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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

FULL EMPLOYMENT COUNCIL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

1740 PASEO BLVD

Room/suite

City or town, state or country, and ZIP + 4

KANSAS CITY, MO 64108

F Name and address of principal officer

CLYDE MCQUEEN

1740 PASEO BLVD

KANSAS CITY, MO 64108

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW FECKC ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1984

M State of legal domicile

MO

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO OBTAIN PUBLIC AND PRIVATE SECTOR EMPLOYMENT FOR THE UNEMPLOYED OR UNDEREMPLOYED RESIDENTS OF THE GREATER KANSAS CITY AREA		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	3,683
	6	Total number of volunteers (estimate if necessary)	6	7
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	23,379,301	17,490,251
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	296	51
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,385	37,777
			23,399,982	17,528,079
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,388,554	2,265,583
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,664,926	6,273,088
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	10,751,868	9,261,243
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	23,805,348	17,799,914
	19	Revenue less expenses Subtract line 18 from line 12	-405,366	-271,835
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	3,923,266	3,807,190
	22	Net assets or fund balances Subtract line 21 from line 20	3,069,040	3,224,799
			854,226	582,391

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

CLYDE MCQUEEN PRESIDENT/CEO

Date

2012-03-02

Paid Preparer Use Only

Print/Type preparer's name

JIM RITTS

Preparer's signature

JIM RITTS

Date

Check if self-employed

☐

PTIN

Firm's name

RUBINBROWN LLP

Firm's EIN

Firm's address

10975 GRANDVIEW SUITE 600

OVERLAND PARK, KS 66210

Phone no

(913) 491-4144

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

THE FULL EMPLOYMENT COUNCIL IS A BUSINESS-LED, PRIVATE, NONPROFIT CORPORATION WHOSE MISSION IS TO OBTAIN PUBLIC AND PRIVATE SECTOR EMPLOYMENT FOR THE UNEMPLOYED AND UNDEREMPLOYED RESIDENTS OF THE GREATER KANSAS CITY AREA

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 16,389,657 including grants of \$ 2,323,246) (Revenue \$)

SEE SCHEDULE O

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)
















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 16,389,657

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</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 ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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, Parts III and IV.</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? <i>If "Yes," complete Schedule G, Part I (see instructions).</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? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	72		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	3,683		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

Governance, Management, and Disclosure For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If “Yes,” does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? <i>If “No,” go to line 13</i>	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization’s CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If “Yes,” 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		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed MO
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. CLYDE MCQUEEN PRESIDENT CEO 1740 PASEO BLVD KANSAS CITY, MO 64108 (816) 471-2330

Part VII

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARRET HATCHES CHAIRMAN	1.00	X		X				0	0	0
(2) BETTY FREEMAN-BOOTS DIRECTOR	1.00	X						0	0	0
(3) BRIDGETTE WILLIAMS TREAS/SEC/DIRECTOR	1.00	X		X				0	0	0
(4) PETER YELORDA DIRECTOR/EX-OFFICIO	1.00	X						0	0	0
(5) RANDALL FERGUSON DIRECTOR	1.00	X						0	0	0
(6) CLYDE MCQUEEN PRESIDENT/CEO	40.00	X		X				316,182	0	23,729
(7) KAREN STELLING DIRECTOR	1.00	X						0	0	0
(8) NANCY SEELEN DIRECTOR	1.00	X						0	0	0
(9) SHELLY ESTELL SENIOR VICE PRES/COO	40.00			X				136,207	0	19,129
(10) TIRHAS KIDANE VICE PRESIDENT/CFO	40.00			X				125,401	0	10,595

Part VII

2 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

Section B. Independent Contractors

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

Form **990** (2010)

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	17,322,159		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	168,092		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		17,490,251		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		51	
4		Income from investment of tax-exempt bond proceeds . . .				
5		Royalties				
6a		Gross Rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
b		Less direct expenses				
c		Net income or (loss) from fundraising events . . .				
9a		Gross income from gaming activities See Part IV, line 19				
b		Less direct expenses				
c		Net income or (loss) from gaming activities . . .				
10a		Gross sales of inventory, less returns and allowances				
b		Less cost of goods sold				
c		Net income or (loss) from sales of inventory . . .				
	Miscellaneous Revenue	Business Code				
11a	MISCELLANEOUS	900099	37,777		37,777	
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		37,777			
12	Total revenue. See Instructions		17,528,079	0	0	37,828

