SELECTION PROCESS FROM PRIOR TAX YEAR

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	THE FULL EMPLOY MENT COUNCIL OPERATES 4 FULL SERVICE MISSOURI CAREER CENTERS, A YOUTH CENTE R AND 3 AFFILIATE MISSOURI CAREER CENTERS AS A RESULT OF THE IMPLEMENTATION OF THE NEXT G ENERATION SERVICE DESIGN OF CO-ENROLLMENT AND BROADENED CORE SERVICES, A DRAMATIC INCREASE IN PARTICIPANTS OCCURRED DURING THE PROGRAM YEAR THE FEC MISSOURI CAREER CENTERS' EMPLOY MENT AND TRAINING PROGRAMS FOR KANSAS CITY AND VICINITY (KCV) AND EASTERN JACKSON COUNTY I N PY 2011-2012 RECORDED 59,648 UNIQUE CUSTOMERS SERVED IN THE MISSOURI CAREER CENTERS' ADU LT PROGRAMS EMPLOY MENT AND TRAINING SERVICES AND ASSISTANCE. MORE THAN 37,050 CUSTOMERS AT TENDED WORKSHOPS, 1,636 RECEIVED THE NCRC CERTIFICATE, AND 81,695 JOB REFERRALS WERE MADE BY FEC STAFF IN THE ADULT ECONOMICALLY DISADVANTAGED PROGRAMS, WHICH PROVIDE JOB PLACEMEN T ASSISTANCE, VOCATIONAL TRAINING, TRANSPORTATION ASSISTANCE TO WORKFORCE INVESTMENT ACT (WIA) PROGRAMS, ECONOMICALLY DISADVANTAGED ADULTS AND LAID OFF WORKERS, WE SERVED 59,038 EC ONOMICALLY DISADVANTAGED ADULTS, ENROLLED 573 IN TRAINING, AND 14,526 WERE PLACED IN EMPLO YMENT OUT OF THE 27,109 COUNTED IN OUR ENTERED EMPLOY MENT PERFORMANCE POOL AS A RESULT OF THE EFFORTS OF THE CENTERS, FEC ACHIEVED ITS PLANNED PERFORMANCE OUTCOME IN ADULT ENTERED EMPLOY MENT AT 82 3%, ADULT RETENTION AT 102 0% AND ADULT AVERAGE EARNINGS AT 95 1% IN KCV AND ACHIEVED ITS PLANNED PERFORMANCE OUTCOME IN ADULT ENTERED EMPLOY MENT AT 92 5%, ADULT RETENTION AT 98 4% AND ADULT AVERAGE EARNINGS AT 111 5% IN EJAC IN THE DISLOCATED WORKER PROGRAM, THE NUMBER OF CUSTOMERS SERVED IN THE KCV AND EJAC REGIONS WORKFORCE INVESTMENT A CT (WIA) DISLOCATED WORKER PROGRAM WAS 27,537 IN PY 2011 OF THE 13,687 WORKERS LAID-OFF F ROM THEIR JOBS WHO RECEIVED ASSISTANCE THROUGH THE WIA DISLOCATED WORKER (DW) PROGRAMS, 51 6 RECEIVED TRAINING, 9,134 OF THE 13,687 WENT TO WORK AS A RESULT OF THE EFFORTS OF THE C ENTERS, FEC ACHIEVED ITS PLANNED PERFORMANCE OUTCOMES IN DW ENTERED EMPLOY MENT AT 101 7%, DW RETENTION AT 100 0% AND DW AVERAGE EARNINGS AT 116 7% IN KCV AND ACHIEVED ITS PLANNED P ERFORMANCE OUTCOME IN DW ENTERED EMPLOY MENT AT 105 6%, DW RETENTION AT 100 6% AND DW AVERA GE EARNINGS AT 106 7% IN EJAC SPECIAL PROJECTS PROGRAMS FOR ADULTS FEC WAS ABLE TO GENERA TE FUNDING FOR UNEMPLOYED AND DISLOCATED WORKERS THROUGH A NUMBER OF SPECIAL FUNDING PROGR AMS IN PY 2011 THESE INCLUDE. DISABILITY NAVIGATOR PROGRAM - (DNP) PROVIDES ASSISTANCE TO JOB