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Department of the Treasury

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

Open to Public

			<u> </u>					Inspection
			endar yea	r, or tax year beginning 07 C Name of organization	7-01-2009 and ending 06-30-2010		D Employer	identification number
B Check if applicable Address change Please use IRS Full Employment Council Inc 43-								107
	number							
_	me cha	_	print or type. See				(816) 47	1_2220
Ind	ial retu		Specific Instruc-		box if mail is not delivered to street address	s) Room/suite	2	pts \$ 23,399,982
Te	mınate	ed	tions.	1740 Paseo Blvd			a 61033 16661	
☐ Am	ended	return		City or town, state or countr	y, and ZIP + 4		1	
Гар	olication	n pending		Kansas City, MO 64108				
			F Nan	ne and address of principa	lofficer	H(a) Ist	■ hıs a group ret	urn for
				MCQUEEN			iates?	⊤Yes ∀ No
				Paseo Blvd City, MO 64108		U/b\ Ara	all affiliates incl	luded?
						• •		ist (see instructions)
I Ta	x-exen	npt status	⋝ 501(c))(3) ◄ (insert no)	7(a)(1) or		oup exemption	
	ebsite	e: ► WWV	N FECKC (0 RG		(-)		
						1		T
K For	n of or	ganization	I ✓ Corporat	tion Trust Association	Other F	L Year of	formation 1984	M State of legal domicile MO
Pa	rt I	Sumn	nary					
	1	•		-	r most significant activities			
				LIC AND PRIVATE SECT INSAS CITY AREA	OR EMPLOYMENT FOR THE UNEM	IPLOYED A	ND UNDEREM	IPLOYED RESIDENTS OF
Governance								
<u> </u>								
產	_			-				
			,		ntinued its operations or disposed o			
න් ග්	3		=		body (Part VI, line 1a)			4 9
Ě	4				ne governing body (Part VI, line 1b)		•	
Activities	5			nployees (Part V, line 2a)				·
ă	6			olunteers (estimate if nece				
		_		ted business revenue fron ness taxable income from	•		7a	
	В	Net unie	lated busi	Tiess taxable income non	101111 9 90 - 1 , IIIIe 3 4	D-	ior Year	Current Year
	8	Contrib	utions and	17,045,425				
9	9			d grants (Part VIII, line 1 revenue (Part VIII, line 2		17,043,423	23,373,301	
Ravenue	10				, lines 3, 4, and 7d)		1,005	296
æ	11				s 5, 6d, 8c, 9c, 10c, and 11e)		 	
	12				st equal Part VIII, column (A), line		7,551	
							17,053,981	23,399,982
	13				column (A), lines 1-3)		3,103,126	5,388,554
	14				olumn (A), line 4)			0
88	15	Salaries 10)	s, other co	ompensation, employee be	nefits (Part IX, column (A), lines 5-	-	7,094,724	7,664,926
38	16a	•	uonal fund	raising fees (Part IX, colu	mn (A), line 11e)		.,	0
Expenses	ь			enses (Part IX, column (D), line				
Ω	17			, , , , , , , , , , , , , , , , , , , ,	11a-11d, 11f-24f)		6,544,641	10,751,868
	18				ual Part IX, column (A), line 25)		16,742,491	<u> </u>
	19		="	•	om line 12		311,490	' ' '
- or	125	Revenu	C 1633 CXF	Jenses Subtract fine 10 h		Beginni	ng of Current	,
Not Assets or Fund Balances							Year	End of Year
988 884	20	Total as	ssets (Par	rt X, line 16)			5,144,931	3,923,266
절절	21	Total lia	abilities (F	Part X, line 26)			3,885,339	3,069,040
<u> </u>	22	Netass	ets or fun	d balances Subtract line	21 from line 20		1,259,592	854,226
Pa	rt II	Signa	ture Blo	ock				
					mined this return, including accompanying s on of preparer (other than officer) is based			
			i, it is true, c	correct, and complete beclarati	on or preparer (other than officer) is bused	on all illionne	rtion of which prep	parer has any knowledge
Sigr	1	****				201	1-05-16	
Her	е	Signat	ure of office	er		Date	2	
				RESIDENT/CEO				
		Type	or print nam	e and title				
		Preparer's		tte		neck if elf-	Preparer's ide	entifying number
Paid		signature	Jim Rit	ແຣ		npolyed 🕨 🦵	- Cace matruction	ons)
	arer's		me (or yours	RubinBrown LLP		·	EIN Þ	
Use	Only	ıf self-em address, a	ployed), and ZIP + 4	10975 Grandview Suite 60	0		- CIN F	
		1		Overland Park, KS 66210			Phone no 🕨	(913) 491-4144
May	the IR	S discuss	this retu	· · · · · · · · · · · · · · · · · · ·	n above? (see instructions)			▼ Yes

Part III Statement of Program Service Accomplishments

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 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

