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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

A Fo	r the 2	2008 cal	endar yea	r, or tax year beginning 07	-01-2008 and ending 06-30-200	9			·				
B Che	eck if ap	pplicable	Please	C Name of organization Full Employment Council Inc				D Employer	identification number				
┌ Add	Iress ch	ange	use IRS label or	. ,				43-1377					
┌ Nar	ne char		print or	Doing Business As				E Telephone	number				
┌ Inıt	ıal retur		type. See Specific	Number and street (or P.O. I	ox if mail is not delivered to street addre	se) Doom/	cuite	(816) 47	1-2330				
┌ Ter	mınatıo	n	Instruc- tions.	1740 Paseo Blvd		ess) Room/	suite	G Gross rece	eipts \$ 17,053,981				
_	ended r olication	return pending		City or town, state or country Kansas City, MO 64108	, and ZIP + 4								
			F Nan	ne and address of Principa	l O fficer	Н(a) т	s this	a group retu	urn for				
			Clyde N	M c Q ueen		1	ıffılıate		⊤Yes ▼ No				
				Paseo Blvd : City, MO 64108									
Ta:	x-exem	pt status) (3) ◀ (insert no)	(a)(1) or 527	1		affiliates incl					
			feckc org		· · · · ·	7		Exemption	ıst See ınstructions) Number ►				
К Туре	e of org	anization	✓ Corporat	cion trust association o	ther 🕨	L Year	of Forn	nation 1984	M State of legal domicile MO				
		<u> </u>											
Ра	τI												
					most significant activities								
3		SEE SCH	HEDULE O)									
Ě													
Governance													
Š	2	Check th	nis box 🦵	if the organization discont	inued its operations or disposed o	of more th	an 25						
	3	Number	of voting r	nembers of the governing !	oody (Part VI, line 1a)			3	9				
20 જ	4	Number	ofındepen	ident voting members of th	e governing body (Part VI, line 11)	•	. 4	9				
₽	5	Total nui	mber of en	nployees (Part V , line 2a)				5	1,450				
Activities &	6	Total nui	mber of vo	olunteers (estimate if nece	ssary)			6	9				
đ	7a	Total gro	ss unrela	ted business revenue from			7:	a 0					
	b	Net unre	lated busi	ness taxable income from			71	b 0					
						Prior	Year	Current Year					
	8	Contrib	utions and	d grants (Part VIII, line 1h		15,494,956	17,045,425						
Revenue	9	Progran	n service	revenue (Part VIII, line 2g		0	0						
<u> </u>	10	Investr	nent incor	me (Part VIII, column (A),			12,645	1,005					
Ě	11	Otherr	evenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			12,917	7,551				
	12		venue—a	dd lines 8 through 11 (mus	e		15 520 540	17.052.001					
		12)						15,520,518					
	13			ar amounts paid (Part IX, c	, ,,			3,477,641					
	14		•	or for members (Part IX, co	, ,,	_		0	0				
82	15	Salaries	s, other co	mpensation, employee be	nefits (Part IX, column (A), lines !	5-	6,176,398 7,09						
Expenses	16a	•	ional fund	lraısıng fees (Part IX, colui			0						
-	ь			penses, Part IX, column (D), line									
Д	17	•		penses, Part IX, column (D), lines (Part IX, column (A), lines	·			5,922,795	6,544,641				
	18			add lines 13–17 (must eq	<u> </u>		15,576,834						
	19			eadd lines 13-17 (must equences Subtract line 18 fr	<u> </u>		-56,316						
<u>}v 07</u>	1.9	Nevellu	C 1633 6X	,chaea Subtract fille 10 III	om mic 12	n.	ain-:-	· · · · · · · · · · · · · · · · · · ·	End of Year				
8 €						Bei	gumin	g of Year					
988 988	20		•	rt X, line 16)		<u> </u>		4,032,727	, ,				
Net Assets or Fund Balances	21	Total lia	abilities (F	Part X, line 26)				3,084,625	· · ·				
	22	Netass	ets or fun	id balances Subtract line 2		948,102	1,259,592						
Par	t II	Signa	iture Blo	ock									
Please Sign		and belie	f, it is true, o	erjury, I declare that I have exan correct, and complete Declaration									
Here	-			resident/CEO									
		Type	or print nam	e and title									
Paid		Preparer's signature		el J Engle		Check if self- empolyed	. —	Preparer's PT	IN (See Gen Inst)				
Prepa	arer's	Firm's nar	ne (or yours	s l . BKD LLP		c.iipoiyeu i	1						
Use (ıf self-em	ployed),	-				EIN ▶					
•		address, a	and ZIP + 4	120 West 12th Street Suite	1200			Phone no F	(816) 221-6300				
				Kansas City, MO 6410519	36			FIIOTIE 110	(010) 221-0300				
Mayt	he IR	S discuss	this retu	rn with the preparer shown	above? (See instructions)				▼ Yes				