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	2,265,583	2,265,583		
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	631,243	155,335	475,908	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,440,827	4,107,412	333,415	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	120,546	111,493	9,053	
9	Other employee benefits	782,432	723,686	58,746	
10	Payroll taxes	298,040	256,956	41,084	
a	Fees for services (non-employees)				
	Management	93,934	39,720	54,214	
b	Legal	63,618	26,901	36,717	
c	Accounting	55,590	23,506	32,084	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	143,826	60,818	83,008	
12	Advertising and promotion	115,098	70,551	44,547	
13	Office expenses	328,317	225,712	102,605	
14	Information technology	239,757	230,936	8,821	
15	Royalties				
16	Occupancy	784,721	759,736	24,985	
17	Travel	128,906	92,841	36,065	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,289	8,012	10,277	
20	Interest	43,215	41,054	2,161	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	421,997	421,989	8	
23	Insurance	112,459	96,631	15,828	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PARTICIPANT WAGES	4,461,830	4,461,805	25	
b	CONTRACT PAYMENTS	1,618,221	1,618,221	0	
c	REPAIRS & MAINTENANCE	224,425	220,849	3,576	
d	SECURITY SERVICES	204,812	204,812	0	
e	TRANSPORTATION SERVICES	149,100	149,100	0	
f	All other expenses	53,128	15,998	37,130	
25	Total functional expenses. Add lines 1 through 24f	17,799,914	16,389,657	1,410,257	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			200	1	200
	2	Savings and temporary cash investments			623,875	2	690,730
	3	Pledges and grants receivable, net			704,133	3	797,578
	4	Accounts receivable, net			781,642	4	632,737
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			166,818	9	271,112
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,499,702	1,646,598	10c	1,414,833
	b	Less: accumulated depreciation	10b	3,084,869			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			3,923,266	16	3,807,190	
Liabilities	17	Accounts payable and accrued expenses			1,995,524	17	2,163,111
	18	Grants payable			158,945	18	320,860
	19	Deferred revenue			40,160	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			874,411	23	740,828
	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			3,069,040	26	3,224,799
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			854,226	27	582,391
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			854,226	33	582,391
	34	Total liabilities and net assets/fund balances			3,923,266	34	3,807,190

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,528,079
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,799,914
3	Revenue less expenses Subtract line 2 from line 1	3	-271,835
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	854,226
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	582,391

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FULL EMPLOYMENT COUNCIL INC

Employer identification number
43-1377197

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	15,003,462	15,494,956	17,045,425	23,379,301	17,473,250	88,396,394
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	15,003,462	15,494,956	17,045,425	23,379,301	17,473,250	88,396,394
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						88,396,394

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	15,003,462	15,494,956	17,045,425	23,379,301	17,473,250	88,396,394
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,211	12,645	1,005	296	51	52,208
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)	2,484	12,917	7,551	20,385	37,777	81,114
11 Total support (Add lines 7 through 10)						88,529,716
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	99 850 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	99 800 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FULL EMPLOYMENT COUNCIL INC

Employer identification number
43-1377197

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b

Assets included in Form 990, Part X ▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		899,960	67,497	832,463
c Leasehold improvements		547,167	217,030	330,137
d Equipment		3,052,575	2,800,342	252,233
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,414,833

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	117,528,079
2	Total expenses (Form 990, Part IX, column (A), line 25)	217,799,914
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-271,835
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	90
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-271,835

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	117,528,079
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	0
3	Subtract line 2e from line 13	317,528,079
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	517,528,079

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	117,799,914
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	0
3	Subtract line 2e from line 13	317,799,914
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	517,799,914

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
		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.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
FULL EMPLOYMENT COUNCIL INC

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number

43-1377197

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations ▶

3

Enter total number of other organizations ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) TUITION ASSISTANCE	845	2,265,583			

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 NO GRANT ASSISTANCE TO ORGANIZATIONS THE PROGRAM PROVIDES FINANCIAL ASSISTANCE TO INDIVIDUALS FOR TRAINING AND SUPPORT RELATED TO EMPLOYMENT PARTICIPANTS WHO MET THE ELIGIBILITY CRITERIA ARE SELECTED AND ENROLLED TO A PROGRAM FOR ASSISTANCE AFTER A REVIEW OF THE ADMISSION THE ELIGIBILITY CRITERIA ARE SET BASED ON US 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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Name of the organization FULL EMPLOYMENT COUNCIL INC	Employer identification number 43-1377197
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Part I

Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLYDE MCQUEEN	(i) (ii)	185,983 0	57,211 0	72,988 0	18,498 0	5,231 0	339,911 0	 0
(2) SHELLY ESTELL	(i) (ii)	102,314 0	22,443 0	11,450 0	11,045 0	8,084 0	155,336 0	 0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization FULL EMPLOYMENT COUNCIL INC	Employer identification number 43-1377197
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990 THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S OFFICERS ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S OFFICERS HAVE ARE ADDRESSED, AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE THE 990 IS THEN PROVIDED TO THE FEC BOARD FOR THEIR REVIEW PRIOR TO FILING THE 990 ANY QUESTIONS AND/OR CONCERNS ARE ADDRESSED, AND ANY CONCERNS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE THE FINAL FORM 990 DRAFT WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS PRIOR TO FILING THE 990