2	Did the organization unde the prior Form 990 or 99	┌ Yes ┌ No				
	If "Yes," describe these r	new services on Sch	nedule O			
3	Did the organization ceaservices?					┌ Yes ┌ No
	If "Yes," describe these of	changes on Schedu	le O			
4		01(c)(4) organizatio	ons and secti	on 4947(a)(1) trusts a	largest program services by are required to report the am service reported	
4a	(Code) (Expenses \$	22,304,225	including grants of \$	5,388,554) (Revenue \$)
	See schedule 0					
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d	Other program services (Expenses \$	•	dule O) ding grants o	f\$) (Revenue \$)
4e	Total program service e		22,304,22	· · · · · · · · · · · · · · · · · · ·	- 7	· · · · · · · · · · · · · · · · · · ·

Part IV	Check	dist 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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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 similar funds or 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? <i>If "Yes," complete Schedule D, Part II</i>	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 2	8		Νο
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 term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ì	N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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	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 ? <i>If "Yes," complete Schedule F, Part III</i>	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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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		Νo
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		Νο
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "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? <i>If</i> "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νο
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		Νο
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?	38	Yes	

			Yes	No		
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable					
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0					
с	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					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3-		N. a		
h	return?	3a 3b		No		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο		
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, Report of Foreign Bank and Financial Accounts					
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?					
b	6b					
	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		N o		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal					
	benefit contract?	7e		Νo		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h				
	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				
	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	9a				
b	9b					
ı	Section 501(c)(7) organizations. Enter					
а	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					
L	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
2a	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					

1740 PASEO BLVD KANSAS CITY, MO 64108

(816) 471-2330

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.

	processes, or changes in Schedule U. See instructions.					
<u> </u>	ction A. Governing Body and Management			Yes	No	
		Г		res	NO	
1a	Enter the number of voting members of the governing body 1a	9				
ь	Enter the number of voting members that are independent 1b	9				
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with any				
_	other officer, director, trustee, or key employee?		2		Νo	
3	Did the organization delegate control over management duties customarily performed by or ur supervision of officers, directors or trustees, or key employees to a management company or		3		Νo	
4	Did the organization make any significant changes to its organizational documents since the filed?	orior Form 990 was	4		Νο	
5	Did the organization become aware during the year of a material diversion of the organization's	s assets?	5		Νο	
6	Does the organization have members or stockholders?		6		Νο	
7a	Does the organization have members, stockholders, or other persons who may elect one or me	ore members of the				
	governing body?		7a 7b		No	
ь			/B		No	
8	Did the organization contemporaneously document the meetings held or written actions under year by the following	taken during the				
а	The governing body?		8a	Yes		
Ь	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 th organization's mailing address? If "Yes," provide the names and addresses in Schedule O					
	ction B. Policies (This Section B requests information about policies not required	by the Internal				
Re	venue Code.)			1		
		Г	10a	Yes	No No	
	10a Does the organization have local chapters, branches, or affiliates?					
b	If "Yes," does the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with those of the organization	' '	10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
444 D						
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 \cdot \cdot \cdot		12a	Yes		
b	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that could give rise	12b	Yes		
c	Does the organization regularly and consistently monitor and enforce compliance with the pol describe in Schedule O how this is done		12c	Yes		
13						
14	Does the organization have a written document retention and destruction policy?	-	13 14	Yes Yes		
15	Did the process for determining compensation of the following persons include a review and aj	pproval by				
	The organization's CEO, Executive Director, or top management official		15a	Yes		
	Other officers or key employees of the organization	-	15a	Yes		
U	If "Yes" to line a or b, describe the process in Schedule O (See instructions)		100	163		
	Trives to fine a or b, describe the process in Schedule o (See instructions)					
16a	L6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?					
b	b 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?					
Se	ction C. Disclosure		16b			
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, a	 nd 990-T (501(c)				
-	(3)s only) available for public inspection. Indicate how you make these available. Check all the Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docum- interest policy, and financial statements available to the public. See Additional Data Table	ents, conflict of				
20	State the name, physical address, and telephone number of the person who possesses the boo	oks and records of th	e orga	nızatıor	n ▶ -	
	CLYDE MCQUEEN PRESIDENTCEO		J			

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did no	t compensa	te any	curre	nt o	r for	mer of	ficer	, dırector, trustee o	r key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Barbara Curry CHAIRMAN	1 00	х		х				0	0	0
BARRET HATCHES CHAIRMAN	1 00	х		Х				0	0	0
BETTY FREEMAN-BOOTS DIRECTOR	1 00	х						0	0	0
BRIDGETTE WILLIAMS TREAS/SEC/DIRECTOR	1 00	х		Х				0	0	0
JACKIE SNYDER DIRECTOR	1 00	х						0	0	0
PETER YELORDA DIRECTOR	1 00	х						0	0	0
RANDALL FERGUSON DIRECTOR	1 00	х						0	0	0
WILLIAM THREATT DIRECTOR	1 00	х						0	0	0
CLYDE MCQUEEN PRESIDENT/CEO	40 00	Х		х				287,790	0	23,870
SHELLY ESTELL SENIOR VICE PRES/COO	40 00			х				136,430	0	18,112
TIRHAS KIDANE VICE PRESIDENT/CFO	40 00			х				130,845	0	16,875