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organic SEE SCHEDULE O	zation's mission						
2	the prior Form 990 o	r 990-EZ?		ervices during the year	which were not listed on	'es ✓ No		
3	Did the organization	ese new services on S cease conducting or r	nake significan	t changes in how it con	ducts any program	∕es No		
		ese changes on Sched			, .	,		
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 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 SEE SCHEDULE O) (Expenses \$	15,225,396	including grants of \$	3,103,126) (Revenue \$	0)		
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)		
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)		
4d	Other program serv	vices (Describe in Sch	nedule O) luding grants o	f \$) (Revenue \$)		
4e	Total program serv			6 Must eaual Part IX.				

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? 🕏	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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Νο
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 hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 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 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? 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 question 25	24a		No
ь	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		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? 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		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "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 section 301 7701-2 and 301 7701-3? <i>If</i> "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
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent 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

Pa	t V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	127			
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 t	o ven	dors and reportable	4-	V	
-	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	1,450			
b	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a		N o
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	· · · · · ·	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50		
- 14	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	v Reaardina Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more $^{\circ}$	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
	file Form 8282?	I . .		7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?					l
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	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	ı	I			
	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					
а	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	ı lıeu d	of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	v, desc	ribe the circumstances,
а	Enter the number of voting members of the governing body	1a	Ġ
b	Enter the number of voting members that are independent	1b	Ġ

•	other officer, director, trustee, or key employee?	•
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?	

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

Did the organization become aware during the year of a material diversion of the organization's assets? \cdot .	L
Does the organization have members or stockholders?	
Does the eventuation have members attackfolders or other nevents who may elect one or more members of the	

	Does the organiza	tıor	n ha	ve i	mem	nbe	rs, s	toc	kho	lder	s, o	r oth	her	pers	ons	who	may	/ elec	ct o	ne	or n	nore	me	mber	s of t	he
	governing body?																									
L	A		414				L _ J							L		L		احطادات							2	

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
Did the organization contemporaneously document the meetings held or written actions undertaken during t	he
year by the following	

Did the organization of	. 0111	emp	oranie	ousi	y uo	Cuiii	ent t	116 111	eetii	iyə ii	elu oi	WILL	ten a	CLIOII	o ui	luell	.are	III u u	41 III 9	LITE	
year by the following																					
the governing hody?																					

	3 3 ,	_	_	_	_	_	_	_	_	_	
•	each committee with authority to act on behalf of the governing body?										
	Does the organization have local chanters, branches, or affiliates?										

ь	If "Yes," does the organization have written policies and procedures governing the activities of such	cŀ	пар	ter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization? .				

