Firm's address ▶

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2016

Dep	partment of emai Reven	f the Treasury	· 1	ocial security numbers on bout Form 990 and its instr		•	•	11 1/4/	Open to Public Inspection			
A			ndar year, or tax year beginn			nd ending		e 30	, 20 17			
<u>~</u> B		applicable:	C Name of organization St Clair		- نــــــــــــــــــــــــــــــــــــ				er identification number			
	Address		Doing business as	713300iated Vocational El	ici pi iscs ii	<del>-</del>			37-0959053			
$\exists$	Name ch	•	Number and street (or P.O. box	if mail is not delivered to street	address)	Room/suite		E Telepho				
H	Initial ret	•	3001 Save Road				Ì		618-234-1992			
H		m/terminated	City or town, state or province,			010-23-1 1772						
H	Amende		1	G Gross re	eceipts \$ 3490205							
			Belleville, IL 62221 F Name and address of principal of	officer: Randolph B. Law	Evecutive Di	rector	11/2) /2 db. 2 a a					
ш	Applicati		3001 Save Road, Belleville, I	•	Executive Di	rector		roup return for subordinates?  Yes No subordinates included? Yes No				
-					40.474.343	7682			i list. (see instructions)			
<u> </u>	Website	npt status:	<u>ビ 501(c)(3)</u> <u> </u>	(c) ( ) ◀ (insert no.) ☐	4947(a)(1) or L	<u> </u>	H(c) Group		•			
<u>K</u>		organization [	Corporation Trust Ass	sociation ☐ Other ►	1 Voz	r of formation			of legal domicile.			
È	art I	Summ		ociation Other P	) Litea	r or romation	·	IVI State	or legar dornicile.			
	1		escribe the organization's m	nission or most significan	t activities:	To offer a	wide arra	v of com	munity centered			
Φ	1 -	•	and support which enable in									
SE.			taged, the opportunity to live				112901111162	, 01 10110 4	16 Ottici wisc			
ř	2		is box ▶ ☐ if the organizati				nore than	25% of	ite not accate			
Governance	3		of voting members of the g	•		posed of i	nore triair	3	13			
ত প			of independent voting mem		•			4	13			
es			nber of individuals employe		• •	•		5	68			
ξ			nber of volunteers (estimate		(Fait V, IIIIE	za)		6				
Activities			•	All the managements	5010							
_	1	'a Total unrelated business revenue from Part VIII, column (C)/line 12										
	<del>                                     </del>	ivet united	ated business taxable inco		2018	<u>a </u>	Prior Ye		Current Year			
		Contribut	ione and grants (Bart VIII. II		176879	<del></del>						
ue	1								148018			
Revenue	1	-	•		117	· ·		3339267	3095987			
æ	1		nt income (Part VIII, column	•		• • -		381	667			
	1		enue (Part VIII, column (A),			· —	<del></del>	48309	52845			
			nue—add lines 8 through 1	<del></del>		e 12)		3564836	3297517			
	1		id similar amounts paid (Pa	• • •	-3)	· ·						
	1		paid to or for members (Par	· · · · · · · · · · · · · · · · · · ·		· —		2202750	2444072			
Expenses	1		other compensation, employed	· ·	n (A), lines 5	<sup>-10)</sup>		2292750	2141972			
ë	!		nal fundraising fees (Part IX			<u> </u>	1.34 (9 to at	र्केट के <b>बर्च</b> नानिका ।	Mark Control of the Control of the			
Ä	1		draising expenses (Part IX,			\( \frac{1}{\cdot \cdot \frac{1}{\cdot \cdot \cd			<u> </u>			
	l		penses (Part IX, column (A),	•	· · · ·	· ·		1111185	1072442			
	I	•	enses. Add lines 13–17 (mu	•	(A), line 25)	• ⊢		3403935	3214414			
		nevenue i	less expenses. Subtract lin	e 18 from line 12	· · · ·	Posi	nning of Cur	160901	83103 End of Year			
ts or	00 -	Tatal ass	-t- (Dt V line 16)			Degi		<del></del>	<del></del>			
sse) Bala	20		ets (Part X, line 16)			· ·		2251532	2188399			
Net Assets or Fund Balances	21		(			<u> </u>		1112579	966343			
			s-or-fund-balances. Subtrac	ct line 21 from line 20	• • • •	· · - <u></u>		1138953	1222056			
	art II		ure Block	<del></del>								
			y, I declare that I have examined the control of the control of preparer (other the control of other the control of other the control of other the control of other (other the control of other the						y knowledge and belief, it is			
		1	te. Deciaration of preparer (other t	Harromocry is passed on all inition	TIGUOTI OT WITIG	- Preparer nas	ally knowle	age /	<del></del>			
C:-		<u> </u>	_ ( / ary /	1. Jox			;	7/0	15/10			
Sig		y Signa	ture of officer	1 50 D		+	Date	•	,			
He	re	-		1. FOX T	<u>residex</u>	<u>, ,                                   </u>						
		<del></del>	or print name and title	Description of the second of t		D-4-			IDTIN			
Pa	id	Print/Type	e preparer's name	Preparer's signature		Date		Check [				
Pre	eparer	·					<del></del>	self-emp	oyed			