SEEKERS WITH DISABILITIES TO TAKE ADVANTAGE OF TRAINING AND EMPLOY MENT SERVICES, IS C O-LOCATED WITHIN THE ONE-STOP CAREER CENTERS TO PROVIDE SERVICES TO INDIVIDUALS WITH DISAB ILITIES THE DNP ENSURES THAT ALL ONE-STOP SERVICES ARE AVAILABLE TO INDIVIDUALS WITH DISA BILITIES AND TO INCREASE EMPLOY MENT AND SELF-SUFFICIENCY FOR PERSONS WITH DISABILITIES BY LINKING THEM TO EMPLOYERS AND FACILITATING ACCESS TO PROGRAMS AND SERVICES THAT WILL ENABL E THEIR ENTRY OR RE-ENTRY INTO THE WORKFORCE. TWO DNP PERSONNEL SERVE THE THREE CAREER CEN TERS LOCATED IN KANSAS CITY & VICINITY, ASSISTING CUSTOMERS AND STAFF AT THE 1740 PASEO, N ORTHLAND CAREER CENTERS AND SOUTH KANSAS CITY CAREER CENTERS DNP FACILITATES TRAININGS AN D PROVIDES DISABILITY-RELATED RESOURCES AND INFORMATION TO ENSURE THAT JOB SEEKERS WITH DI SABILITIES ARE SERVED EFFECTIVELY DNP PERSONNEL ALSO PROVIDE OUTREACH TO PEOPLE WITH DISA BILITIES BY DISSEMINATING INFORMATION ON WORKFORCE SERVICES AVAILABLE THROUGH THE ONE-STOP CAREER CENTERS FEC ASSISTED 779 CUSTOMERS AND HANDLED 455 STAFF REQUESTS FOR ASSISTANCE THROUGH THE DISABILITY NAVIGATOR PROGRAM (DNP) INITIATIVE. BI-LINGUAL CALL CENTER - FEC HA S INSTITUTED A PROGRAM TO PROVIDE IMMEDIATE ASSISTANCE TO SPANISH-SPEAKING CUSTOMERS SPAN ISH-SPEAKING, BI-LINGUAL STAFF COORDINATORS HAVE BEEN HIRED TO SERVE THE SPANISH-SPEAKING YOUTH AND ADULT POPULATIONS AND HELP ADDRESS BARRIERS TO EMPLOY MENT AND CAREER ADVANCEMENT FOR LATINO WORKERS FEC WILL CONTINUE TO OFFER THE BI-LINGUAL MOBILE PROGRAM TO PROVIDE I MMEDIATE ASSISTANCE TO SPANISH-SPEAKING CUSTOMERS WITH THE THREE SPANISH SPEAKING BI-LINGU AL PERSONNEL HIRED TO SERVE THE YOUTH AND ADULTS OF THESE LIMITED ENGLISH-SPEAKING POPULAT IONS AND HELP ADDRESS BARRIERS TO EMPLOY MENT AND CAREER ADVANCEMENT OF LATINO WORKERS TAR GET HIGH-GROWTH INDUSTRIES SECTOR - FEC WILL CONTINUE TO DEVELOP STRATEGIES FOR AND ALLOCA TE RESOURCES TO PROVIDE SPECIAL FOCUS TO TARGET HIGH-GROWTH HEALTHCARE, INFORMATION TECHNO LOGY AND ADVANCED MANUFACTURING INDUSTRY SECTORS HEALTHCARE PROGRAMS - FEC HAS BEEN SUCCE SSFUL IN GENERATING ADDITIONAL RESOURCES FOR THE REGION'S UNEMPLOYED THROUGH SUCCESSFUL AP PLICATIONS TO THE FEDERAL GOVERNMENT IN HEALTHCARE. GREATER KC HEALTHCARE AND HEALTHCARE I T (GKC-HHIT) U S DEPARTMENT OF LABOR AWARDED A 3 YEAR $5 MILLION GRANT FOR THE GREATER K ANSAS CITY HEALTHCARE AND HEALTHCARE INFORMATION TECHNOLOGY (GKCHHIT) TO PROVIDE TRAINING AND PLACEMENT SERVICES TO UNEMPLOYED WORKERS PURSUING CAREERS IN NURSING, ALLIED HEALTH, L ONG-TERM HEALTH CARE AND HEALTHCARE INFORMATION TE