		ı ugv
_	n	58.8

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

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		Νο
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 for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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		
COMMAND Security Services 9201 Ward Parkway Suite 305 Kansas City, MO 64114	Security	283,594		
Lathrop & Gage LC 2345 Grand Blvd Suite 2800 Kansas City, MO 64108	Attorney	118,749		
KANSAS CITY TAXI LLC 522 LOCUST KANSAS City, MO 64106	TRANSPORTATION	118,388		
PAETEC PO BOX 3243 MILWAUKEE, WI 53201	COMMUNICATION SERVICES	109,194		
AUTOMATIC DATA PROCESSING PO BOX 78415 PHOENIX, AZ 85062	PAYROLL SERVICE	101,775		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►5				

Form 99							Page 9
Part	/!!!	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
また	1a	Federated campaigns 1a					
ar our	b	Membership dues 1b					
S, €	c	Fundraising events 1c					
∄ੁ≅	d	Related organizations 1d					
μ̈́ğ.	e	Government grants (contributions) 1e	23,271,345				
er s	f	All other contributions, gifts, grants, and similar amounts not included above	107,956				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in					
걸		lines 1a-1f \$	L	23,379,301			
<u> </u>	h	Total. Add lines 1a-1f	. [23,379,301			
e E	2-	Bus	ness Code				
Program Service Revenue	2a b						
2 <u>2</u> 20	°						
Ž.	d						
32	e						
<u> </u>	f	All other program service revenue					
્રે •							
	д 3	Total. Add lines 2a-2f					
		and other similar amounts)		296			296
	4	Income from investment of tax-exempt bond proceeds	-				
	5	Royalties	▶ [
		(ı) Real (ıı)	Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a	(i) Securities (i	ı) O ther				
		from sales of assets other than inventory					
	Ь	Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
Ó)	8a	Gross income from fundraising events (not including					
Other Revenue		\$of contributions reported on line 1c)					
ě		See Part IV, line 18					
<u>.</u>	١.	a					
¥	b с	Net income or (loss) from fundraising events					
~	9a	Gross income from gaming activities	• •				
		See Part IV, line 19					
	Ь	Less direct expenses b					
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less					
	100	returns and allowances .					
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory	►				
			ness Code				
	11a	MISCELLANEOUS	900,099	20,385			20,385
	Ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	. •	20,385			
	12	Total revenue. See Instructions	►	23,399,982	0	0	20,681

	990 (2009)				Page 10
Part	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			(5)	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	5,388,554	5,388,554		
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	613,921	154,542	459,379	
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	5,075,689	4,706,048	369,641	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	90,965	84,025	6,940	
9	Other employee benefits	1,394,975	1,288,588	 	
10	Payroll taxes	489,376	431,016	<u> </u>	
11	Fees for services (non-employees)	409,376	431,016	36,300	
		04.636	27.762	FC 064	
a	Management	94,626	37,762	 	
D .	Legal	113,619	45,341	68,278	
с	Accounting	59,200	23,625	35,575	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	117,752	46,992	 	
12	Advertising and promotion	93,517	60,249	' 	
13	Office expenses	486,399	424,895	' 	
14	Information technology	141,094	131,036	10,058	
15	Royalties				
16	Occupancy	849,004	802,073	46,931	
17	Travel	197,944	147,210	50,734	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	37,992	22,442	15,550	
20	Interest	47,282	47,282		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	437,347	437,252	95	
23	Insurance	95,906	80,943	14,963	_
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	PARTICIPANT WAGES	5,786,885	5,786,885	0	
b	Contract Payments	1,508,073	1,508,073	0	
c	SECURITY SERVICES	267,296	251,744	15,552	
d	REPAIRS & MAINTENANCE	244,410	244,410	0	_
e	TRANSPORTATION SERVICES	121,804	121,804	0	
f	All other expenses	51,718	31,434	 	
25	Total functional expenses. Add lines 1 through 24f	23,805,348	22,304,225	 	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	25,303,310	22,501,223	2,332,123	
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		200	1	200
	2	Savings and temporary cash investments	•	1,243,334	2	623,875
	3	Pledges and grants receivable, net		1,752,351	3	704,133
	4	Accounts receivable, net		207,455	4	781,642
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o				
		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
٧	9	Prepaid expenses and deferred charges		185,577	9	166,818
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	4,309,470			
	ь	Less accumulated depreciation	10b 2,662,872	1,756,014	10c	1,646,598
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		5,144,931	16	3,923,266
	17	Accounts payable and accrued expenses .		2,071,948	17	1,995,524
	18	Grants payable		588,066	18	158,945
	19	Deferred revenue		398,699	19	40,160
	20	Tax-exempt bond liabilities			20	
es.	21	Escrow or custodial account liability Complete Part IV of Schedule	e D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ei i		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		826,626	23	874,411
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		3,885,339	26	3,069,040
ses		Organizations that follow SFAS 117, check here ► ✓ and complete through 29, and lines 33 and 34.	lete lines 27			
Fund Balance	27	Unrestricted net assets		1,259,592	27	854,226
- B	28	Temporarily restricted net assets			28	
Į Į	29	Permanently restricted net assets			29	
표		Organizations that do not follow SFAS 117, check here ▶ ☐ and	d complete			
or I		lines 30 through 34.				
	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	nds		32	
Net	33	Total net assets or fund balances		1,259,592	33	854,226
_	34	Total liabilities and net assets/fund balances		5,144,931	34	3,923,266