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	

11	Is there any officer, director or 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

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MO
- 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 make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 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**

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- * 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

		Posit ti	(C non (chat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Barbara Curry , President/Director	1 0	Х		Х				0	0	0
Barrett Hatches , Director	1 0	Х						0	0	0
Betty Freeman-Boots , Director	1 0	Х						0	0	0
Bridgette Williams , Treasurer/Secretary/Director	1 0	Х		Х				0	0	0
Jackie Snyder , Director	1 0	Х						0	0	0
Peter Yelorda, Director	1 0	Х						0	0	0
Randall Ferguson , Director	1 0	Х						0	0	0
William Threatt , Director	1 0	Х						0	0	0
Clyde McQueen , President/CEO	40 0			Х				306,935	0	30,402
Shelly Estell , Senior Vice President/COO	40 0			Х				120,727	0	40,268
Tirhas Kidane , Vice President/CFO	40 0			Х				116,882	0	23,624
Gilberto Gonzalez , Chief Administrative Officer	40 0			Х				52,409	0	10,527
							$ldsymbol{ldsymbol{ldsymbol{eta}}}$			

Part VII Continued

			(ition that a		all			(F)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total						►	596,953	0	104,821

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►3

			res	140
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			
	on time 1a' 11 res, comprete schedule 1101 such marviada.	3		Νo
4	For any individual listed online 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 for services rendered to the organization? If "Yes," complete Schedule J for such person			
	rendered to the organization. In rest, complete senedate from such person.	5		Νo

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	0

| v__ |

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
京芸	1a	Federated camp	paigns 1a	1				
호호	ь	Membership du	es					
g.ĕ	c	Fundraising eve	ents 1 0					
無った	d	Related organiz	ations 1d					
E S	e	Government grants	s (contributions) 1e	16,812,471				
한 교	f	All other contribution	ons, gifts, grants, and 1f	232,954	į			j
Contributions, gifts, grants and other similar amounts	g		butions included in					
늍		lines 1a-1f \$ _						
ပ္မ	h	Total (Add line	s 1a-1f)		17,045,425			
ap.				Business Code				
em	2a							
.≊ 28	ь							
- P3	c							
er F	d		_					
န	e							
Program Serwce Revenue	f	All other progra	m service revenue					
<u> </u>	g	Total. Add lines	2a-2f	. • \$				
	3		ome (ıncludıng dıvıden	,				
			nounts)		1,005			1,005
	4		tment of tax-exempt bond	_				-
	5	Royalties						
	6a	Gross Rents	(ı) Real	(II) Personal				
	Ь	Less rental						
	-	expenses Rental income						
	°	or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) O ther				
	^{/ a}	from sales of assets other						
		than inventory						
	b	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	ď		s)					
	8a	Gross income fi	rom fundraising					
Other Revenue	b c	\$of contributions See Part IV , lin Attach Schedule \$15,000 Less direct ex	reported on line 1c)					
Ò	9a		rom gaming activities					
		See part IV , lin Complete Schedu \$15,000	e 19 ule G ıf total exceeds a					
	b c		penses b loss) from gaming acti					
	10a	Gross sales of returns and allo	inventory, less					
	ь	Less cost of go	oods sold b					
	С		loss) from sales of inv					
		Miscellaneous		Business Code	3 554			3.554
	11a	MISCELLANEC	US	900,099	7,551			7,551
	b							
	C							
	d	All other revenu	ne					
	e	Total. Add lines	: 11a-11d	\$				
	12		Add lines 1h, 2g, 3, 4,		17,053,981			8,556