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	CHNOLOGY TO INCREASE THE NUMBER OF TRAINED HEALTHCARE WORKERS THIS PROGRAM IS CALLED THE GREATER KANSAS CITY HEALTHCARE AND HEALTHCARE INFORMATION TECHNOLOGY GRANT (GKCHHIT) FEC WILL CONTINUE TO RESEARCH AND SEEK ADDITIONAL RESOURCES FOR THE REGION'S UNEMPLOYED BY PRO VIDING TRAINING AND PLACEMENT SERVICES TO ASSIST UNEMPLOYED WORKERS TO PURSUE CAREERS IN N URSING, ALLIED HEALTH, LONG-TERM HEALTH CARE, AND HEALTHCARE INFORMATION TECHNOLOGY TO INC REASE THE NUMBER OF TRAINED HEALTHCARE WORKERS UTILIZING THE U S DEPARTMENT OF LABOR'S 3 YEAR GRANT AWARD OF $5 MILLION THROUGH THIS PARTNERSHIP EFFORT WITH MO HOSPITAL ASSOCIAT ION AND KS WORKFORCE PARTNERS, FEC SERVED AND ENROLLED 2,107 IN TRAINING - 1,889 COMPLETED TRAINING, 1,391 RECEIVED CREDENTIALS AND 653 PLACED OR RECEIVED A WAGE INCREASE, PROMOTIO N OR JOB TITLE CHANGE 21ST CENTURY HEALTHCARE WORKS FEC ALSO RECEIVED A $5 MILLION GRANT AWARD FROM THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES TO TRAIN LOW-INCOME ADULTS, FO OD STAMP RECIPIENTS, TANF RECIPIENTS, AND LOW-INCOME UNEMPLOYED ADULTS ECONOMICALLY, FEC WILL CONTINUE TO IMPLEMENT THE 5 YEAR, $5 MILLION GRANT FROM THE U S DEPARTMENT OF HEALT H AND HUMAN SERVICES TO PROVIDE TRAINING TO LOW-INCOME ADULTS, FOOD STAMP RECIPIENTS, TANF RECIPIENTS, LOW-INCOME UNEMPLOYED ADULTS, ECONOMICALLY DISADVANTAGED YOUTH 16-24, DISADVA NTAGED YOUTH AGED 16-24 AND LOW-WAGE HEALTHCARE WORKERS SEEKING CAREER PROGRESSION IN THE HEALTHCARE FIELD 387 WERE SERVED/ENROLLED IN TRAINING AND 179 COMPLETED TRAINING AND 48 E MPLOYED KC REGIONAL JOBS AND INNOVATION ACCELERATOR CHALLENGE GRANT - FEC WAS AWARDED $1, 000,000 FROM THE ETA H-1B TECHNICAL SKILLS TRAINING GRANT FUNDS FOR TRAINING AND RELATED E MPLOYMENT ACTIVITIES TO DEVELOP A SKILLED WORKFORCE FOR THE CLUSTER THE REGION WILL RECEI VE $1,891,338 FROM A COORDINATED INITIATIVE TO ADVANCE REGIONAL COMPETITIVENESS, FUNDED BY THREE FEDERAL AGENCIES THE ECONOMIC DEVELOPMENT ADMINISTRATION, DEPARTMENT OF LABOR'S EM PLOYMENT AND TRAINING ADMINISTRATION AND THE SMALL BUSINESS ADMINISTRATION (SBA) FOR ITS P ROJECT 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, KC SOURCELINK, KANSAS WORKFORCE PARTNERSHIP AND THREE COMMUNITY COLLEGE SYSTEMS- JOHNSON COUN TY COMMUNITY COLLEGE, METROPOLITAN COMMUNITY COLLEGE DISTRICT AND KANSAS CITY KANSAS COMMU NITY COLLEGE, AND WILL USE ITS FUNDS TO RAISE THE TECHNICAL SKILL LEVELS OF AMERICAN WORKE RS SO THEY CAN OBTAIN OR UPGRADE EMPLOYMENT