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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 private

OMB No 1545-0047

foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public ▶ Information about Form 990 and its instructions is at www.IRS.gov/form990 Inspection For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

Che	ck ıf appl	licable C Name of organization FULL EMPLOYMENT COUNCIL INC) Employer	identification number			
— Ad	dress cha	inge		43-1377	197			
— Na	me chang	ge						
_	tıal return		<u> </u>					
Fir /turn	iai terminate	Number and street (or P O box if mail is not delivered to street address) Room/suite 1740 PASEO BLVD	9	E Telephone number				
 Am	ended ret	tum		(816) 47	1-2330			
App	lication p	cending City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO 64108		Gross rece	ıpts \$ 14,664,682			
		F Name and address of principal officer	H(a) Is this a	group re	turn for			
		CLYDE MCQUEEN 1740 PASEO BLVD	subordır		☐ Yes 🗸			
		KANSAS CITY, MO 64108	No H(b) Are all s	ubordinal				
Tax	-exempt	status	included	j ?	Yes No			
W	ebsite: 🕨	▶ WWW FECKC ORG	H(c) Group e		,			
Forn	of organ	nization 🗸 Corporation Trust Association Other 🕨	L Year of forma		M State of legal domicile			
Par	rt I	Summary						
	1 Brie	fly describe the organization's mission or most significant activities OBTAIN PUBLIC AND PRIVATE SECTOR EMPLOYMENT FOR THE UNEMPL EGREATER KANSAS CITY AREA	OYED OR UNI	DEREMPL	OYED RESIDENTS OF			
,	2 Ch	eck this box ▶ ┌─ if the organization discontinued its operations or disposed of	more than 25°	% of its ne	et assets			
3	- 011							
\$	3 Nu	mber of voting members of the governing body (Part VI, line 1a)		3	10			
	4 Nui	mber of independent voting members of the governing body (Part VI, line 1b)		. 4	9			
	5 Tot	tal number of individuals employed in calendar year 2015 (Part V, line 2a) .		. 5	1,321			
3	6 Tot	tal number of volunteers (estimate if necessary)		. 6	10			
	7a Tot	tal unrelated business revenue from Part VIII, column (C), line 12		. 7	a 0			
	b Net	unrelated business taxable income from Form 990-T, line 34		. 7	b			
			Prior Y	ear	Current Year			
	8 (Contributions and grants (Part VIII, line 1h)	1.	2,863,67	14,664,440			
en në vë H	9 1	Program service revenue (Part VIII, line 2g)		1				
ōΛċ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1 9	19			
r	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	214,65	1 223				
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13	3,078,34	14,664,682			
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		2,715,46	2,457,072			
		Benefits paid to or for members (Part IX, column (A), line 4)		- 1				
368		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	Ţ	5,714,88	9,072,298			
Ë	16 a	Destance and fundament for (Dark IV column (A) line 11a)	1		ol d			
•		Professional fundraising fees (Part IX, column (A), line 11e)			7			
Expenses	Ь -	Total fundraising expenses (Part IX, column (D), line 25) ▶0		<u>'</u>				
EXD			2	4,668,98				
Expe	17 18	Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			4 3,416,426			
	17 18	Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,668,98	3,416,426 14,945,796			
	17 18	Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		4,668,98 3,099,329 -20,98	4 3,416,426 9 14,945,796 5 -281,114			
	17 (18 19 19 19 19 19 19 19 19 19 19 19 19 19	Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	Beginning of C	4,668,98 3,099,329 -20,98	3,416,426 14,945,796 -281,114 r End of Year			
Fund Balances Expe	17 (18 19 19 19 19 19 19 19 19 19 19 19 19 19	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright^0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning of C	4,668,98 3,099,32 -20,98 urrent Yea	4 3,416,426 9 14,945,796 5 -281,114 r End of Year 9 3,145,258			

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

1	*****				2017-05-15				
Sign	Signature	of officer		Date					
Here	CLYDE M	CQUEEN PRESIDENT/CEO							
	Type or p	orint name and title							
Paid		Type preparer's name Ensminger CPA	Preparer's signature Kevin Ensminger CPA	Date	Check If PTIN P01310558				
Preparer	Firm's	name 🕨 BKD LLP	Firm's EIN ►						
Use Only	Firm's	address ► 1201 Walnut Suite	Phone no (816) 221-6300						
		Kansas City, MO							

Form 990 (2015)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 9	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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	11 c		No
	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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	•	,				
: IV	Ch	ecklist	of Re	quired	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pa	rt IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	I I
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 🔧		

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "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 lines 24b through 24d

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Nο

Par	t IV	Checklist o	f Requi	red S	Schedules	(conti	nued)			

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

member of any of these persons? *If "Yes," complete Schedule L, Part III* Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

•	 2

_

Yes

Yes

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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31