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
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 consolidated basis, separate basis, or both			
	▼ Separate 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	

Form **990** (2009)

OMB No 1545-0047

OMB No 1545-004

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Full Employment Council Inc

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

Public Charity Status and Public Support

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

Employer identification number

43-1377107

Da	rt I	Book	on for Dul	blic Charity Stat	us (All org	anizations	must sampl	loto this pai	43-137719			
				blic Charity Stat e foundation because						ucuons		
1	/igaiii			on of churches, or as					,			
2	<u>'</u>			in section 170(b)(1)				(1)(4)(1).				
3	<u>'</u>			perative hospital serv				170/6\/1\/	/ iii .			
4	<u>'</u>			organization operate						/Al/iiil Ent	or tha	
•	,		l's name, cit	•	eu iii conjunc	tion with a n	ospital desci	ibea ili secti	OII 170(D)(1)	(A)(III). E110	er tile	
5	Γ	=	-	erated for the benefit	_	or university	owned or op	erated by a g	jovernmental	unit describ	— ed ın	
	_		. , . , .	A)(iv). (Complete Pa	•							
6	<u>_</u>			local government or	=							
7	 ~	describ	ed ın	t normally receives a A)(vi) (Complete Pa		part of its s	upport from a	ı government	al unit or fror	m the genera	l public	2
8	Γ	A comn	nunity trust	described in section	170(b)(1)(A)(vi) (Com	olete Part II)				
9	Γ	Anorga	nızatıon tha	t normally receives	(1) more tha	in 331/3% of	fıts support f	rom contribu	tions, membe	ership fees, a	nd gro	SS
		receipt	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, and	d (2) no more	than 331/3%	6 of	
		ıts supp	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable ınc	ome (less se	ction 511 ta	x) from busır	nesses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e section 50	9(a)(2). (Co	mplete Part 1	III)			
10	Г	An orga	anization org	anized and operated	exclusively	to test for pu	ublic safety S	see section 5 0	09(a)(4).			
11 e	Г Г	one or r the box a	more publicly that describ Type I	anized and operated y supported organiza pes the type of suppo b	tions describ orting organiz c	zation and co Type III	n 509(a)(1) o omplete lines - Functionally	or section 50 11e through / integrated	09(a)(2) See 111h d	section 509	(a)(3). II - Ot	. Check her
f		section	509(a)(2) rganızatıon r	on managers and oth received a written de								
g			ugust 17, 2 g persons?	006, has the organiz	zation accept	ed any gift o	or contribution	n from any of	the			
				ectly or indirectly co	•		•	ersons descr	ribed in (ii)		Yes	No
				governing body of the			ion?			11g(i)		<u> </u>
		• •	•	r of a person describ	• •					11g(ii)		
				ed entity of a person						11g(iii)	
h		Provide	the followin	g information about t	the supporte	d organizatio	on(s)					
9	(i) Name Suppo rganiz	e of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizat col (i) org	e ıon ın anızed	Am	(vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No		
Tota												

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 y	ou checkeu the	DOX OII IIIIE 3, A	, or o or rait i)		
	ection A. Public Support		T T			T	
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	in)						
1	Gifts, grants, contributions, and membership fees received (Do						
	not include any "unusual	14,087,80	15,003,462	15,494,956	17,045,425	23,379,301	85,010,948
	grants ")						
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	14,087,80	15,003,462	15,494,956	17,045,425	23,379,301	85,010,948
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						85,010,948
-	ection B. Total Support						
	ection B. Total Support endar year (or fiscal year	1				T	
Сан	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	A mounts from line 4	14,087,804	38,211	15,494,956	17,045,425	23,379,301	85,010,948
	Gross income from interest,	11,007,001	30,211	23, 13 1,330	17,013,123	23/37/301	03/010/3/0
8	dividends, payments received						
	on securities loans, rents,	47,464	38,211	12,645	1,005	296	99,621
	royalties and income from	,	,	,	_,		,
	similar sources						
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	31,547	2,484	12,917	7,551	20,385	74,884
	from the sale of capital	02,0	2,	,	.,001	20,000	,
	assets						
11	Total support (Add lines 7						85,185,453
	through 10)						
12	Gross receipts from related activi	ties, etc (See ins	tructions)			12	
13	First Five Years If the Form 990 is	s for the organizat	ion's first, second	, thırd, fourth, or f	fifth tax year as a 5	501(c)(3) organı	zat <u>io</u> n,
	check this box and stop here						▶ □
	ection C. Computation of Pu						
14	Public Support Percentage for 20	09 (line 6 column	(f) divided by line	11 column (f))		14	99 800 %
15	Public Support Percentage for 20	08 Schedule A, Pa	art II, line 14			15	99 730 %
16a	33 1/3% support test-2009. If th	ne organization did	I not check the box	con line 13, and	line 14 is 33 1/3%	or more, check	this box
	and stop here. The organization gi						▶ ▽
b	33 1/3% support test-2008. If the		, ,,		sa, and line 15 is 3	3 1/3% or more,	,
	box and stop here. The organizati	on qualifies as a p	ublicly supported	organızatıon		,	▶ ┌
17a	10%-facts-and-circumstances tes						
	ıs 10% or more, and ıf the organız						
	ın Part IV how the organization me	eets the "facts an	d cırcumstances"	test The organız	ation qualifies as a	a publicly suppor	
_	organization						▶ ┌
Ь	10%-facts-and-circumstances tes						
	15 is 10% or more, and if the orga			•		-	
	Explain in Part IV how the organiz	ration meets the "	racts and circumst	rances" test The	organization quali	ines as a publicly	
1Ω	supported organization Private Foundation If the organization	ation did not chas	k a hov on line 12	16a 16h 17a a	r 17h chack this b	nov and coo	► □
18	instructions	ation ara not chec	καυυχυπιπιε 13,	10a, 10D, 1/a 0	i i/b, check this i	Jox and See	▶ □
							- ,