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re),
	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 U S See Part IV, line 21		·		•
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,103,126	3,103,126		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	294,697	252,456	42,241	
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	5,156,230	4,412,579		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	398,446	344,119	54,327	
9	Other employee benefits	687,189	593,492	93,697	
10	Payroll taxes	558,162	504,248	53,914	
11	Fees for services (non-employees)				
а	Management	76,736	23,688	53,048	
b	Legal	129,768	40,059	89,709	
c	Accounting	61,600	19,016	42,584	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	3,195,661	3,147,759	47,902	
12	Advertising and promotion	191,303	129,368	61,935	
13	Office expenses	849,193	849,193		
14	Information technology	205,117	200,096	5,021	
15	Royalties				
16	Occupancy	444,790	413,808	30,982	
17	Travel	215,024	144,148	70,876	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	25,797	17,772	8,025	
20	Interest	43,333		43,333	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	300,940	300,845	95	
23	Insurance	125,560	96,526	29,034	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	SECURITY SERVICES	241,341	241,341		
b	REPAIRS & MAINTENANCE	188,958	185,348	3,610	
С	TRANSPORTATION SERVICES	123,064	123,064		
d	MEMBERSHIP/PUBLICATIONS	80,863	48,125	32,738	
e	STAFF TRAINING	26,411	17,651	8,760	
f	All other expenses	19,182	17,569	1,613	
25	Total functional expenses. Add lines 1 through 24f	16,742,491	15,225,396	1,517,095	0
26	Joint Costs. Check Tif following SOP 98-2 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			3) fyear
	1	Cash—non-interest-bearing			200	1		200
	2	Savings and temporary cash investments			824,462	2		1,243,334
	3	Pledges and grants receivable, net			2,099,578	3		1,752,351
	4	Accounts receivable, net	·		265,768	4		207,455
	5	Receivables from current and former officers, directors, trustees		nployees or	·	5		•
	6	other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ction 4					
	_	persons described in section 4958(c)(3)(B) Complete Part II of	e L		6			
	7	Notes and loans receivable, net			7			
	8	Inventories for sale or use				8		
š	9	Prepaid expenses and deferred charges			234,209	9		185,577
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	3,981,539				
_	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	2,225,525	608,510	10c		1,756,014
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 Complete Pa	·		12			
	13	Investments—program-related See Part IV, line 11 Complete Pof Schedule D.			13			
	14	Intangible assets			14			
	15	Other assets See Part IV , line 11 Complete Part IX of Schedule		15				
		D			4 022 727			E 144 021
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,032,727	16		5,144,931
	17	Accounts payable and accrued expenses .			2,225,879	17		2,071,948
	18	Grants payable	401,648	18		588,066		
	19	Deferred revenue		457,098	19		398,699	
ø	20	Tax-exempt bond liabilities			20			
ŧje	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable 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			0	23		826,626
	24	Unsecured notes and loans payable		24				
	25	Other liabilities Complete Part X of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25			3,084,625	26		3,885,339
S)		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete line	es 27				
٦ <u></u>		through 29, and lines 33 and 34.			040 455	<u></u>		4.050.505
Balance	27	Unrestricted net assets			948,102	27		1,259,592
ă	28	Temporarily restricted net assets				28		
Fund	29	Permanently restricted net assets			29			
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ an lines 30 through 34.	ete					
	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
	32	Retained earnings, endowment, accumulated income, or other fu			32			
Net	33	Total net assets or fund balances		948,102	33		1,259,592	
_	34	Total liabilities and net assets/fund balances			4,032,727	34		5,144,931
Pa	rt XI	Financial Statements and Reporting						
				_			Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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?	3b	Yes	_