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST STATEMENTS ARE COMPLETED AND SIGNED BY ALL BOARD OF DIRECTORS AND KEY EMPLOYEES ANNUALLY AND IMMEDIATELY BY ANY REPLACEMENT DIRECTOR AND KEY EMPLOYEES UPON TAKING THE NEW POSITION THROUGHOUT THE YEAR IN THE CONFLICT OF INTEREST POLICY, THERE ARE SECTIONS THAT ADDRESS FIDUCIARY RESPONSIBILITIES/DISCLOSURE, DEFINING OF CONFLICT OF INTEREST AND RESTRAINT ON VOTING THE BOARD CHAIR REMINDS DIRECTORS OF THE NEED TO DECLARE ANY CONFLICTS OF INTEREST THROUGHOUT THE YEAR DIRECTORS WITH A CONFLICT OF INTEREST ANNOUNCE BEFORE A VOTE IS TAKEN THAT THEY ARE ABSTAINING FROM THE VOTE AND STATE THE REASON FOR THE CONFLICT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>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 IN NOVEMBER 2008 AND THE NEXT STUDY WILL BE CONDUCTED IN 2011</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENT, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE FORM 990 IS ALSO AVAILABLE UPON REQUEST AND CAN BE FOUND ON THE GREATER KANSAS CITY COMMUNITY FOUNDATION'S WEBSITE - WWW GKCCF ORG