32

33

34

35a

35b

36

37

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Yes

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax Complian
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Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this				_
		check if Schedule o contains a response of flote to any line in this	rait V		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	32	103	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
		L ie organization comply with backup withholding rules for reportable payments to	vendors and reportable			
·		g (gambling) winnings to prize winners?	·	. 1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and				
		tatements, filed for the calendar year ending with or within the year covered	30 1	,321		
h	•	s return		,321 2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				
3a	Did th	ie organization have unrelated business gross income of \$1,000 or more during	the year?	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on ın Schedule O	. 3b		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnature or other authority	,		
		a financial account in a foreign country (such as a bank account, securities acc	count, or other financial	4a		No
h		int)?				NO
b		s," enter the name of the foreign country ▶	and Financial Accounts			
	(FBAR		and i maneral Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t		5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?				
		-,		5с		
6a		the organization have annual gross receipts that are normally greater than \$10		6a		No
h	-	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th		oufts.		
-		not tax deductible?		6b		
7	Organ	izations that may receive deductible contributions under section 170(c).				
а		e organization receive a payment in excess of \$75 made partly as a contribution of the payor?		nd 7a		No
b		s," did the organization notify the donor of the value of the goods or services pi		. 7b		
		e organization sell, exchange, or otherwise dispose of tangible personal proper		ed to		
		rm 8282?		7 c		No
đ	If "Ye	s," indicate the number of Forms 8282 filed during the year	7d			
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	ersonal benefit contract?			N
f	Did th	ie organization, during the year, pay premiums, directly or indirectly, on a perso	unal henefit contract?	. 7e		No No
		organization received a contribution of qualified intellectual property, did the o		-		110
9	requir		• •	7g 7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, did the organization file			
		1098-C?		7h		
8	-	donor advised fund maintaining donor advised runds.	siness holdings at any tir	ne		
	during	the year?		8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966		9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ted person?	9b		
10	Section	on 501(c)(7) organizations. Enter				
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a			
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club	10b			
11		on 501(c)(12) organizations. Enter				
а	Gross	income from members or shareholders	11a			
b		income from other sources (Do not net amounts due or paid to other sources				
	agains	st amounts due or received from them)	11b			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lieu of Form 1041?	12a		
b		s," enter the amount of tax-exempt interest received or accrued during the	12b			
13	year Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.	I			
а		organization licensed to issue qualified health plans in more than one state? N Nonal information the organization must report on Schedule O	ote. See the instructions	for 13a		
b		the amount of reserves the organization is required to maintain by the states				
	ın whi	ch the organization is licensed to issue qualified health plans	13b			
		the amount of reserves on hand	13c]
		ie organization receive any payments for indoor tanning services during the tax	•	14a		No
b	IT "Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion in Schedule O	14b		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI 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 or note to any line 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 1a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are ındependent 1b g Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Nο

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Νo **10a** Did the organization have local chapters, branches, or affiliates? . . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes ${f b}$ 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 **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

organization's exempt status with respect to such arrangements?

- Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►CLYDE MCQUEEN 1740 PASEO BLVD KANSAS CITY, MO 64108 (816) 471-2330

16b

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	chec , unle n offic	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei		Highest compensated employee	Highest compensa		(W- 2/1099- MISC)	from the organization and related organizations	
(1) ALISE MARTINY DIRECTOR	1 0	×						0	0	0	
(2) BETTY FREEMEN-BOOTS DIRECTOR	1 0	×						0	0	0	
(3) BRIDGETTE WILLIAMS	1 0	×		х				0	0	0	
(4) CLYDE MCQUEEN	0 0 40 0 	×		×				344,515	0	35,654	
(5) ED DESOIGNIE DIRECTOR	1 0	×						0	0	0	
(6) ELLEN FAIRCHILD DIRECTOR/CHAIRMAN	1 0	×		х				0	0	0	
(7) MARK JAMES DIRECTOR	1 0	x						0	0	0	
(8) NANCY SEELEN DIRECTOR	1 0	x						0	0	0	
(9) ROBERT HUGHES JR DIRECTOR	1 0	x						0	0	0	
(10) WILL MCCARTHER DIRECTOR	1 0	×						0	0	0	
(11) SHELLY ESTELL SENIOR VICE PRESIDENT/COO	40 0			х				161,260	0	28,407	
(12) TIRHAS KIDANE VICE PRESIDENT/CFO	40 0			×				155,113	0	11,255	

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

	(A) Name and ⊤ıtle	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b	Sub-Total										
c d	Total from continuation sho Total (add lines 1b and 1c)	•			· .	· .	•		660,888	0	75,316
2	Total number of individuals	(including but not	lımıted	to the	ose I	ıste	d abov	e) wl	ho received more th	nan	

\$100,000 of reportable compensation from the organization > 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
University of Central Missouri, 600 S College Ave WARRENSBURG, MS 64093	Training	392,490
Metropolitan Community College, 3201 SW Trafficway KANSAS CITY, MO 64111	Training	385,821
Northwest Missouri State University, 900 UNIVERSITY DRIVE MARYVILLE, MO 64468	Training	217,750
COMMAND SECURITY SERVICES INC, 9201 WARD PARKWAY KANSAS CITY, MO 64114	SECURITY SERVICES	168,512
NEW HORIZONS COMPUTER LEARNING, 9611 E METCALF AVE OVERLAND PARK, KS 66212	TRAINING	145,061
2 Total number of independent contractors (including but not limited to those \$100,000 of compensation from the organization ► 7	listed above) who received more than	