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Full Er	nploym	ent Council Inc	:								
								43	-137719	7	
	rt I			harity Status (to be co		-			Instruct	ions)	
The c	organı:			lation because it is (Please							
1		A church, o	convention of cl	hurches, or association of ch	urches de	escribed in	Section 1	170(b)(1)	(A)(i).		
2		A school d	escribed in Sec	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)					
3	Г	A hospital	or a cooperativ	e hospital service organizati	on descri	bed in Sec	t ion 170(l	b)(1)(A)(i	i ii). (A ttac	h Schedu	le H)
4	Г	A medical	research organ	ızatıon operated ın conjunctı	on with a	hospital d	escribed i	n Sect ion	170(b)(1)	(A)(iii). E	nter the
		•	name, city, and								
5	Г	An organiz	ation operated	for the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın
		Section 17	0(b)(1)(A)(iv).	. (Complete Part II)							
6	Γ	A federal, s	state, or local g	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).		
7	✓	Anorganiz	atıon that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fror	n the gene	eral public
		described i	n Sect ion 170(I	b)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A commun	ıty trust descrıl	bed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)				
9	Г	Anorganiz	atıon that norm	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ns, membe	ership fees	s, and gross
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	/3% of
		ıts support	from gross inv	estment income and unrelate	ed busines	ss taxable	income (l	ess sectio	on 511 ta:	x) from bu	sınesses
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	i09(a)(2).	(Complete	e Part III)		
10	Γ	Anorganiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (S	ee instruc	tions)
11	Γ	one or mor the box tha	e publicly supp at describes the	and operated exclusively fo orted organizations describe type of supporting organiza	d in secti tion and c	on 509(a) omplete l	(1) or sec ines 11e t	tıon 509(a hrough 11	a)(2) See h	Section 5	09(a)(3). Check
	_	•					nally Integ		d		III - Other
e	1	•		rtify that the organization is lagers and other than one or			•			•	•
		section 50		lagers and other than one or	more pub	iiciy supp	orted orga	IIIZations .	uescribeu	III Section	1303(4)(1) 01
f		If the orgai	nization receive	ed a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organizatio <u>n,</u>
		check this						6.11			Г
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any or the)		
				or indirectly controls, either a	alone or to	ogether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	low, the govern	ing body of the the supported	d organiza	tion?				11g	(i) No
		(ii) a family	y member of a p	person described in (i) above	?					11g(
		(iii) a 35%	controlled ent	ity of a person described in (i) or (ii) a	bove?				11g(
h		Provide the	following infor	mation about the organizatio	ns the org	ganızatıon	supports				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		orted		(described on lines 1 - 9	_	ation in		inization		ation in	support?
	Orgar	nization		above or IRC section (See Instructions))		listed in		i) of your port?		rganized US?	
				(See Instructions))		verning ment?	Supp	ort,	In the	057	
					Yes	No	Yes	No	Yes	No	1
						110	1.03		1.03		
						1					
						1	1	-	-	1	

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.)

	(Complete only if you check	ked the box of	1 line 5, 7, or	8 of Part I.)				
	ublic Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	14,895,689	14,087,804	15,003,462	15,494,956		17,045,425	76,527,336
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 line 1-3	14,895,689	14,087,804	15,003,462	15,494,956		17,045,425	76,527,336
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line							
·	4							76,527,336
T	otal Support						•	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	14,895,689	47,464	15,003,462	15,494,956	:	17,045,425	76,527,336
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	46,080	47,464	38,211	12,645		1,005	145,405
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	10,012	31,547	2,484	12,917		7,551	64,511
11	Total Support (Add lines 7 through 10)							76,737,252
12	Gross receipts from related activities, etc	(See instruction:	s)	•	•	12		
13 C	First Five Years. If the Form 990 is for the conganization, check this box and stop here omputation of Public Support Percent		st, second, third	l, fourth, or fifth	tax year as a 50		3) I	▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		99.726 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		99.551 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly support I not check the b	orted organization	on r 16a, and line 1	·			
17a	box and stop here. The organization qualifiem 10% Facts and Circumstances Test - 2008. If more, and if the organization meets the "facts and circumstances and circumstances" and circumstances are constant.	f the organization	on did not check ances" test, che	a box on line 1: eck this box and	stop here. Expl	laın ın	Part IV ho	
b	10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fac	f the organization	on did not check ances" test, che	a box on line 1.eck this box and	3, 16a, 16b, or : stop here. Exp	17a ar Iaın ın	nd line 15 i Part IV ho	s 10% or w
18	the organization meets the "facts and circuit Private Foundation. If the organization did in the tructions							►□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	me of the organization Employment Council Inc		Employer identification number
rull	Employment Council Inc		43-1377197
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99	0, Part IV, line 6.	<u> </u>
		(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 advifunds are the organization's property, subject to the		radvised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		may be
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating in the conservation of natural habitat Preservation of open space	ion or pleasure) Preservation of an	historically importantly land area tified historic structure
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the form	of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
C	Number of conservation easements on a certified hi	istoric structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated	d by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	=	tions, and Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year 🕨
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the yea	ar ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2 (d) above satisfy the requirements of sect	TYes
9	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial :	
Par	TIII Organizations Maintaining Collection Complete if the organization answered '		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or researc	h in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	
	(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, histological following amounts required to be reported under SFA		r financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		► \$