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

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	<p>THE FULL EMPLOYMENT COUNCIL OPERATES 4 FULL SERVICE AND 3 AFFILIATE MISSOURI CAREER CENTERS AS A RESULT OF THE IMPLEMENTATION OF THE NEXT GENERATION SERVICE DESIGN OF CO-ENROLLMENT AND BROADENED CORE SERVICES, A DRAMATIC INCREASE IN PARTICIPANTS OCCURRED DURING THE PROGRAM YEAR THE FEC MISSOURI CAREER CENTERS EMPLOYMENT AND TRAINING PROGRAMS FOR KANSAS CITY AND VICINITY (KCV) AND EASTERN JACKSON COUNTY IN 2010-2011 RECORDED 60,645 UNIQUE CUSTOMERS SERVED IN THE WORKFORCE INVESTMENT ACT (WIA) ADULT PROGRAMS MORE THAN 13,100 CUSTOMERS ATTENDED WORKSHOPS, 30,300 CUSTOMERS WERE ASSESSED, 1,103 RECEIVED THE NATIONAL CAREER READINESS CERTIFICATE, A PORTABLE, EVIDENCE-BASED CREDENTIAL THAT MEASURES ESSENTIAL WORKPLACE SKILLS AND IS A RELIABLE PREDICTOR OF WORKPLACE SUCCESS, AND 89,600 JOB REFERRALS WERE MADE BY OUR FEC STAFF IN THE WORKFORCE INVESTMENT ACT (WIA) ADULT ECONOMICALLY DISADVANTAGED PROGRAMS, WHICH PROVIDE JOB PLACEMENT ASSISTANCE, VOCATIONAL TRAINING, TRANSPORTATION ASSISTANCE TO ECONOMICALLY DISADVANTAGED ADULTS, FEC SERVED 38,688 ECONOMICALLY DISADVANTAGED ADULTS, ENROLLED 444 IN TRAINING, AND PLACED IN EMPLOYMENT 2,034 OF THE 3,687 COUNTED IN ENTERED EMPLOYMENT PERFORMANCE MEASURE IN EMPLOYMENT AS A RESULT OF THE EFFORTS OF THE CENTERS, FEC ACHIEVED ITS PLANNED PERFORMANCE OUTCOME IN ADULT ENTERED EMPLOYMENT OF 82 6%, IN ADULT RETENTION WITH 102 0% AND IN ADULT AVERAGE EARNINGS 107 0% AND ACHIEVED ITS PLANNED PERFORMANCE OUTCOME IN EJAC IN ADULT ENTERED EMPLOYMENT AT 104 0%, ADULT RETENTION, 114 0%, AND ADULT AVERAGE EARNINGS AT 135 3% IN THE DISLOCATED WORKER PROGRAM, THE NUMBER OF CUSTOMERS SERVED IN THE COMBINED KCV AND EJAC REGIONS WORKFORCE INVESTMENT ACT (WIA) DISLOCATED WORKER PROGRAM WAS 21,957 IN PY 2010 OF THE 1,440 WORKERS LAID-OFF FROM THEIR JOBS WHO RECEIVED ASSISTANCE THROUGH THE WIA DISLOCATED WORKER (DW) PROGRAMS, 677 RECEIVED TRAINING, 1,023 OF THE 1,440 COUNTED IN THE ENTERED EMPLOYMENT PERFORMANCE MEASURE WENT TO WORK AS A RESULT OF THE EFFORTS OF THE CENTERS, FEC ACHIEVED ITS PLANNED PERFORMANCE OUTCOMES IN KCV IN DW ENTERED EMPLOYMENT, 106 3%, DW RETENTION, 107 8%, AND DW AVERAGE EARNINGS, 136 5% IN KCV AND ACHIEVED ITS PLANNED PERFORMANCE OUTCOME IN EJAC IN DW ENTERED EMPLOYMENT, 118 9%, DW RETENTION, 109 5% AND DW AVERAGE EARNINGS AT 129 2% IN EJAC SPECIAL PROJECTS PROGRAMS FOR ADULTS FEC WAS ABLE TO GENERATE FUNDING FOR UNEMPLOYED AND DISLOCATED WORKERS THROUGH A NUMBER OF SPECIAL FUNDING PROGRAMS IN PY 2010 THESE INCLUDE THE AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA) PROGRAMS PROVIDED SPECIAL STIMULUS FUNDING FOR ECONOMICALLY DISADVANTAGED ADULTS AND DISLOCATED WORKERS DISABILITY NAVIGATOR PROGRAM - (DNP) PROVIDED ASSISTANCE TO JOB SEEKERS WITH DISABILITIES TO TAKE ADVANTAGE OF TRAINING AND EMPLOYMENT SERVICES TWO DNP PERSONNEL, CO-LOCATED WITHIN THE ONE-STOP CAREER CENTERS, TO SERVE THE THREE CAREER CENTERS LOCATED IN KANSAS CITY & VICINITY THE DNP STAFF ASSISTED CUSTOMERS AND STAFF AT THE 1740 PASEO, NORTHLAND CAREER CENTERS AND SOUTH KANSAS CITY CAREER CENTERS TO PROVIDE SERVICES TO INDIVIDUALS WITH DISABILITIES IN ORDER TO ENSURE THAT THAT ALL ONE-STOP SERVICES ARE AVAILABLE TO INDIVIDUALS WITH DISABILITIES THIS EFFORT INCREASED EMPLOYMENT AND SELF-SUFFICIENCY FOR PERSONS