IN HIGH-GROWTH INDUSTRIES AND/OR OCCUPATIONS A ND TO REDUCE THEIR USE OF SKILLED FOREIGN PROFESSIONALS PERMITTED TO WORK IN THE UNITED ST ATES ON A TEMPORARY BASIS UNDER THE H-1B VISA PROGRAM FEC WILL RECRUIT 300 PARTICIPANTS, PROVIDE TUITION/SCHOLARSHIP CLASSROOM OCCUPATIONAL TRAINING TO 200 PARTICIPANTS WITH AT LE AST 160 COMPLETING TRAINING, AND PLACE 120 PARTICIPANTS IN JOBS

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PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUED	FORM 990, PART III, LINE 4A	KC GREEN CAREERS GRANT - FEC WAS AWARDED $200,000 FROM THE MARC - GREEN KC CAREERS TRAININ G INITIATIVE, FUNDED BY MID-AMERICA REGIONAL COUNCIL (MARC), THROUGH THE US DEPARTMENT OF ENERGY THE PURPOSE OF THE FEC GREEN KC CAREERS TRAINING INITIATIVE IS TO INCREASE THE NUM BER OF INDIVIDUALS TRAINED AND PLACED IN DECONSTRUCTION, ENERGY EFFICIENCY AND WATER CONSE RVATION JOBS IN THE KANSAS CITY AREA THE GREEN KC CAREERS PROGRAM WILL PROVIDE GREEN JOB TRAINING THROUGH CLASSROOM TRAINING COMBINED WITH WORK EXPERIENCE, AND/OR INTERNSHIP JOB O PPORTUNITIES FEC WILL ALSO DEVELOP A WEB PAGE ON ITS WEBSITE, WWW FECKC ORG, THAT WILL BE DESIGNED AS A ONE-STOP "GREEN" CAREER EMPLOY MENT AND TRAINING RESOURCE GUIDE, PROVIDING I NFORMATION TO BOTH EMPLOYER AND JOB SEEKING CUSTOMERS REGARDING THE GREEN KC CAREERS INITI ATIVE THE WEB PAGE WILL FUNCTION AS A "HOT SPOT" FOR JOB SEEKERS TO OBTAIN INFORMATION ON JOBS AND TRAINING AND WILL PROVIDE EMPLOYERS WITH ON-THE-JOB TRAINING INFORMATION, PROGRA M GUIDELINES, STEPS TO SUBMITTING JOB LISTINGS AND FEC CONTACT INFORMATION GREEN KC CAREE RS PROVIDES TWO LEVELS OF ASSISTANCE WHICH WILL DEPEND ON THE JOB SEEKER'S PREVIOUS WORK E XPERIENCE, GREEN CERTIFICATIONS AND OTHER JOB RELATED SKILLS AND ABILITIES GREEN JOBS CER TIFICATION AND/OR WORK EXPERIENCE PERSONS WILL ATTEND WORK READY WORKSHOPS AS DETERMINED DURING THE ASSESSMENT AND INTERVIEW PHASE, TO PREPARE THEIR RESUME, CONDUCT INTERNET JOB S EARCH AND MEET WITH A SPECIALIST FOR SCHEDULED REFERRALS TO EMPLOY MENT OPPORTUNITIES JOB SEEKERS WILL BE SCHEDULED TO INTERVIEW WITH EMPLOYERS FOR OJT, INTERNSHIPS OR DIRECT PLACE MENT OPPORTUNITIES GREEN CLASSROOM TRAINING COMBINED WITH AN INTERNSHIP PERSONS WHO NEED ADDITIONAL SKILL DEVELOPMENT WILL ATTEND A BUILDING GREEN INDUSTRY CLASSROOM OCCUPATIONAL SKILL TRAINING COURSE AND OBTAIN A GREEN CERTIFICATION UPON COMPLETION THE COURSE MAY BE OBTAINED THROUGH COMMUNITY COLLEGES, POST-SECONDARY INSTITUTIONS OR CUSTOMIZED TRAINING C OHORTS AFTER COURSE COMPLETION AND