Par	Organizations Maintaining Collections of Ar	t, His	tori	cal Treasu	ires, or Othe	r Similar Asse	ets (co	ntınued)
3	Using the organization's accession and other records, check ail items (check all that apply)	ny of th	e foll	owing that ar	e a sıgnıfıcant ι	ise of its collectio	n	
а	Public exhibition	d	Г	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collections and expl Part XIV	aın hov	v the	/ further the o	organization's ex	xempt purpose in		
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained as						Yes	Г No
Par	Trust, Escrow and Custodial Arrangements Part IV, line 9, or reported an amount on Form 9	Com	plete	e if the orga		ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermincluded on Form 990, Part X?	iediary	for c	ontributions (or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following ta	ble						
						A mo	unt	
С	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, lii	ne 21?				Г	Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organization						\= \v	
1-	Beginning of year balance	[(D)	Prior \	rear (c) iw	o Years Back (d)	Three Years Back (e)Four Ye	ears Back
1a b	Contributions	-						
_		-						
C C	Investment earnings or losses Grants or scholarships	-						
d e	Other expenditures for facilities	-						
e	and programs							
f	Administrative expenses	-						
g	End of year balance	-						
2	Provide the estimated percentage of the year end balance held	as						
а	Board designated or quasi-endowment							
ь	Permanent endowment >							
c	Term endowment -							
3a	Are there endowment funds not in the possession of the organic	zation	that a	re held and a	ıdmınıstered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations		•			3a(ii)		
	If "Yes" to 3a(II), are the related organizations listed as require					3b		
4 Doc	Describe in Part XIV the intended uses of the organization's er t VI Investments—Land, Buildings, and Equipme				art V Juan 10			
Fal	Till Till Vestillents—Land, Bundings, and Equipme	: III. 3		•	·	T T		
	Description of investment			Cost or other s (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	
			1		i			ok value
	Land	•				, ի		
b	Buildings				899,960	,		877,461
b c	Buildings	· ·			899,960 547,167	12,766		
b c d	Buildings	· ·			, , , , , , , , , , , , , , , , , , ,	12,766		877,461
b c d	Buildings			10(-)	547,167 2,534,412	12,766		877,461 534,401

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,053,981
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,742,491
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	311,490
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	311,490
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	17,053,981
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	17,053,981
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	17,053,981
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	16,742,491
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	16,742,491
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	16,742,491
Pai	t XIV Supplemental Information		
_			

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, 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

Ident if ier	Return Reference	Explanation
UNCERTAIN TAX POSITIONS UNDER FIN 48	FORM 990, SCHEDULE D, PART X	In accordance with Financial Accounting Standards Board (FASB) Staff Position No FIN 48-3, the Organization has elected to defer the effective date of FASB Interpretation No 48 (FIN 48), Accounting for Uncertainty in Income Taxes, until its fiscal year ended June 30, 2010 The Organization has continued to account for any uncertain tax positions in accordance with literature that was authoritative immediately prior to the effective date of FIN 48, such as FASB Statement No 109, Accounting for Income Taxes and FASB Statement No 5, Accounting for Contingencies

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493137045230

Department of the Treasury Internal Revenue Service Name of the organization

Full Employment Council Inc

Schedule I

(Form 990)

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

Open to Public Inspect ion

Employer identification number

Full Employment Council The						43-1377197	
Part I General Infor	mation on Grai	nts and Assistance	e			'	
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	d to award the gran	nts or assistance?					▼ Yes
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the call if no one recipient rec	served more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	,	(h) Purpose of grant or assistance
2 Fatantatal annih a s	F01(-)(2)						
Enter total number of seconganizationsEnter total number of oth					•		•
For Paperwork Reduction Act Not				Cat No 50055			nedule I (Form 990) 2008

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on 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) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
TUITION ASSISTANCE	836	3,103,126			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedures for Monitoring the use of grant funds to U S		No Grant assistance to organizations It is financial assistance to individuals for training and support related with 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 is set based on US Dept of Labor and the State of Missouri Division of workforce Development's guideline. There is an admission committee who 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. We have an independent accounting (CPA) firm who also quarterly monitors this program.