Form 99		015)				Page 9
Part V	/++1	Statement of Revenue				
		Check if Schedule O contains a response or note to any I	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated campaigns 1a				
ons, Gifts, Grants Similar Amounts	ь	Membership dues 1b				
Gr.	c	Fundraising events 1c				
fts. F A	d	Related organizations 1d	•			
i2 ig	e	Government grants (contributions) 1e 14,202,991				
Contributions, and Other Sim			.			
tributio Other	f	All other contributions, gifts, grants, and similar amounts not included above				
g in	g	Noncash contributions included in lines 1a-1f \$				
Cont	h	Total. Add lines 1a-1f	14,664,440			
		Business Code				
Program Service Revenue	2a		-			
£. Υ.	ь					
a S	c					
Ę.	d					
ъ Б	e					
gran	f	All other program service revenue				
Ě	g	Total. Add lines 2a-2f ▶	0			
	3	Investment income (including dividends, interest,	10			1.0
		and other similar amounts)	19			19
	5	D 11	0			
		(i) Real (ii) Personal				
	6a	Gross rents	1			
	h	Less rental	-			
		expenses				
	°	or (loss)				
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b c	Less cost or other basis and sales expenses Gain or (loss)	-			
	d	Net gain or (loss)	0			
venue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
Other Revenue	Ь	See Part IV, line 18 a Less direct expenses b	_			
0	С	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19				
	ь	Less direct expenses b]			
	C	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less				
		returns and allowances .	_			
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory ▶	- 0			
		Miscellaneous Revenue Business Code				
	11a	MISCELLANEOUS 900099	223			223
	b					
	C .					
	d	All other revenue				
	e	Total. Add lines 11a-11d	223			
	12	Total revenue. See Instructions	14,664,682			242

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete colum
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Check	ıf Schedule O	contains	a response or n	ote to any	line in this F	Part IX							

	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	2,457,072	2,457,072		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	2,,		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	753,995	603,196	150,799	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	7,006,685	6,703,347	303,338	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	242,418	232,398	10,020	
9	Other employee benefits	600,668	565,599	35,069	
10	Payroll taxes	,	,		
		468,532	438,405	30,127	
11	Fees for services (non-employees)				
а	Management	54,389	10,878	43,511	
b	Legal	59,562	11,912	47,650	
С	Accounting	34,581	6,916	27,665	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	442,410	308,009	134,401	0
12	Advertising and promotion	194,294	116,386	77,908	
13	Office expenses	359,398	290,596	68,802	
14	Information technology	303,463	276,256	27,207	
15	Royalties	0			
16	Occupancy	837,839	815,334	22,505	
17	Travel	179,115	159,604	19,511	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,949	2,356	3,593	
20	Interest	444	444		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	229,176	228,204	972	
23	Insurance	227,587	185,916	41,671	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	REPAIRS & MAINTENANCE	209,793	203,993	5,800	
b	CONTRACT PAYMENTS	172,714	172,714		
C	MEMBERSHIP & REGISTRATION	46,933	34,447	12,486	
d	STAFF TRAINING	58,779	56,726	2,053	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	14,945,796	13,880,708	1,065,088	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

0

0

0

0

0

0

136,370

3,145,258

2,297,527

147,830

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2,445,357

699,901

699,901

3,145,258

Form 990 (2015)

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166,918

939,895

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106,081

4,194,629

2,509,023

704,591

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3,213,614

981,015

981,015

4,194,629

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26

27

28

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31

32

33

34

128,975

1,079,100

5,163,539

4,223,644

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10a

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iabilities

Net Assets or Fund Balances

Notes and loans receivable, net

Complete Part VI of Schedule D

Intangible assets . .

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Less accumulated depreciation .

Other assets See Part IV, line 11

Accounts payable and accrued expenses

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

persons Complete Part II of Schedule L

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🕡 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use .

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	775,955	1	331,214
2	Savings and temporary cash investments	333,000	2	0
3	Pledges and grants receivable, net	1,756,888	3	1,539,618
4	Accounts receivable, net	14,630	4	31,243
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
		0	5	0
ets.	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			

10a

10b

1 Accounting method used to prepare the Form 990 Cash ✓ Accrual COther If the organization changed its method of accounting from a prior year or checked "Other," explain in

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

a separate basis, consolidated basis, or both

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

basis, consolidated basis, or both Separate basis

Schedule O

Schedule O

Single Audit Act and OMB Circular A-133?

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Both consolidated and separate basis

Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

No

Νo

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

Employer identification number

43-1377197

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

FULL EMPLOYMENT COUNCIL INC

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.
 Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

2015
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Part I

1

2 3 www.irs.gov/form990.