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

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. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493136030281

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ernal	Revenue Service Attach to F	orm 990. ► See separate instructions.		Inspection
	ne of the organization Employment Council Inc		Emp	loyer identification number
ull	impleyment council inc		43-	1377197
Pa	rt I Organizations Maintaining Donor A		ınds	or Accounts. Complete ıf tl
	organization answered "Yes" to Form 99	90, Part IV, line 6. (a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year	(a) Donor advised funds		Funds and other accounts
	Aggregate contributions to (during year)			
	Aggregate contributions to (during year) Aggregate grants from (during year)			
	Aggregate value at end of year			
		Leave in writing that the access hold in dan	a = ad	and a
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	organization's exclusive legal control?		ΓYes ΓN
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit		-	
aı	Conservation Easements. Complete	ıf the organization answered "Yes" to	Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertifie	ically importantly land area d historic structure onservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified his	storic structure included in (a)	2c	
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d	
	Number of conservation easements modified, transfer the taxable year Number of states where property subject to conservation. Does the organization have a written policy regarding	ation easement is located 🛌		
	enforcement of the conservation easements it holds	= : : : : : : : : : : : : : : : : : : :	illing of	Yes N
	Staff and volunteer hours devoted to monitoring, ins			
	A mount of expenses incurred in monitoring, inspecti Does each conservation easement reported on line 2			
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial		•
ar	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, o	or Ot	her Similar Assets.
a	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	116, not to report in its revenue stateme for public exhibition, education or researc	h ın fu	
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 ir		
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			► \$
	If the organization received or held works of art, hist following amounts required to be reported under SFA		r fınan	
а	Revenues included in Form 990, Part VIII, line 1			▶ \$
	,			· -

b Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	Hections of Ar	t, HIS	tori	<u>cai i</u>	reasu	res, or Ut	nei	Sillillai ASS	ets (c	ontinued)
	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing	that ar	e a sıgnıfıcar	nt us	se of its collection	on	
а	Public exhibition		d	Γ	Loan	orexcl	hange progra	ms			
b	Scholarly research		e	Γ	O the	r					
c	Preservation for future generations										
	Provide a description of the organization's co	ollections and expla	ain ho	w the	y furth	er the c	organization's	sex	empt purpose ın		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						Yes	┌ No
Part	Part IV, line 9, or reported an an						n answered	"Ye	es" to Form 99	0,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	for c	ontribi	utions o	or other asse	ts n	ot	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able				A mo	nt	
_									AMC	unt	
c d	Additions diving the year							lc ld			
	Additions during the year							+			
e f	Distributions during the year							.e			
f	Ending balance	000 5					L3	lf	_	- ,,	
	Did the organization include an amount on Fo		e 21?						ı	Yes	No
	If "Yes," explain the arrangement in Part XIV				- 4 111.4		Fa 000 :		TV 1 40		
Par	t V Endowment Funds. Complete	the organizatio (a)Current Year)Prior						e) Four \	ears Back
1a	Beginning of year balance	(a) curicile rear	(5	<i>)</i> 1 1101	rear	(C)IV	o rears back	(4)	mee rears back	C) Our	Cars back
 b	Contributions										
_	Investment earnings or losses										
	Grants or scholarships										
	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as						•		
	Board designated or quasi-endowment 🕨										
ь	Permanent endowment										
c	Term endowment ▶										
	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are hel	d and a	dministered	for t	:he		
	organization by	_								Yes	No
	(i) unrelated organizations							•	3a(i)		
	(ii) related organizations							•	3a(ii)	<u> </u>
	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	•						•	Зь		
4 Part		-				100 Dr	art V Juno 1				
Pall	ivi investments—Land, Buildings	s, and Equipme	iii. S				Ι ΄			Τ	
	Description of investment				Cost o		(b)Cost or oth basis (other		(c) Accumulated depreciation	(d) B	ook value
	and		•					_		1	
	Buildings		•				899,9	_	44,998	1	854,962
	easehold improvements		•				547,1	\dashv	114,898	+	432,269
	Equipment		•				2,862,3	343	2,502,976		359,367
	Other		•								
	. Add lines 1a-1e (Column (d) should equal Fo										1,646,598