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DLN: 93493137045230

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Attach to Form 990. To be completed by organizations

that answered "Yes" to Form 990, Part IV, line 23. Name of the organization

Employer identification number Full Employment Council Inc 43-1377197

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t		•			
	✓ Compensation committee	굣	Written employment contract			
	✓ Independent compensation consultant	모	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		No

Cat No 50053T

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Clyde McQueen	(I) (II)	186,559 0	47,676 0	72,700 0	18,455 0	11,947 0	337,337 0	0 0
Shelly Estell	(I) (II)	120,727 0	0	0	9,706 0	30,562 0	160,995 0	0 0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Ident if ier	Return Reference	Explanat ion
-		
	•	

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Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE 0

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

DLN: 93493137045230 OMB No 1545-0047

Open to Public Inspection

Name of the organization Full Employment Council Inc

Employer identification number

43-1377197

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	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. The Full Employment Council accomplishes this goal by working in collaboration with businesses, local units of government, educational institutions, labor and community-based organizations. This partnership responds to employer needs while reducing unemployment, underemployment and the public dependency of area residents. The Full Employment Council, as the one stop operator of Missouri Career Center, provided employment, training and support services to over 330,000 job seekers in Kansas City and independence, Mo., including Jackson, Clay, Platte, Cass and Ray counties.

		City and independence, Mo , including Jackson, Clay, Platte, Cass and Ray counties
Identifier	Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, LINE 4A	Career Assistance Program- This Program provides job readness preparation vocational evaluation / counseling, occupational classroom traning, job placement assistance, on-the-job Training (OJT), supportive services, follow up and reletion activities to individuals receiving (TAIN (Temporary Assistance for Needy Familes) services and is designed to increase obtainment and reletion of employment. The program served in IKOV 3,449 and placed 355 et an average weg per 95 90 your volument of the program provides to economically disadvantaged, dropouts, and strinsk youth, por readiness preparation, career counselling, basic skills assessment, job search assistance, vocational / occupational training, job placement, work experience, internships, follow-up and supportive services (educational, transportation and work related expenses). This program provides to device a service assistance, classroom occupational training, on-the-Job Training (JOT), Vocational evaluation / occursionally occutional training to acquire or upgrade skills and provides supportive services, assistance with tools, unforms, transportation costs incurred during training or employment services to economically disadvantaged Adults and Dislocated Workers- individuals lad-off due to plant closures, companies gene out of business, expleit for or have exhausted unemployment benefits, and Displaced Homeraker - individuals who have been dependent on the moore of another family member but are no longer supported by that incore and are unemployed or underemployed and are experiencing difficulty in obtaining or up grading employment. The program served 752 Dislocated individuals in Kanass CSV and Vicinity are and 774 in East Jackson Across and served 1673 addition Rainass CSV (3) and Vicinity are and 274 in East Jackson Across and served 1673 addition Rainass CSV (3) and Vicinity and 334 adults in East Jackson County WiRED Check Program. This programs served 752 Dislocated individuals in Kanass CSV and Vicinity and Across and the programs and programs and pr

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION A, LINE 10	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 OF THE BOARD PRIOR TO FILING THE 990

ldentifier	Return Reference	Explanation	
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST STATEMENTS ARE COMPLETED AND SIGNED BY ALL BOARD OF DIRECTORS 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	

ldentifier	Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINE 15A & B	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 SALARY AND COMPENSATION REVIEW ON NOVEMBER 2008 AND THE NEXT STUDY WILL BE CONDUCTED IN 2011

ldentifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	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 GREATER KANSAS CITY COMMUNITY FOUNDATION'S WEBSITE WWW GKCCF ORG