	~	described in section 1		ves a substantial part vi). (Complete Part II		rom a goverm	nental ant of from the g	eneral public
8		A community trust des	scribed in sec	tion 170(b)(1)(A)(vi)	(Complete Pa	rt II)		
9	F	receipts from activitie from gross investmen	es related to I It Income and e 30, 1975	ts exempt functions—s unrelated business ta: See section 509(a)(2).	subject to certa xable income ((Complete Par	ain exceptions less section 5 t III)	tributions, membership s, and (2) no more than 3 511 tax) from businesse ion 509(a)(4).	331/3% of its support
11 a	<u></u> Г	one or more publicly s the box in lines 11a th Type I. A supporting o supported organization	upported orga nrough 11d th organization of n(s) the power	anizations described in at describes the type of perated, supervised, or r to regularly appoint o	section 509(a of supporting o r controlled by r elect a major	i)(1) or sectio rganization ar its supported	unctions of, or to carry o in 509(a)(2) See sectio nd complete lines 11e, 1 organization(s), typical ctors or trustees of the :	n 509(a)(3). Check 1f, and 11g ly by giving the
b	Г		organization s pporting orga	supervised or controlle nization vested in the s	d in connectio		ported organization(s), br manage the supported	
c	Г		integrated. A	supporting organization			th, and functionally integ	rated with, its
d e f g	Fnter	Type III non-function not functionally integral (see instructions) You	ally integrate ated The orgo u must comple organization re I non-function ed organization	ed. A supporting organi anization generally mu ete Part IV, Sections A eceived a written deter nally integrated suppor ons	zation operated st satisfy a dis a and D, and Pa mination from ting organizati	d in connection tribution required V. the IRS that it	t is a Type I, Type II, Ty	eness requirement
Nan	ne of s	(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv Is the orga listed in your docum	inization governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
								-

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 15,738,007 17,389,637 13,233,278 12,863,673 14,664,440 73,889,035 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the 0 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 Total. Add lines 1 through 3 15,738,007 17,389,637 13,233,278 12,863,673 14,664,440 73.889.035 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 73,889,035 from line 4

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	15,738,007	17,389,637	13,233,278	12,863,673	14,664,440	73,889,035
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	321	54	16	19	19	429
Net income from unrelated business activities, whether or not the business is regularly carried on						0
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	22,939	227,644	385,998	214,651	223	851,455
11 Total support. Add lines 7 through 10						74,740,919
12 Gross receipts from related activit	ies, etc (see inst	ructions)		•	12	

Section C. Computation of Public Support Percentage

			<u> </u>
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	98 854 %
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	98 860 %

16a 33 1/3% support test—2015. 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-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

▶□ b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

▶□

Part III Support Schedule for Organizations Described in 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	Net income from unrelated						
11	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						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2 0 1 F

SCHEDULE D

(Form 990)

Treasury

Department of the

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493135082637

Open to Public **Inspection**

Intern	nal Revenue Service	·		Inspection
Na	me of the organization LL EMPLOYMENT COUNCIL INC		-	oyer identification number
	art I Organizations Maintaining Donor	· Advised Funds or Other Similar F		377197
Pe		ed "Yes" on Form 990, Part IV, line 6.	unus c	or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advis	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for a	ny other	r purpose Yes No
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Yes" o	<u>n Form</u>	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all that apply)		
	Preservation of land for public use (e.g., recreeducation)		n histor	rically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·		d historic structure
	Preservation of open space	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		a
2	Complete lines 2a through 2d if the organization l	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
а	Total number of conservation easements		2a	
Ь	Total acreage restricted by conservation easeme		2b	
С	Number of conservation easements on a certified	, ,	2c	
d	Number of conservation easements included in (o historic structure listed in the National Register		2d	
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terminate	ed by the	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		dling of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	servation easements during the
	-			
7	Amount of expenses incurred in monitoring, insper-	ecting, handling of violations, and enforcing c	onserva	ition easements during the year
8	Does each conservation easement reported on lir (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sec	ction 17	0(h)(4)
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		•
Pai		tions of Art, Historical Treasures,	or Oth	ıer Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,		
((i) Revenue included on Form 990, Part VIII, line 1	L	> \$	