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,399,982
Total expenses (Form 990, Part IX, column (A), line 25)	2	23,805,348
Excess or (deficit) for the year Subtract line 2 from line 1	3	-405,366
Net unrealized gains (losses) on investments	4	
Donated services and use of facilities	5	
Investment expenses	6	
Prior period adjustments	7	
	8	
	9	0
	10	-405,366
	er Retu	rn
Total revenue, gains, and other support per audited financial statements	1	23,399,982
Amounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIV) 2d		
Add lines 2a through 2d	2e	C
Subtract line 2e from line 1	3	23,399,982
A mounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIV) 4b		
Add lines 4a and 4b	4c	C
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	23,399,982
	per Re	
Total expenses and losses per audited financial statements	1	23,805,348
	1	
A mounts included on line 1 but not on Form 990, Part IX, line 25	1	
A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	
	1	
Donated services and use of facilities	1	
Donated services and use of facilities	1	
Donated services and use of facilities	2e	C
Donated services and use of facilities		
Donated services and use of facilities	2e	23,805,348
Donated services and use of facilities	2e	
Donated services and use of facilities	2e	
Donated services and use of facilities	2e	
	Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Total revenue, gains, and other support per audited financial statements	1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 2 2 2 2 2 2 2 2

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

Ident if ier	Return Reference	Explanation
		THE COUNCIL FOLLOWS ACCOUNTING RULES FOR
		UNCERTAIN TAX POSITIONS THESE RULES REQUIRE
		FINANCIAL STATEMENT RECOGNITION OF THE IMPACT
		OF A TAX POSITION IF A POSITION IS MORE LIKELY THAN
		NOT OF BEING SUSTAINED ON AUDIT, BASED ON THE
		TECHNICAL MERITS OF THE POSITION THE RULES ALSO
		PROVIDE GUIDANCE ON MEASUREMENT,
		DERECOGNITION, CLASSIFICATION, INTEREST AND
		PENALTIES, ACCOUNTING IN INTERIM PERIODS,
		TRANSITION, AND DISCLOSURE REQUIREMENTS FOR
		UNCERTAIN TAX POSITIONS THE COUNCIL'S FEDERAL
		TAX RETURNS FOR TAX YEARS 2007 AND LATER REMAIN
		SUBJECT TO EXAMINATION BY AUTHORITIES

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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.

OMB No 1545-0047

DLN: 93493136030281

Open to Public Inspect ion

Department of the Treasury

Full Employment Council Inc

Schedule I

(Form 990)

Attach to Form 990 Internal Revenue Service Name of the organization

Employer identification number

43-1377197

Form 990, Part	IV, line 21 for ar	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 gran or assistance

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.

(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
2035	5,388,554			
	recipients	recipients cash grant	recipients cash grant non-cash assistance	recipients cash grant non-cash assistance (book, FMV, appraisal, other)

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	·	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 DepARTtMENT 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.

Compensation Information

DLN: 93493136030281

OMB No 1545-0047

Schedule J

(Form 990) 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.

Open to Public Inspection

Name of the organization Full Employment Council Inc

Department of the Treasury

Internal Revenue Service

Employer identification number

43-1377197

Pa	rt I Questions Regarding Compensation	on and the same of			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I 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 oreimbursement orprovision of all the expenses described.	organization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		2		
3	Indicate which, if any, of the following the organizatorganization's CEO/Executive Director Check all t	·			
	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, or a related organization	Part VII, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l payment?	4a		Νo
ь	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-l	pased compensation arrangement?	4c		Νo
		rovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust complete lines 5-9.			
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
ь	Any related organization?		6b		Νo
	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,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		No
8		paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow th	ne rebuttable presumption procedure described in Regulations	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)(1)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		I	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(=)(!) (=)	Form 990 or Form 990-EZ
CLYDE MCQUEEN	(ı) (ıı)	193,599 0	47,676 0		19,210 0	4,660 0	311,660 0	o 0
SHELLY ESTELL	(I) (II)	103,302 0	21,375 0		11,045 0	7,067 0	154,542 0	o 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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

Software ID: **Software Version:**

EIN: 43-1377197 Name: Full Employment Council Inc

Explanation

Explanation

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

THE ORGANIZATION'S GOVERNING DOCUMENT, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE FORM 990 IS ALSO AVAILABLE UPON REQUEST

Explanation

AND CAN BE FOUND ON THE GREATER KANSAS CITY COMMUNITY FOUNDATION'S WEBSITE -

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

SCHEDULE 0 (Form 990)

Department of the Treasury

Identifier

Identifier

Form 990,

Form 990, Part VI,

Section C, line 19

ldentifier

Return

Part VI,

Return

Return

Reference

Supplemental Information to Form 990 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information.