CERTIFICATION, JOB SEEKERS WILL ATTEND WORK READY WORK SHOPS FOR RESUME PREPARATION, INTERVIEWING, INTERNET JOB SEARCH AND JOB KEEPING TECHNIQUES AND MATCHED WITH GREEN INTERNSHIP OPPORTUNITIES PROGRAM OUTCOMES ARE A TOTAL OF 48 PARTI CIPANTS WILL BE ENROLLED IN THE GREEN KC CAREERS TRAINING PROGRAM, WITH 45 PARTICIPANTS RE CEIVING INDUSTRY RECOGNIZED "GREEN" OCCUPATIONAL SKILL TRAINING OR ON-THE-JOB TRAINING, AN D 80 PERCENT OR 36 COMPLETING TRAINING AND 73 PERCENT OR 26 WILL BE PLACED IN UNSUBSIDIZED EMPLOY MENT MISSOURI WORK ASSISTANCE (MWA) - WELFARE TO WORK - PROVIDED JOB READINESS AND TRAINING FOR TANF INDIVIDUALS ENGAGED IN WORK RELATED ACTIVITIES FOR A MONTHLY PARTICIPAT ION RATE OF 65 06 IN KCV AND 55 35% IN EJAC, 874 SERVED, 139 WERE ENGAGED IN WORK ACTIVITI ES, 170 WERE ENROLLED IN CLASSROOM TRAINING, 145 WERE EMPLOYED 99 FULL-TIME, 46 PART-TIME, AND EARNED AN AVERAGE WAGE OF $9 87 THE PURPOSE OF THE NORTHWEST MISSOURI FLOODING 2011 NATIONAL EMERGENCY GRANT (NEG) FUNDED BY US DEPARTMENT OF LABOR AND MISSOURI DEPARTMENT OF WORKFORCE DEVELOPMENT ($976,458), IS TO CREATE TEMPORARY JOBS TO ASSIST IN THE CLEAN-UP, RESTORATION AND HUMANITARIAN EFFORTS AS A RESULT OF THE "MAJOR FLOOD DISASTER", DECLARED A UGUST 12TH, 2011 BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) AREAS AFFECTED IN THE KANSAS CITY AND VICINITY REGION ARE PLATTE AND RAY COUNTIES THE PROGRAM SERVED 70 IN OUR REGION SECTION 3 KCMO HOUSING AUTHORITY CONSTRUCTION PROJECTS PROGRAM- IDENTIFIES, RECRUI TS, AND CERTIFIES HOUSING AUTHORITY RESIDENTS ELIGIBLE FOR THE SECTION 3 PROGRAMS UNDERTAK EN BY KCMO AND HOUSING AUTHORITY WORKING ON CONSTRUCTION PROJECTS IN THEIR NEIGHBORHOODS, SERVED/CERTIFIED 133 MISSOURI FIRST SOURCE PROGRAM-PROJECT PREPARE - GREATER KC AFL-CIO P ROVIDES FOR KCMO RESIDENTS RESIDENTS ARE LOOKED AT FIRST FOR EMPLOY MENT WHEN THE CITY OF KANSAS CITY UNDERTAKES CONSTRUCTION PROJECTS MARC - JOB ACCESS REVERSE COMMUTE (JARC)- FU LL EMPLOY MENT COUNCIL - CONTINUATION OF CAREER TRANSIT PROGRAM (ACCESSIBLE TRANSPORTATION PROGRAM) PROVIDED OUTREACH AND MARKETING ACTIVITIES TO UN-SERVED AND UNDERSERVED TO INFORM POTENTIAL APPLICANTS OF THE EMPLOY MENT AND TRAINING SERVICES AVAILABLE THROUGH THE ONE-ST OP CENTERS/MISSOURI CAREER CENTERS IN THE FIVE SURROUNDING COUNTIES CASS, CLAY, JACKSON, PLATTE AND RAY COUNTIES TRANSPORTATION SERVICES PROVIDED INCLUE VAN SERVICES, BUS PASSES AND OTHER PROVIDERS SUCH AS ADVANTAGE POOL (ORGANIZED RIDE SHARING TO AND FROM WORK, SWIN G SHIFT, A ONE-WAY TRANSPORTATION TO OR FROM WORK AND