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

▶ \$ _

Par	1111	Organizations Maintaining	Collections of Art	t, His	storic	cal 1	Γrea	sures,	or O	ther Sir	nilar As	sets	
	11	(continued)			l I		C & L				£	- 6 . + -	
3	collec	j the organization's acquisition, acce ction items (check all that apply)	ession, and other recor		пес к а —			_			ficant use	orits	
a b	Public exhibition d												
		Scholarly research			ı	Oti	ici						
С		Preservation for future generations											
4	Provi Part)	de a description of the organization's KIII	s collections and expla	ın ho	w they	furth	ner th	e organız	ation'	s exempt	purpose	ın	
5		g the year, did the organization solic is to be sold to raise funds rather tha									Yes		No
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm	990,	Part	IV,	line 9, o	r rep	orted an	n amount	on F	orm 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interme	ediary	/ for co	ontrib	oution	s or othe	rasse	ets not	☐ Yes		No
b	īf'	'Yes," explain the arrangement in Pa	art VIII and complete t	he fo	Howing	n tahl	ام				A mo	unt	
c		ginning balance	int XIII and complete t	.116 10	nowing	y tabi	ic		1c		Amo		
d		ditions during the year							1d				
e		- ·							1e				
f		tributions during the year ding balance							1f				
2a		ne organization include an amount or	Form 000 Bart V Jun	0.71	for os	crow	orcu	stodial a		t liability	2 —		•
											·		No
b	If "Ye	es," explain the arrangement in Part Endowment Funds. Complet											. ⊔
Pa	ru V	Endowment Funds. Complet	(a)Current year		nor year			Two years	——i	(d)Three ye		(e)Fou	ır years back
	Beau	nning of year balance	(a)current year	(5).	nor year		<i>D</i> (c)	Two years	buck	(d) Times y	curs buck	(0), 00	ii years back
b	_	ributions											
с	Net i	nvestment earnings, gains, and											
d	Gran	ts or scholarships											
e		r expenditures for facilities programs											
f	A dm	inistrative expenses											
g	End o	of year balance											
2	Provi	de the estimated percentage of the o	current vear end halan	ce (lu	ne 1 a	colin	mn (a)) held as					
a		i designated or quasi-endowment >	, , , , , , , , , , , , , , , , , , , ,	(51		(,,					
b		anent endowment >											
С		orarily restricted endowment > percentages on lines 2a, 2b, and 2c s	should equal 100%										
3а		here endowment funds not in the pos iization by	session of the organiz	ation	that a	re he	ld an	d adminis	tered	for the		Y	es No
	(i) un	related organizations									3a(
		elated organizations									3a(
		es" on 3a(II), are the related organiza	•				. ?				31	b	
4		ribe in Part XIII the intended uses o		down	nent fu	nds							
Par	t VI	Land, Buildings, and Equipa Complete of the organization a		rm ^q	90. P	art T	V. lir	ne 11a 9	See F	orm 990). Part X	. line	10.
		Description of property	115446164 165 6010		ost or c	a) other b	asıs	(b Cost or ot) her bas	Ac	ccumulated epreciation)Book value
1-	Land			+	(inves	unent	L)	(oth	ei)	+		+	
				. -					יר חפפ	:5	102.00	17	606 250
		ngs		-					722,47	_	193,89 598,29	_	686,358 124,178
		nent		\vdash				3	,560,80	_	3,431,44	_	129,359
	1P			1					, ₁ - (, ,	1	,

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

939,895

Part VII	Investments—Other Securities. C	omplete if the org	anization answered Te.	s' on Form 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or catego	ry	(b) Book value	(c)Method of valuation
(1)[(including name of security)			Cost or end-of-year market value
	al derivatives -held equity interests			
(3)0 ther				
	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII	Investments—Program Related. Complete if the organization answer	ed 'Yes' on Form 9	90, Part IV, line 11c.sa	e Form 990 Part V line 13
	(a) Description of investment		(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
	nn (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets. Complete if the organiza	tion answered 'Yes' o scription	on Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
	(a) bes	, empiron		(b) book value
Total. (Colu	mn (b) must equal Form 990. Part X. col (B) lin	e 15)		▶
Total. (Colu				
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25.	rganization answei	ed 'Yes' on Form 990, F	
	Other Liabilities. Complete if the or		ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	
Part X 1. Federal Inc	Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	rganization answei	ed 'Yes' on Form 990, F	

Schedule D (Form 990) 2015

1

3

b

14,664,682

14,945,796

14,945,796

Schedule D (Form 990) 2015

3

4c

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	14,664,682
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	14,664,682
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per l	Return.
1	Total expenses and losses per audited financial statements	1	14,945,796
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	1 2e	

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements .

Add lines 4a and 4b . c

Other (Describe in Part XIII) .

Subtract line 2e from line 1 .

5

INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY

MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

SCHEDULE D, PART X, LINE 2

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

information

Return Reference

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

FINANCIAL STATEMENTS

Explanation MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organize
Department of the
Treasury | Information about Schedule

Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

Employer identification number

2015

DLN: 93493135082637

Open to Public Inspection

FULL EMPLOYMENT COUNCIL INC						43-1377197	
Part I General Information	on on Grants an	d Assistance					
Does the organization maintain the selection criteria used to av Describe in Part IV the organiz Part II Grants and Other Assista	ward the grants or a ation's procedures t	ssistance? for monitoring the use	of grant funds in the Un	ited States		stance, and Form 990, Part IV, line 2:	✓ Yes No
that received more than	\$5,000 Part II car	be duplicated if addit		·	T	· · ·	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Enter total number of section 5Enter total number of other organization							

Schedule I (Form 990) 2015

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference Explanation SCHEDULE I, PART 1, LINE 2 NO GRANT ASSISTANCE TO ORGANIZATIONS THE ORGANIZATION PROVIDES FINANCIAL ASSISTANCE FOR TRAINING AND SUPPORT TO INDIVIDUALS THAT ARE EMPLOYMENT PARTICIPANTS WHO MET THE ELIGIBILITY CRITERIA AND ARE SELECTED AND ENROLLED TO A PROGRAM FOR ASSISTANCE AN ADMISSION COMMITTEE REVIEWS AND APPROVES APPLICANTS FOR ASSISTANCE AFTER REVIEW, THE ELIGIBILITY CRITERIA IS SET BASED ON U.S. DEPARTMENT OF LABOR AND THE STATE OF MISSOURI DIVISION OF WORKFORCE