OMB No 1545-0047

DLN: 93493136030281

Internal Revenue Service ► Attach to Form 990. Name of the organization Full Employment Council Inc

43-1377197

Employer identification number

ldentifier	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

	Reference	·
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

Section B, line 15		ORGA AND C STAFF ANAL' BASE COMM OFFICE OF THI	DEPENDENT CONTRACTOR TO CONDUCT AN EXTENSIVE COMPENSATION REVIEW OF SIMILAR SIZE NIZATIONS ACROSS THE UNITED STATES IN ADDITION, THE CONTRACTOR STUDIES WHAT SALARIES OMPENSATION PACKAGES ARE FOR LOCAL AND REGIONAL ORGANIZATIONS WITH SIMILAR SIZE OF TING, BUDGET AND REGIONAL SCOPE ONCE THE CONTRACTOR HAS COMPLETED A THOROUGH YSIS, THEY PRESENT THEIR ANALYSIS TO THE COMPENSATION COMMITTEE THIS HAS SERVED AS THE LINE FOR SETTING THE PRESIDENT/CEO'S AND SENIOR OFFICERS' COMPENSATION THE COMPENSATION ITTEE DETERMINES IF ANY YEARLY INCENTIVE PAYMENT WILL BE PAID TO PRESIDENT/CEO AND SENIOR ERS, BASED ON FEC'S MEETING CORPORATE GOALS THIS HAS BEEN THE COMPENSATION PHILOSOPHY ORGANIZATION THE STUDY WILL BE UPDATED EVERY THREE YEARS CBIZ, AN INDEPENDENT JULTING FIRM, CONDUCTED THE SALARY AND COMPENSATION REVIEW IN NOVEMBER 2008 AND THE NEXT WILL BE CONDUCTED IN 2011
		urn	Explanation

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c	Oversight Committee for Audit	No changes in oversight process or selection process from prior tax year