SHARE-A-FARE, A DOOR-TO-DOOR TRANSPO RTATION SERVICE FOR PERSONS WITH DISABILITIES TO AND FROM WORK FROM MAY 1 2011 TO APRIL 3 0, 2012 THE PROGRAM PROVIDED 379 OUTREACH ACTIVITIES, EMPLOYED 56 RIDERS AND 2,270 TRIPS/R IDES KANSAS CITY AREA TRANSPORTATION AUTHORITY PROGRAM- TAKES PEOPLE TO JOB LOCATIONS THA T ARE NOT SERVICED BY KCATA TRANSIT LINES, PROVIDED 391 MONTHLY PASSES AND 1,879 ONE-RIDE BUS TICKETS YOUTH PROGRAMS - FEC'S WIA YOUTH PROG

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PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUED	FORM 990, PART III, LINE 4A	RAMS PROVIDED JOB READINESS, COUNSELING, WORK EXPERIENCE, CLASSROOM OCCUPATIONAL TRAINING ASSISTANCE AND INTERNSHIPS TO ECONOMICALLY DISADVANTAGED YOUTH (AGES 16-21), DROPOUTS, AND AT-RISK YOUTH, PROVIDED JOB AND CAREER TRAINING ASSISTANCE THROUGH WORK EXPERIENCE OR CLA SSROOM OCCUPATIONAL TRAINING ASSISTANCE TO 475 YOUTH IN KANSAS CITY AND VICINITY AND EASTE RN JACKSON COUNTY REGIONS YOUTH WHO COMPLETED 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 THE PROGRAM SERVED 475 YOUTH, 90 - IN-S CHOOL, 385 OUT-OF-SCHOOL, 108 ATTAINED DEGREE / CREDENTIAL, 228 TOTAL PLACEMENTS, 35 WERE EMPLOYED AT AN AVERAGE WAGE OF $9 61 AND 36 ENROLLED IN POST-SECONDARY EDUCATION THROUGH AGGRESSIVE AND RESPONSIVE STAFF EFFORT FEC ACHIEVED ITS PLANNED PERFORMANCE OUTCOMES IN YO UTH PLACEMENT AT 104 2%, YOUTH ATTAINMENT DEGREE/CREDENTIAL AT 152 8% IN KCV AND ACHIEVED ITS PLANNED PERFORMANCE OUTCOMES IN YOUTH PLACEMENT AT 105 3%, YOUTH ATTAINMENT DEGREE/CRE DENTIAL AT 127 1% IN EJAC SPECIAL PROGRAMS FOR YOUTH FEC SECURED AND MANAGED SEVERAL MAJO R INITIATIVES FOR YOUTH (AGES 16-24) HEALTH CARE FOUNDATION OF GREATER KANSAS CITY FEC R ECEIVED A $135,000 GRANT AWARD FROM THE HEALTHCARE FOUNDATION OF GREATER KANSAS CITY TO BR IDGE EMPLOYMENT AND TRAINING PROGRAM TO RECRUIT AGE 16-24 ECONOMICALLY-DISADVANTAGED YOUTH FEC WORKED WITH THE GREATER KANSAS CITY HEALTHCARE FOUNDATION IN LINKING BRIDGE PROGRAMS , FUNDED BY THEM, TO POST-SECONDARY INSTITUTIONS FOR THE COMPLETION AND AWARD OF CLASS CRE DIT AND CREDENTIALS TO LOW-INCOME YOUTH IN THE HEALTHCARE PROGRAMS AND PLACEMENT INTO EMPL OYMENT BRIDGE PROGRAMS, AS PRESENTLY CONFIGURED, HELP TO PROVIDE YOUTH WITH COLLEGE LEVEL CREDIT IN SOME HEALTHCARE CAREERS, BUT THE COMPLETION OF THE COURSEWORK THAT LEADS TO A D IPLOMA OR CERTIFICATE AT A POST-SECONDARY INSTITUTION, HAS NOT BEEN CONSISTENT 21C HWP CR EATES A MORE EFFICIENT TRANSITION TO THE AWARDING OF POST-SECONDARY CREDENTIALS AND EMPLOY MENT THEREAFTER