ACCOUNTING (CPA) FIRM TO MONITOR THIS PROGRAM QUARTERLY

DEVELOPMENT'S GUIDELINES. 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

Schedule I (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

2015

OMB No 1545-0047

DLN: 93493135082637

Schedule J (Form 990)

reas	rtment of the ury nal Revenue Service	► Information about Schedule J (Fo) and its instructions is at <u>www.irs</u>	<u>.gov/form990</u> .	Open t Insp		
Na	me of the organi: L EMPLOYMENT COL	zation			Employer identifi 43-1377197	cation nur	mber	
Pa	rt I Questi	ions Regarding Compensation			13 13,7137			
		<u> </u>					Yes	No
1a		ropiate box(es) if the organization prov Section A, line 1a Complete Part III t						
	First-clas	s or charter travel		Housing allowance or residence for	r personal use			
	Travel for	companions		Payments for business use of pers	onal residence			
	Tax idemi	nification and gross-up payments	√	Health or social club dues or initia	ition fees			
	Discretion	nary spending account	Г	Personal services (e g , maid, cha	uffeur, chef)			
b		oxes in line 1a are checked, did the org t or provision of all of the expenses des				1 b	Yes	
2		zation require substantiation prior to re tees, officers, including the CEO/Exect				2	Yes	
3	organization's	, if any, of the following the filing organi CEO/Executive Director Check all tha ied organization to establish compensa	it apply	Do not check any boxes for metho	ods			
	✓ Compens	ation committee	√	Written employment contract		ļ		
	✓ Independ	ent compensation consultant	√	Compensation survey or study				
	Form 990	of other organizations	✓	Approval by the board or compens	ation committee			
4	During the yea or a related org	r, dıd any person listed on Form 990, P ganization	art VII	, Section A , line 1a with respect to	the filing organizat	tion		
а	Receive a seve	erance payment or change-of-control p	ayment	:7		4 a		Νo
b	Participate in,	or receive payment from, a supplement	al nond	qualified retirement plan?		4b		Νo
c	Participate in,	or receive payment from, an equity-bas	sed con	npensation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and pro	vide the	e applicable amounts for each item	ın Part III			
5	For persons lis), 501(c)(4), and 501(c)(29) organizati ted on Form 990, Part VII, Section A, contingent on the revenues of		•	any			
а	The organization	on?				5a		Νo
b	Any related org	ganization? e 5a or 5b, describe in Part III				5b		Νo
6	For persons lis	ted on Form 990, Part VII, Section A, contingent on the net earnings of	line 1a	, did the organization pay or accrue	any			
а	The organization	3				6a		No
a b	Any related ord					6b		No
_		e 6a or 6b, describe in Part III				55		.,,
7		ted on Form 990, Part VII, Section A,	line 1a	, did the organization provide any p	on-fixed			
	payments not o	described in lines 5 and 6? If "Yes," de	scribe	ın Part III		7		Νo
В		unts reported on Form 990, Part VII, pain initial contract exception described in				8		No

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in	
		Base (1) compensation	(II) Bonus & Incentive compensation	(iII) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 CLYDE MCQUEEN DIRECTOR/PRESIDENT/CEO	(i)	190,704	0	153,811	24,792	10,862	380,169	0	
	/\	0	0	0	0	0	0	0	

2 CHELLY ECTELL 114 024

SENIOR VICE	(i)	114,024	25,020	22,216	11,892	16,515	189,667	0
PRESIDENT/COO	(ii)	0	0	0	0	0	0	0
3 TIRHAS KIDANE VICE PRESIDENT/CFO	(i)	112,846	22,131	20,136	10,639	616	166,368	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015	Schedule J (Form 990) 2015							
Part III Supplemental Inform	art III Supplemental Information							
Provide the information, explanation, o	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference Explanation								
PART I, LINE 1A PROVIDED FOR ALL EMPLOYEESIS AND IS TREATED AS TAXABLE COMPENSATION								

Schedule J (Form 990) 2015

SCHEDULE 0 (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 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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

	43-1377197
Return Reference	Explanation
FORM 990, PART III, LINE 4A	The Full Employment Council is the fiscal agent and administrative entity for two Workforce Innovation and Opportunity Act (WOA) Missour Workforce Development Boards (WOB), the Kansas City and Vernity (KCV) WOB and Eastern Lackson County (EJAC) WOB The two regions comprise 5-counties. Cass. Clay, Jackson, Platte and Ray Counties, and cover over 2,400 square mides and a population of 1,135,493 and notude 3 comprehensive career services centers. 2 Youth facilities and 5 affiliate Missouri/American Job Centers in the FEC Missouri Abor Center employment and training programs in Programs that July 1, 2015 - June 30, 2016 (PY 2015) recorded 42,295 unique customers served in the Workforce Innovation and Opportunity Act (WOA) Programs that vas signed into law July 2014 in the WORA dutil Economically Desdavdraiged Programs, which provide pob placement assistance, vocational training, and training, and placed in employment 10,707 of the 17,524 commed in the entered employment performance measure at an average wage of \$12,49 Total earnings generated by adults entering employment services. As a result of the efforts of the Centers, FEC achieved its planned performance outcome in CEIAC in Adult Entered Employment 1,070 of the 17,524 commed in the entered employment performance outcome in CEIAC in Adult Entered Employment, 110,2%, Adult Retention, 110,3%, and Adult Average Earnings. 107,8% in the Dislocated Worker (DW) Program, the number of oustomers served in the combined KCV and ELAC regions Workforce Innovation and Opportunity Act (WOA) Deslocated Worker Program was 110,430 in PV 2015 of the 10,430 workers laid-off from their jobs who received assistance through the WOA Dislocated Worker (DW) programs, 187 Total earnings generated by dislocated workers entering employment was \$110,468,675 As a result of the efforts of the Centers, FEC achieved its planned performance outcomes in KCV in DW Entered Employment, 198,5%, and DW Average Earnings, 110,3%, and achieved the planned performance outcomes in KCV in DW Entered Employ