WITH DISABILITIES BY LINKING THEM TO EMPLOYERS AND FACILITATED ACCESS TO PROGRAMS AND SERVICES THAT WOULD ENABLE THIS POPULATION IN THEIR ENTRY OR RE-ENTRY INTO THE WORKFORCE DNP STAFF FACILITATED TRAININGS AND PROVIDED DISABILITY-RELATED RESOURCES AND INFORMATION TO JOB SEEKERS WITH DISABILITIES DNP PERSONNEL ALSO PROVIDED OUTREACH TO PEOPLE WITH DISABILITIES BY DISSEMINATING INFORMATION ON WORKFORCE SERVICES AVAILABLE THROUGH THE ONE-STOP CAREER CENTERS FEC DISABILITY NAVIGATOR PROGRAM (DNP)INITIATIVE ASSISTED 508 CUSTOMERS AND HANDLED 431 STAFF REQUEST FOR ASSISTANCE BI-LINGUAL CALL CENTER - FEC HAS INSTITUTED A PROGRAM TO PROVIDE IMMEDIATE ASSISTANCE TO SPANISH-SPEAKING CUSTOMERS THREE SPANISH-SPEAKING, BI-LINGUAL STAFF COORDINATORS HAVE BEEN HIRED TO SERVE THE SPANISH-SPEAKING YOUTH AND ADULT POPULATIONS AND HELP ADDRESS BARRIERS TO EMPLOYMENT AND CAREER ADVANCEMENT FOR LATINO WORKERS FEC OFFERS THE MOBILE BI-LINGUAL PROGRAM TO PROVIDE IMMEDIATE ASSISTANCE TO YOUTH AND ADULT LIMITED ENGLISH-SPEAKING POPULATIONS BUSINESS RETENTION SERVICES- FEC CONTINUED ITS SUPPORT TO EARLY WARNING NETWORK/LAY OFF AVERSION SERVICES BY LINKING WORKFORCE DEVELOPMENT ECONOMIC DEVELOPMENT THROUGH THE BUSINESS RETENTION COUNCIL (BRC) PROGRAM THIS EARLY WARNING NETWORK/LAY OFF AVERSION SERVICES INITIATIVE INTERCONNECTS WITH ECONOMIC DEVELOPMENT PARTNERS IN THE REGION TO SUPPORT BUSINESS RETENTION AND JOB PLACEMENT FOR DISLOCATED WORKERS THE BRC IDENTIFIES EXISTING BUSINESSES AT RISK FOR CLOSING OR RELOCATING, LEVERAGES RESOURCES FOR PROVIDING ASSISTANCE DESIGNED TO AVERT LAY OFFS AND CLOSINGS, AND PROVIDE JOB REFERRAL AND JOB DEVELOPMENT SERVICES THROUGH THE MISSOURI CAREER CENTERS THE BRC PROVIDES ASSISTANCE TO BUSINESSES TO SUSTAIN EXISTING BUSINESS THE COUNCIL MEETS QUARTERLY TO KEEP INFORMED OF ECONOMIC DEVELOPMENT ISSUES AND DISCUSS WAYS TO AVERT BUSINESS CLOSINGS AND LAY OFFS THE BUSINESS RETENTION COUNCIL TEAM MEMBERS INCLUDE THE ECONOMIC DEVELOPMENT CORPORATION OF KANSAS CITY, CLAY COUNTY ECONOMIC DEVELOPMENT COUNCIL, PLATTE COUNTY ECONOMIC DEVELOPMENT COUNCIL, CASS COUNTY CORPORATION OF ECONOMIC DEVELOPMENT, RICHMOND CHAMBER OF COMMERCE, AND LIBERTY PARTNERSHIP FOR COMMUNITY GROWTH AND DEVELOPMENT HEALTHCARE PROGRAMS - FEC HAS BEEN SUCCESSFUL IN GENERATING ADDITIONAL RESOURCES FOR THE REGIONS UNEMPLOYED THROUGH SUCCESSFUL APPLICATIONS TO THE FEDERAL GOVERNMENT IN HEALTHCARE GREATER KC HEALTHCARE AND HEALTHCARE INFORMATION TECHNOLOGY (GKC-HHIT) PROGRAM - U S DEPARTMENT OF LABOR WHICH AWARDED A 3 YEAR \$5 MILLION GRANT FOR THE GREATER KANSAS CITY HEALTHCARE AND HEALTHCARE INFORMATION TECHNOLOGY (GKCHHIT)PROGRAM TO PROVIDE TRAINING AND PLACEMENT SERVICES TO UNEMPLOYED WORKERS PURSUING CAREERS IN NURSING, ALLIED HEALTH, LONG-TERM HEALTH CARE AND HEALTHCARE INFORMATION TECHNOLOGY TO INCREASE THE NUMBER OF TRAINED HEALTHCARE WORKERS THROUGH A PARTNERSHIP EFFORT WITH MISSOURI HOSPITAL ASSOCIATION, THE KANSAS WORKFORCE PARTNERS, THE LOCAL KANSAS WORKFORCE INVESTMENT BOARD, FEC SERVED AND ENROLLED 1,219 IN TRAINING A TOTAL OF 940 COMPLETED TRAINING AND RECEIVED CREDENTIALS, 90 HAVE BEEN PLACED IN EMPLOYMENT AND 686 INCUMBANT WORKERS HAVE RETAINED THEIR JOBS 21ST HEALTHCARE WORKS PROGRAM - FEC RECEIVED A 5 YEAR \$5 MILLION GRANT AWARD FROM THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES TO TRAIN LOW-INCOME ADULTS, FOOD STAMP RECIPIENTS, TANF