TO THESE ECONOMICALLY-DISADVANTAGED YOUTH THE PROGRAM PROVIDED OUTREACH T O 658 STATE PARKS YOUTH CORPS (SPYC) PROGRAM FOR AGES 16-24, JOINTLY SPONSORED BY THE MIS SOURI DIVISION OF WORKFORCE DEVELOPMENT, DIVISION OF STATE PARKS AND MISSOURI'S 14 WORKFOR CE INVESTMENT BOARDS, PROVIDES PARTICIPANTS THE OPPORTUNITY TO BE PLACED IN A WORK EXPERIE NCE TO HELP PREPARE THEM FOR TOMORROW'S CAREERS, WHILE SURROUNDED BY NATURE AND THE BEAUTY OF MISSOURI'S STATE PARKS THE MISSOURI STATE PARKS YOUTH CORPS WILL CHALLENGE PARTICIPAN TS TO "THINK OUTSIDE" BY ACCOMPLISHING INTERESTING PROJECTS THAT HELP PRESERVE AND ENHANCE MISSOURI'S STATE PARK SYSTEM IN ADDITION TO DEVELOPING THE CRITICAL LEADERSHIP SKILLS TH AT WILL PREPARE THEM FOR SUCCESS IN FUTURE CAREERS, THE PROGRAM WILL BOLSTER AN APPRECIATI ON FOR THE ENVIRONMENT AND "GREEN" CONCEPTS THAT ARE AN EXCITING PART OF MISSOURI'S GROWIN G INDUSTRIES THE PROGRAM PLACED PARTICIPANTS IN A PAID WORK EXPERIENCE IN MISSOURI STATE PARKS AND HISTORIC SITES BUILDING TRAILS, LEADING TOURS, EXCAVATING HISTORICAL SITES, DESI GNING MARKETING CAMPAIGNS FROM MARCH 1, 2010 TO SEPTEMBER 30, 2010, THE PROGRAM SERVED 48 AND PLACED 28 IN A WORK EXPERIENCE AT AN AVERAGE WAGE OF $7 25 AND FROM FEBRUARY 1, 2011 TO NOVEMBER 30, 2011, THE PROGRAM SERVED 14 AND PLACED 9 IN A WORK EXPERIENCE THE AGENCY WAS THE STATEWIDE ADMINISTRATOR OF CDBG-COMMUNITY BLOCK GRANT PROGRAM FUNDS OF $1,651,000 FROM MO DEPT OF ECONOMIC DEVELOPMENT

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PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUED	FORM 990, PART III, LINE 4A	SEVERAL NEW YOUTH PROGRAMS ARE UNDER WAY PROJECT RISE, UNITED WAY/CITI FOUNDATION COMMUNITY INVESTMENT IN FINANCIAL EDUCATION PARTNERSHIP, COLLEGE ACCESS CHALLENGE PROGRAM (FEC AIM HIGHER PROGRAM) AND LEARN TO EARN FEC SECURED FUNDING FROM MAYOR'S FUND TO ADVANCE NEW YORK CITY (MAYOR'S FUND) AND THE NYC CENTER FOR ECONOMIC OPPORTUNITY SOCIAL INNOVATION FUND (SIF) OF $1 3 MILLION TO PROVIDE PAID INTERNSHIPS, EDUCATIONAL OPPORTUNITIES AND SUPPORT FOR DISCONNECTED 18-24 YEAR OLD YOUNG ADULTS IN KANSAS CITY, MO IN A PROGRAM CALLED PROJECT RISE THE PROGRAM SERVED 65 DURING THE FIRST YEAR, 60 ENROLLED IN EDUCATION AND 56 IN INTERNSHIP 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 INTERNSHIPS TO WOMEN AND MINORITY YOUTH 18 TO 24 YEARS OF AGE IN FIELDS RELATED TO THE PROFESSIONAL SPORTS FEC WILL UTILIZE FUNDING FROM THE KANSAS CITY CHIEFS FOOTBALL CLUB AND THE JACKSON COUNTY SPORTS COMPLEX AUTHORITY FOR THE LEARN TO EARN INITIATIVE