Return Reference	Explanation
Veterans	Veterans Program - The Missouri Career Center DVOP and LVER are fully integrated into the career centers and are part of the Business Services Teams DVOP/LVER staff assists veterans with significant barriers to employment as defined by U.S. Department of Labor to gain employment through intensified direct services such as case management and employer job developments within their separate roles. The full array of employment, training, and placement services are available under priority of service, this includes connection to education and training programs, benefits and services, connection to supplemental services, one-on-one assessments, resume reviews, follow-up as appropriate, matching to employer base and matching to specific employers committed to hirring veterans, such as employers participating in the "Show me Heroes" initiative Show-Me Heroes TroeShow-Me Heroes program, funded by the Missouri Division of Workforce Development, helps Missouris Veterans and members of the National Guard and Reserve reconnect with meaningful careers, and show cases Missouri employers who have pledged to do so. Funding generated of \$90,000. Restart Supportive Services for Veterans Family Program (SSVF) - This community based alliance with Restart Homeless Shelter to work together in promoting educational and economic opportunities to Veterans and their family members who are ages 16 and up by offering participants educational services combined with experience in job readiness, employment and training placement Persons with Disabilities and Limited English-Speaking Population (LEP) Disability Navigator Program - Another initiative is the Disability Navigator Program (DNP). The DNP is co-located within the American Job Centers to provide services to individuals with disabilities. The DNP ensures that all one-stop services are available to individuals with disabilities. The primary objective of the DNP is to increase employment and self-sufficiency for persons with disabilities. The primary objective of the DNP is to increase

Return Reference	Explanation
TANF/Missouri Work Assistance (MWA) Program	Another major initiative is the TANF (Temporary Assistance for Needy Families), partnership with the Local Investment Commission (LINC) to provide employment and training services to individuals who receive Temporary Assistance from the state of Masouri with the goal of helping the clear to become self-sufficient and too longer dependent upon public assistance. TANF recipients are referred from the Local Investment Commission (LINC) to FEC to provide employment and training services to those clears beemed work ready. Performance for fMMs a researed by participation rate which is the rate at which clients participate monthly in work activities at their required number of participation hours. Countable activities include job readiness, post-serch, unsubsidized Pade Tempoyment, 107. Vocational Education, Subsidized Pade Tempoyment, high school AMPE/TOVEP (non-paid work experience), and Community Service (volunteer service). Funding generated of \$1.465.640. This program schewed a monthly Participation Rate of 210%, engaged 47 in Work Activities 47 were enrolled in Classroom Training, 117 were employed 71 full time, 46 part time and earned an average wag of \$12.67. EX-Offenders Linking to Employment Activities 1900. Activities 1900. The expensive program is funded by the US Department of Labor to provide American Job Center (ALO) services in the city-country correctional facility to 150 ministes FEC in partnership with the Jackson Country (Acromment and the Jackson Country Department of Corrections developed and operated, a Jail based specialized ALC on-set facility in side that Jackson Country (Acromment and the Jackson Country Corrections Included to 1500.00 in 18 facility to 150 ministes EEC in partnership with the Jackson Country (AEO) solo, 00 in 18 facility to 150 ministes of the jail prior to their release and links themto a continuum of employment, and training services by continuing the partnership with the Jackson Country (AEO) solo, 00 in 18 facility to 150 ministes and 18 jail prior to 18 jail prior to 1
	begin work on this issue NTEN and City of KCMO Host provided the Full Employment Council with a 12 month Google Fiber fellow ship as a strategic planner for digital literacy. Funding generated of \$40,000