RECIPIENTS, LOW-INCOME UNEMPLOYED ADULTS, ECONOMICALLY DISADVANTAGED YOUTH 16-24, AND LOW-WAGE HEALTH CARE WORKERS SEEKING CAREER PROGRESSION IN THE HEALTHCARE FIELD RECRUITMENT FOR THIS PROGRAM BEGAN IN APRIL AND TO DATE55 HAVE BEEN SERVED AND ENROLLED IN TRAINING HEALTH CARE FOUNDATION OF GREATER KANSAS CITY FEC ALSO RECEIVED A \$100,000 GRANT AWARD FROM THE HEALTHCARE FOUNDATION OF GREATER KANSAS CITY TO BRIDGE EMPLOYMENT AND TRAINING PROGRAM TO 16-24 ECONOMICALLY-DISADVANTAGED YOUTH THIS BRIDGE PROGRAM WILL LINK TO POST-SECONDARY INSTITUTIONS FOR THE COMPLETION AND AWARD OF CLASS CREDIT AND CREDENTIALS TO LOW-INCOME YOUTH IN THE HEALTHCARE PROGRAMS, LEAD TO A DIPLOMA OR CERTIFICATE AT A POST-SECONDARY INSTITUTION AND ULTIMATELY TO PLACEMENT INTO EMPLOYMENT THE PROGRAM WILL CREATE A MORE EFFICIENT TRANSITION TO THE AWARDING OF POST-SECONDARY CREDENTIALS AND EMPLOYMENT THEREAFTER TO THESE ECONOMICALLY-DISADVANTAGED YOUTH</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUED	FORM 990, PART III, LINE 4A	<p>MISSOURI WORK ASSISTANCE (MWA) - THIS WELFARE TO WORK PROGRAM FORMERLY KNOWN AS CAREER ASSISTANCE PROGRAM (CAP) PROVIDES JOB READINESS AND TRAINING FOR TANF INDIVIDUALS ENGAGED IN WORK RELATED ACTIVITIES THIS PROGRAM ACHIEVED A MONTHLY PARTICIPATION RATE OF 67 41%, SERVED 635, AND ENGAGED 397 IN WORK ACTIVITIES 187 WERE ENROLLED IN CLASSROOM TRAINING, 99 WERE EMPLOYED - FULL TIME, 105 EMPLOYED - PART TIME AND TOTAL EMPLOYED EARNED AN AVERAGE WAGE OF \$9 21 BASE REALIGNMENT CLOSURE COMMISSION NATIONAL EMERGENCY GRANT- THIS PROGRAM ASSISTS LAID-OFF WORKERS FROM THE DEPARTMENT OF DEFENSE (BRAC),(ACCOUNTING AND FINANCE) AND DEFENSE-RELATED AGENCIES THAT ARE BEING REDEPLOYED FROM KANSAS CITY THE PROGRAM WHICH PROVIDES JOB ASSISTANCE TO LAID OFF WORKERS, SERVED 134, TRAINED 51, AND PLACED IN EMPLOYMENT 59 AT AN AVERAGE WAGE OF \$19 77 NEG AMERICAN AIRLINES DISLOCATED WORKER PROGRAM- DESIGNED TO ASSIST WORKERS LAID OFF FROM THE CLOSURE OF THE AMERICAN AIRLINES OVERHAUL BASE, ASSISTED WORKERS WHO CHOOSE NOT TO TRANSFER TO OTHER LOCATIONS, SERVED 231, TRAINED 91, EMPLOYED 84, AT AN AVERAGE WAGE OF \$25 87 AUTO SUPPLIERS DISLOCATED WORKER PROGRAM- DESIGNED TO ASSIST WORKERS LAID OFF IMPACTED BY THE LAY OFFS IN THE AUTO INDUSTRY , SERVED 20, TRAINED 9, EMPLOYED 13 AT AN AVERAGE WAGE OF \$15 64 GREEN COLLAR EARMARK JOB TRAINING PROJECT IS TO PROVIDE TARGETED CLASSROOM INSTRUCTION, ON-THE-JOB TRAINING AND INTERNSHIP OPPORTUNITIES TO JACKSON COUNTY RESIDENTS THAT WILL LEAD TO EMPLOYMENT IN GREEN COLLAR GROWTH OCCUPATIONS THE PROJECT WOULD LEAD TO AN INCREASE IN THE NUMBER OF INDIVIDUALS IN THE JACKSON COUNTY AREA TRAINED IN GREEN JOBS AND EMPLOYED IN GREEN COLLAR JOBS, REDUCE THE NUMBER OF UNEMPLOYED PERSONS IN JACKSON COUNTY AND INCREASE THE CAPACITY OF THE AREA TO MEET THE DEMANDS OF THIS GROWING SECTOR OF THE ECONOMY THE PROJECT SERVED/ENROLLED IN TRAINING 117, 101 COMPLETED TRAINING, 89 RECEIVED CREDENTIAL, AND 25 WERE EMPLOYED AT AN AVERAGE WAGE OF \$12 97 FEC RECEIVED \$ 70,000 FROM THE DIVISION OF WORKFORCE DEVELOPMENT, RESEARCH AND INFORMATION CENTER TO CONDUCT A REGIONAL GREEN RESEARCH GRANT THE GREEN WAYS TO GREEN CAREERS PROJECT RESULTED INA A GREEN EMPLOYER SURVEY, DESIGNED TO COLLECT INFORMATION ABOUT GREEN JOBS TO BETTER IDENTIFY LOCAL TRENDS AND INSIGHTS ABOUT REGIONAL GREEN ECONOMIES, CONVENED A LOCAL GREEN TASKFORCE