IN PY 2011 TO PROVIDE INTERNSHIPS AND SCHOLARSHIPS OF $3,000 THE PROGRAM SERVED 29 DURING THE YEAR UNITED WAY/CITI FINANCIAL EDUCATION THE UNITED WAY OF GREATER KC AND CITI-FINANCIAL FOUNDATION COMMUNITY INVESTMENT IN FINANCIAL EDUCATION PARTNERSHIP, WHICH PROVIDED FUNDING OF $52,500, IS DESIGNED 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 TO INCREASE THE NUMBER OF LOW-INCOME YOUNG ADULTS RECEIVING ACTIONABLE INFORMATION ON FINANCING OPTIONS, FINANCIAL LITERACY TOOLS, DEBT AVOIDANCE AND CAREER PLANNING THE PROGRAM SERVED 951 COLLEGE ACCESS AIM HIGHER THE COLLEGE ACCESS CHALLENGE PROGRAM (FEC AIM HIGHER PROGRAM), FUNDED BY MO DEPT OF HIGHER EDUCATION FOR $100,000, IS DESIGNED TO PROVIDE EFFECTIVE INFORMATION TO YOUTH AND YOUNG ADULTS (AGES 17- 24) AND THEIR FAMILIES ON POST-SECONDARY EDUCATION BENEFITS, OPPORTUNITIES, PLANNING AND CAREER PREPARATION IT PROVIDES ACTIONABLE INFORMATION ON FINANCING OPTIONS, INCLUDING ACTIVITIES THAT PROMOTE FINANCIAL LITERACY, DEBT AVOIDANCE AND MANAGEMENT AMONG STUDENTS AND FAMILIES THE PROGRAM CONDUCTS OUTREACH ACTIVITIES FOR HIGH SCHOOL STUDENTS AND GRADUATES WHO MAY BE AT RISK OF NOT ENROLLING IN OR COMPLETING COLLEGE AND TO ASSIST PROSPECTIVE AND CONTINUING STUDENTS IN THE COMPLETION OF THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA), AND TO TRACK STUDENT FAFSA COMPLETION AND FOLLOW-UP OF ENROLLMENT IN POST-SECONDARY EDUCATION THE PROGRAM SERVED 372 GREEN RETROFIT EMPLOYMENT AND TRAINING (GREAT) PROJECT - US DEPARTMENT OF ENERGY, MISSOURI DEPT OF NATURAL RESOURCES AND CITY OF KCMO PROJECT TO PROVIDE CLASSROOM TRAINING AND WORK EXPERIENCE TO MORE THAN 100 UNEMPLOYED YOUNG ADULTS, 18-24 YEARS OLD, IN THE DISSEMINATION OF INFORMATION TO LOW INCOME NEIGHBORHOOD RESIDENTS TO INCREASE THE ENERGY EFFICIENCY OF THEIR HOMES PROJECT CONSISTS OF 3 COMPONENTS (1) PAID FEC WORK READINESS TRAINING, (2) CERTIFICATE CLASSROOM TRAINING, PAID STIPEND WHILE ATTENDING 3 WEEKS OF "RETROFIT SERVICE REPRESENTATIVE" CLASSROOM TRAINING CONDUCTED BY AN EDUCATIONAL PROVIDER PARTICIPANTS WILL BE TRAINED IN OSHA SAFETY, WEATHERIZATION, LEAD PRACTICES, GREEN RETROFIT INSTRUCTIONS, CUSTOMER SERVICE TECHNIQUES, AND RECEIVE OSHA 10 AND LEAD - RRP CERTIFICATIONS, (3) PAID COMMUNITY OUTREACH WORK EXPERIENCE OR EMPLOYER INTERNSHIP, PARTICIPANTS PARTICIPATE IN 120 HOURS OF COMMUNITY OUTREACH - WORK EXPERIENCE PROVIDING INFORMATION ON WEATHERIZATION RESOURCES AND ENERGY EFFICIENCY MEASURES THAT CAN BE UTILIZED BY RESIDENTS LIVING IN THE TARGETED NEIGHBORHOODS THE PROGRAM SERVED 618