Return Reference	Explanation
	Kansas City Area Transportation Authority Program (KCATA) FEC has worked with KCATA for more than 27 years to provide transportation resources to job seekers in the Kansas City area, to areas not serviced by the transportation system. The program provides door-to-door tax and van services, for residents of Kansas City, Missouri, to and from work, where existing transportation systems do not poretate funding generated of \$100,000. This program provided 472 monthly passes and 440 non-Ride but stockes, 2.524 Employment Transportation Riders Workforce Development Institute Through Innovative Infrastructure And Special Demonstration Projects Target high-grow thin industries. Sector instatives—FEC has been successful in generating additional resources for the regions unemployed through successful applications to the federal government and other funding sources to target high-grow thin healthcare, information technology, biosciences, financeal and professional services, transportation and logistics, and advanced manifecturing and construction industry sectors. FEC was able to generate funding for unemployed and dislocated workers through a number of special funding programs to provide special funding programs in PY 2015 Target high-growth industries sector. FEC developed strategies for and allocated resources by generating funding for unemployed and dislocated workers through a number of special funding programs to provide special focus to target high-grow thin dustries. Advanced Manifacturing - Health Science-8 & Services Biosciences—Information Technology. Business and Professional Services—Transportation & Logistics - Financial Services—Construction Healthcare Careers - FEC in the Kansas City Region has been successful in generating additional resources for the regions unemployed through successful applications to the U.S. Department of Labor which awarded a S5 million grant to provide training and placement services to unemployed workers pursuing acreers in million and the provided training and placement services
	Grant Program and funded by fees paid by employers to sponsor foreign workers. This program served and trained 105 with 87 completing training and 87 receiving credentials. 44 were placed in full time employment with an average wage of \$22.93.

Return Reference	Explanation
Yough Programs - Goals	FECS WIOA Youth Programs provided job and career training assistance through work expenence or classroom occupational training assistance to 289 youth Kansass City and Vininty (KCV) and 110 youth in Bastern Jackson County (EJAC) youth vin completed the program were placed in employment, enrolled in post-secondary training (such as area community colleges, 4-year colleges, apprenticeship and vocational training programs) and/or the military of those youth in the program 133 statend digreeroredential, 110 placements were made and 53 were employed at an average wage of \$9.35 FECs WIOA EJAC Youth program and the work of splanned performance outcomes in Youth Bacement at 115 4%, youth Atlanment Degree/Cedential at 140.3%, and in Lierary Numerary 102 96% Special Programs for Youth In addition to programs funded by the WIOA formula grants, FEC generated through special program interves an additional \$9.91 with addition to programs funded by the WIOA formula grants, FEC generated through special program interves an additional \$9.91 with addition to programs funded by the WIOA formula grants, FEC generated through special program interves an additional \$9.91 with addition to programs funded by the WIOA formula grants, FEC generated through special program interves an additional service of the programs and the passion of State Parks Youth Corps (SPYC) program, portly sponsored by the Missouri Durston of Worldrore Development, Division of State Parks and Missouris 15 world youth and the beauty of Missouris state Parks (The Missouris State Parks Youth Corps State Parks Youth Corps (SPYC) program, portly sponsored by the Missouris state Parks (The Missouris State Parks Youth Corps challenged participants to Tinak Outside's year complishing interesting projects to help preserve and enhance the Saviar state parks system in the eight system in the eight parks of the programs and the Saviar State Parks Youth Corps challenged participants to developing the crack and the source of the Saviar State Parks Youth Corps of the Saviar

Return Reference	Explanation
FORM 990, PART	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWES THE 990 THE 990 IS THEN REVIEWED BY THE
VI, SECTION B,	ORGANIZATION'S OFFICERS ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S OFFICERS HAVE ARE
LINE 11B	ADDRESSED, AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE THE FINAL FORM 990
	WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO THE FEC BOARD PRIOR TO FILING THE 990

Return Reference	Explanation
FORM 990.	CONFLICT OF INTEREST STATEMENTS ARE COMPLETED AND SIGNED BY ALL BOARD OF DIRECTORS MEMBERS, OFFICERS
PART VI,	AND KEY EMPLOYEES ANNUALLY AND IMMEDIATELY BY ANY REPLACEMENT DIRECTOR, OFFICER AND KEY EMPLOYEES
SECTION B,	UPON TAKING THE POSITION THROUGHOUT THE YEAR IN THE CONFLICT OF INTEREST POLICY, THERE ARE SECTIONS
LINE 12C	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

Return Reference	Explanation
FORM 990.	THE PRESIDENT/CEO AND THE SENIOR OFFICERS HAVE A SALARY AND COMPENSATION PACKAGE SET BY THE BOARDS
PART VI,	COMPENSATION COMMITTEE IN ACCORDANCE WITH THE BOARD'S BY-LAWS THE COMMITTEE USES AN INDEPENDENT
SECTION B,	CONTRACTOR TO CONDUCT AN EXTENSIVE COMPENSATION REVIEW OF SIMILAR SIZE ORGANIZATIONS ACROSS THE
LINES 15A &	UNITED STATES IN ADDITION, THE CONTRACTOR STUDIES WHAT SALARIES AND COMPENSATION PACKAGES ARE FOR
15B	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 THE COMPENSATION COMMITTEE APPROVES THE SALARY AND COMPENSATION PACKAGES FOR THE CEO
	AND SENIOR OFFICERS AND THE COMMITTEE MAINTAINS SUBSTANTIATION OF THE DECISION THIS HAS SERVED AS THE
	BASELINE 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 LAST
	COMPENSATION REVIEW WAS PERFORMED IN OCTOBER 2015 BY THE INDEPENDENT CONSULTANT

Return Reference	Explanation
FORM 990, PART VI, SECTION	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
C, LINE 19	STATEMENTS ARE AVAILABLE UPON REQUEST