AND PRODUCED GREEN TRAINING INVENTORY AND KANSAS CITY REGION GREEN JOBS REPORT 2010 ON-THE-JOB TRAINING NATIONAL EMERGENCY GRANT ARRA -RECOVERY ACT-FUNDED NATIONAL EMERGENCY GRANTS (NEGS) SUPPORTS THE EXPANSION OF ON-THE-JOB TRAINING (OJT) PROGRAM AND JUMP STARTS RE-EMPLOYMENT FOR DISLOCATED WORKERS EXPERIENCING PROLONGED UNEMPLOYMENT BY ENABLING EMPLOYERS TO CREATE TRAINING AND JOB OPPORTUNITIES FOR THESE INDIVIDUALS WORKERS RECEIVED WORK-BASED TRAINING THAT ALLOWS THEM TO SHARPEN THEIR SKILLS WHILE THEY EARNED WAGES THE GRANT ENSURED THAT DISLOCATED WORKERS AND OTHER INDIVIDUALS WITH BARRIERS TO EMPLOYMENT HAVE THE SKILLS THEY NEED TO GET AND KEEP WELL-PAYING JOBS THE GRANT WAS USED TO SUPPORT OJT CONTRACTS WITH EMPLOYERS IN THE PRIVATE AND NON-PROFIT SECTORS, WHO AGREED TO HIRE AND TRAIN DISLOCATED WORKERS IN EXCHANGE FOR PARTIAL REIMBURSEMENT OF THEIR TRAINING COSTS SERVED 71, ENROLLED 54 IN TRAINING, AND EMPLOYED 13 AT AN AVERAGE WAGE OF \$14 38 IN THE CONSTRUCTION FIELD FEC IMPLEMENTED THE SECTION 3 KCMO HOUSING AUTHORITY CONSTRUCTION PROJECTS PROGRAM, WHICH WAS DESIGNED TO IDENTIFY , RECRUIT, AND CERTIFY HOUSING AUTHORITY RESIDENTS WHO WOULD BE ELIGIBLE FOR THE SECTION 3 PROGRAMS UNDERTAKEN BY KCMO AND HOUSING AUTHORITY WORKING ON CONSTRUCTION PROJECTS IN THEIR NEIGHBORHOODS THE PROGRAM SERVED 34 CERTIFICATIONS THE MISSOURI FIRST SOURCE PROGRAM- PROJECT PREPARE IN CONJUNCTION WITH THE GREATER KC AFL-CIO TO PROVIDE FOR KCMO RESIDENTS THE OPPORTUNITY TO BE LOOKED AT FIRST FOR EMPLOYMENT WHEN THE CITY OF KANSAS CITY UNDERTAKES CONSTRUCTION THIS PROGRAM SERVED 64, TRAINED 59, AND PLACED IN EMPLOYMENT 36 AT AN AVERAGE WAGE OF \$15 64 IN THE TRANSPORTATION FIELD, FEC GENERATED FUNDING FOR THE MARC -JOB ACCESS REVERSE COMMUTE (JARC) CAREER TRANSIT PROGRAM (ACCESSIBLE TRANSPORTATION PROGRAM) WHICH PROVIDED OUTREACH AND MARKETING ACTIVITIES TO UN-SERVED AND UNDERSERVED TO INFORM POTENTIAL APPLICANTS OF THE EMPLOYMENT AND TRAINING SERVICES AVAILABLE THROUGH THE ONE STOP CENTERS / MISSOURI CAREER CENTERS IN THE FIVE SURROUNDING COUNTIES CASS, CLAY, JACKSON, PLATTE AND RAY COUNTIES TRANSPORTATION SERVICES PROVIDED ARE VAN SERVICES, BUS PASSES, ADVANTAGE POOL (ORGANIZED RIDE SHARING TO AND FROM WORK, SWING SHIFT, A ONE-WAY TRANSPORTATION TO OR FROM WORK AND SHARE-A-FARE A DOOR TO DOOR TRANSPORTATION SERVICE FOR PERSONS WITH DISABILITIES TO AND FROM WORK FROM MAY 1 2010 TO APRIL 30, 2011 57 EMPLOYED RIDERS AND 2867 TRIPS / RIDES WERE PROVIDED KANSAS CITY AREA TRANSPORTATION AUTHORITY PROGRAM- TAKES PEOPLE TO JOB LOCATIONS THAT ARE NOT SERVICED BY KCATA TRANSIT LINES THIS PROGRAM PROVIDED 950 MONTHLY PASSES AND 3,297 ONE-RIDE BUS TICKETS YOUTH PROGRAMS FECS WIA YOUTH PROGRAMS PROVIDED JOB READINESS, COUNSELING, WORK EXPERIENCE, CLASSROOM OCCUPATIONAL TRAINING ASSISTANCE AND INTERNSHIPS TO ECONOMICALLY DISADVANTAGED YOUTH (AGES 16-21), DROPOUTS, AND AT-RISK YOUTH YOUTH WHO COMPLETED THIS PROGRAM WERE PLACED IN EMPLOYMENT, ENROLLED IN POST SECONDARY TRAINING (SUCH AS AREA COMMUNITY COLLEGES, 4-YEAR COLLEGES, APPRENTICECHIP AND VOCATIONAL TRAINING PROGRAMS) AND/OR THE MILITARY THIS PROGRAM SERVED 679 YOUTH, 187 IN-SCHOOL AND 492 OUT-OF-SCHOOL WHO WERE PROVIDED JOB AND CAREER TRAINING ASSISTANCE IN KANSAS CITY AND VICINITY AND EASTERN JACKSON COUNTY REGIONS OF THOSE YOUTH IN THE PROGRAM 89 ATTAINED DEGREE / CREDENTIAL, 138 PLACEMENTS AND 52 