WWW GKCCF ORG

	Reference	·
Form 990, Part III, Line 4A	Reference Program Service Accomplishments	The Full Employment Council operator of 4 full service and 3 affiliate Missouri Career Centers recorded a monthly average of 36,431 customer visits for employment and training services and assistance. The Full Employment Operates the Missouri Career Centers for the Eastern Jackson County and the Kansas City and Vicinity Workforce Investment Boards. In this capacity FEC has eight offices which serve Jackson. Clay, Platte, Cass, and Ray Counties. This area covers over 2700 square miles, comprises over 900,000 people, and serves rural, urban, and suburban populations. This past year was recognized as the 2nd year of the time period known as The Greatest Recession since the "Great Depression". As such the FEC received additional funds known as "stimulus funding", which were designed to respond to this high unemployment through competitive and formula grants to serve the over 35,000 job seekers that visited FEC managed career centers monthly. This volume tripled the normal volume of FEC offices and reflected the consistently high 10% unemployment rate which was the highest unemployment rate experienced in the last 25 years in the Greater Kansas City Missouri Region. FEC was successful in securing over 10 million dollars in competitive grant funds, specifically targeted towards healthcare careers with a five year duration. In July of 2010, FEC was awarded a five million dollar grant to provide youth career internships for over 2500 youth, which paid them \$10.00 per hour. This funding however, was only available for a four month period, beginning in July through September 2010. During this brief time period, FEC had to hire new staff, identify employers willing to host 2500 interns, identify 1.5 million dollars in non-federal matching funds, and interview/screen over 4000 youth to identify 2500 interns. The end results were 2500 youth were placed at over 300 work sites throughout the five county service area. These events were a prelude to the outstanding program results achieved during the year Job training Employmen
		basic skills training, educational programs, jobs search assistance, On-the-Job Training, Classroom vocational and occupational skill training, job development and placement services, supportive services, and assistance with tools, uniforms, transportation costs incurred during training or employment. These programs serve unemployed and underemployed adults, and clients with disabilities. The Full Employment Council (FEC) has been exemplary in its commitment to serving two customers - employers and job seekers. FEC identifies the needs of area employers, assess the skills of job seekers, and identifies the skill gaps for which training must be provided to job seekers so that they can meet the hiring needs of employers. FEC's target population includes adults, dislocated workers, and TANF recipients. Adults ages 18 or older who are economically disadvantaged, whose income does not exceed 70 percent of the lower living standard income level or the HHS poverty income guidelines, and who live in the Kansas City & Vicinity or East Jackson County Workforce investment Areas (City of Kansas City, Missouri and Cass, Clay, Jackson, Platte, and Ray Counties) are eligible for the services of FEC Career Centers. The organization geared its strategies and efforts around providing and supporting high grow th and in demand job skills training and employment services and programs to the grow ing needs of unemployed, underemployed and laid off adults and dislocated workers through the
		Workforce Investment Act (WIA) Adult and Dislocated Workers Program-which provides job placement assistance, vocational training, transportation costs to economically disadvantaged adults and laid off workers. The Adult Program served 2,403 adults, Trained 879, and placed in Employment 912 at an average wage betw een \$13 13 and \$13 47, The Dislocated Worker Program served 1764 laid-off workers, Trained 551, and placed in Employment 765 at an Average Wage betw een \$15 04 and \$15 54. In response to double digit unemployment rates in the region, the Stimulus American Recovery and Reinvestment Act (ARRA) Adult Program added a significant, one time infusion of funding for economically disadvantaged adults. The impact of this program was that an additional 339 were served, 141 were trained, and 303 were placed in employment at an average wage betw een \$10 78 and \$12 11. American Recovery and Reinvestment Act (ARRA) Stimulus - Dislocated Worker Program for workers who were laid-off from their jobs received assistance and served an additional 453, trained 416, and placed in employment 114 at an average wage betw een \$15 92 and \$17 77. American Recovery and Reinvestment Act (ARRA) Programs Adult Stimulus Program for economically disadvantaged adults increased the number of adults served by 386, or 19% increase over the previous year's total adults served. In addition the Adult stimulus funding placed 269 additional economically disadvantage adults over the previous year's total, an increase of 42%. American Recovery and Reinvestment Act (ARRA)
		Dislocated Worker Stimulus Program for workers laid-off from their jobs increased the number of Dislocated Workers served by 698, or a 65% increase over the previous years total of Dislocated Workers served In addition the Dislocated Workers stimulus funding placed 455 additional Dislocated Workers over the previous year's total, an increase of 147% Overall expenditures for Class Room Training due to Assistance American Recovery and Reinvestment Act (ARRA) Stimulus Program increased from \$ 3,103,126 00 in 2009 to \$5,388,554 00 in 2010, an increase of 74% over the year Overall expenditures for Work experience/internship due to Assistance American Recovery and Reinvestment Act (ARRA) Stimulus Program increased from \$1,527,569 00 in 2009 to \$5,786,885 00 in 2010, an increase of 279% over the year. The organization utilized ARRA funding to continue the Business Retention Council Services initiative. Through Stimulus Dislocated Worker Program State of Missouri Award of \$525,000 to fund Business Retention Council FEC partnered with 10 Chambers and EDCs to identify and target at-risk industries to avert layoffs and business closings, PY 2006 - 2009, contacted 2,616 Businesses, assisted 742 Businesses and saved 1,704 Jobs, this effort provided assistance to businesses to sustain existing business, assisted over 1,000 businesses which retained 750
		jobs, Annual Business Contacts 1079, Team Assisted Businesses 455, Jobs Saved / Created 2971 Jobs Saved at Target Wage 1115, Jobs Created 1856 One of the major initiatives of FEC was WIRED (Workforce Innovation in Regional Economic Development) a 3-year grant program that trained in 3 growth industries, Manufacturing, Healthcare and Bio-technology WIRED (Workforce Innovation in Regional Economic Development) OneKC- provided in-demand classroom occupational training tuition assistance to individuals in 8 counties in the occupations of Advanced Manufacturing, Healthcare, and Bio-Science and Trained 670, Incumbent Workers 254, and placed in Employment 194 at an Average Wage of \$16.36 WIRED - Supplemental funding Trained 368 and Incumbent Workers 115, place in Employment 82 at an average Wage of \$13.73 WIRED - Talent Acquisition, provided training targeted to individual in long term healthcare, Served 44, Trained 42, Incumbent Workers 25, and placed in Employment 35 at an Average Wage of \$10.88 FEC was successful in securing grants funds for the Greater Kansas City Healthcare and Healthcare Information Technology program which provides training and placement services to help unemployed workers to pursue careers in targeted industries nursing and allied health, long-term health care industry, and HIT and increase the number

of trained healthcare workers

Identifier	Return Reference	Explanation			
Part III,	Program Service Accomplishments - Continued	FEC offered a variety of targeted skill training programs to meet the needs of lad off and unemployed wiorker in businesses in industries, such as defense related agencies, arine and autor manufacturing and construction industries expreniency Stand. See the partner of the Defense (Accounting and Intergency Crain - assists Department of Defense (Accounting and Intergency Crain - assists Department of Defense (Accounting and Intergency Crain - assists Department of Defense (Accounting and Intergency Crain - assists Department of Defense (Accounting and Intergency Crain - assists Department of Defense (Accounting and Intergency Crain - assists Department of Defense (Accounting and Intergency Crain - assists Department of Defense (Accounting and Intergency Crain - Accounting Crain -			

Additional Data

Software ID:

Software Version:

EIN: 43-1377197

Name: Full Employment Council Inc

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PARTICIPANT WAGES	5,786,885	5,786,885	0	
Contract Payments	1,508,073	1,508,073	0	
SECURITY SERVICES	267,296	251,744	15,552	
REPAIRS & MAINTENANCE	244,410	244,410	0	
TRANSPORTATION SERVICES	121,804	121,804	0	