WERE EMPLOYED AT AN AVERAGE WAGE OF \$9 81 AND 87 WERE ENROLLED IN POST SECONDARY EDUCATION THROUGH AGGRESSIVE AND RESPONSIVE STAFF EFFORT FEC ACHIEVED ITS PLANNED PERFORMANCE OUTCOMES IN YOUTH PLACEMENT, 112 5%, YOUTH ATTAINMENT DEGREE / CREDENTIAL, 139 8%, AND IN LITERACY NUMERACY, 115 4% AND ACHIEVED ITS PLANNED PERFORMANCE OUTCOMES IN EJAC IN YOUTH PLACEMENT AT 105 2%, YOUTH ATTAINMENT DEGREE / CREDENTIAL AT 184 4%, AND LITERACY NUMERACY 142 9% SPECIAL PROGRAMS FOR YOUTH THE AMERICAN RECOVERY AND REINVESTMENT ACT STIMULUS PROGRAM FUNDING HAD A MAJOR IMPACT ON SERVICES PROVIDED AND SPENDING ON PROGRAM PARTICIPANTS IN THE 2010 PROGRAM YEAR FEC SECURED AND MANAGED 3 MAJOR INITIATIVES FUNDED BY THE AMERICAN RECOVERY AND REINVESTMENT ACT STIMULUS FUNDING FOR YOUTH (AGES 16-24) PROGRAMS NEXT GENERATION JOBS TEAM - FEC IMPLEMENTED THE NEXT GENERATION JOBS TEAM, AN AMERICAN RECOVERY AND REINVESTMENT ACT STIMULUS PROGRAM THAT PROVIDED PAID SUMMER INTERNSHIPS, WORK EXPERIENCES AND ASSISTED WITH ENROLLMENT IN POST SECONDARY TRAINING THE PROGRAM PLACED IN WORK EXPERIENCE MORE THAN 2,338 YOUTH OF AGES 16-24 GREEN JOBS TO GREEN CAREERS PROGRAM THE SUMMER YOUTH FUNDING WITH EMERGENCY TEMPORARY ASSISTANCE NEEDY FAMILIES (TANF)AWARD PROVIDED A SIX-WEEK INTERNSHIP TO ECONOMICALLY DISADVANTAGED YOUNG ADULTS, AGES 16 TO 24 THIS PROGRAM CALLED GREEN JOBS TO GREEN CAREERS 2010 JOBS PROGRAM FOCUSED ON GREEN WORK PRACTICES AND GREEN CAREERS THE PROGRAM SERVED MORE THAN 2,522 YOUTH IN WORK EXPERIENCE AND PAID AN AVERAGE WAGE OF \$10 00 STATE PARKS YOUTH CORP - THE STATE PARKS YOUTH CORPS (SPYC) PROGRAM FOR YOUTH AGES 16-24, WAS A VENTURE JOINTLY SPONSORED BY THE MISSOURI DIVISION OF WORKFORCE DEVELOPMENT, DIVISION OF STATE PARKS AND MISSOURIS 14 WORKFORCE INVESTMENT BOARDS THE PROGRAM PLACED PARTICIPANTS IN A PAID WORK EXPERIENCE IN MISSOURI STATE PARKS AND HISTORIC SITES BUILDING TRAILS, LEADING TOURS, EXCAVATING HISTORICAL SITES, AND DESIGNING MARKETING CAMPAIGNS THIS PROGRAM, DESIGNED TO HELP PREPARE YOUTH FOR TOMORROWS CAREERS WHILE SURROUNDED BY NATURE AND THE BEAUTY OF MISSOURIS STATE PARKS, SERVED 48 AND PLACED 28 IN WORK EXPERIENCE AT AN AVERAGE WAGE OF \$7 25 DURING THE PERIOD MAR 1, 2010 TO SEP 30, 2010, SERVED 48 AND PLACED 28 IN A WORK EXPERIENCE AT AN AVERAGE WAGE OF \$7 25 AND FROM FEBRUARY 1, 2011-NOVEMBER 30, 2011, THE PROGRAM SERVED 14 AND PLACED 9 IN A WORK EXPERIENCE THESE PLACEMENTS ARE BASED ON THE TOTAL NUMBER OF SLOTS AVAILABLE FOR THE STATE PARKS SYSTEM IN THE REGION TWO NEW YOUTH PROGRAMS WERE IN THE START UP PHASE FEC SECURED FUNDING OF \$1 3 MILLION FROM MAYOR'S FUND TO ADVANCE NEW YORK CITY (MAYOR'S FUND) AND THE NYC CENTER FOR ECONOMIC OPPORTUNITY SOCIAL INNOVATION FUND (SIF) TO PROVIDE PAID INTERNSHIPS, EDUCATIONAL OPPORTUNITIES AND SUPPORT FOR DISCONNECTED 18-24 YEAR OLD YOUNG ADULTS IN THE KANSAS CITY , MO IN A PROGRAM CALLED PROJECT RISE</p>

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PROGRAM SERVICE ACCOMPLISHMENTS - CONTINUED	FORM 990, PART III, LINE 4A	FEC ALSO SECURED FUNDING OF \$400,000 FROM THE KANSAS CITY CHIEFS FOOTBALL CLUB, KANSAS CITY ROYALS BASEBALL, AND THE JACKSON COUNTY SPORTS COMPLEX AUTHORITY FOR THE LEARN TO EARN INITIATIVE TO PROVIDE EDUCATION AND TRAINING THROUGH SCHOLARSHIPS AND PAID INTERNSHIPS TO WOMEN AND MINORITY YOUTH 18 TO 24 YEARS OF AGE IN THE FIELDS RELATED TO PROFESSIONAL SPORTS