Yes No Form **990** (2016)

Phone no.

Part	V 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,"			l
	complete Schedule A	1	~	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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		V
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		~
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		~
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	-	~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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		v
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		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		د آده داست
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	_
	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	12b		/
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
	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		~
	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? If "Yes," complete Schedule F, Parts II and IV	15		V
	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		<u> </u>
	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		<u> </u>
	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		<b>v</b>
	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		~
		Form	990	(2016)

Part	Checklist of Required Schedules (continued)		т	1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
23	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," complete Schedule J	23		~
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 and complete Schedule K. If "No," go to line 25a	24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		V
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		V
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		V
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? If "Yes," complete Schedule L, Part II	26		~
27	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 member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		V
30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		V
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		V
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701=2 and 301.7701=3?-If-"Yes," complete Schedule R, Part-I	32		V
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	~	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		~
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	~	

Form **990** (2016)

Form 9	90 (2016)				Page			
Part	V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u>.</u>		<u>. С</u>			
		,	<del></del>	Yes	No			
1a	· · · · · · · · · · · · · · · · · · ·	1a   C		ļ;, <u>, -                                  </u>				
b		1b C		;	-			
С								
_	reportable gaming (gambling) winnings to prize winners?							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_		25.	ļ,			
_	, , , , , , , , , , , , , , , , , , , ,	2a 219			أنتسه			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment ta		2b	V	1::			
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru	-						
3a 	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a 3b		~			
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sch		30		┼─			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or over, a financial account in a foreign country (such as a bank account, securities account, or				l			
	account)?	Other infancial	4a	i	1			
b	If "Yes," enter the name of the foreign country:		70 27 (E	5550	20.3			
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fina	point Accounts		流.	, ja.,			
	(FBAR).	inciai Accounts		- 1.4.	17.49			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y	ear?	5a	اد تما	V			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b		V			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000	), and did the			<u> </u>			
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		1			
b	If "Yes," did the organization include with every solicitation an express statement that such c							
	gifts were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).		iğiri	E002	54			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and page 25.	artly for goods			55.			
	and services provided to the payor?		7a		1			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for	which it was						
	required to file Form 8282?		7c	-17.	~			
ď	•	7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be		7e		~			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		~			
9 h	If the organization received a contribution of qualified intellectual property, did the organization file Form 88 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	•	7g		<b>-</b>			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mai		7h نورت	.ī · ·	45.4			
·	sponsoring organization have excess business holdings at any time during the year?	intained by the	8	عنائد.	<u></u>			
9	Sponsoring organizations maintaining donor advised funds.		155.5	10.5	7433			
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	166	1			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person	n?	9b		1			
10	Section 501(c)(7) organizations. Enter:			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
а	· · · · · · · · · · · · · · · · · · ·	0a	K.		ار از برتاد			
b_		0ь	المتعددة التراث		1			
11	Section 501(c)(12) organizations. Enter:		13. T		4 (2 ) (4 )			
а	Gross income from members or shareholders	1a		ikrolu Ingg				
b	Gross income from other sources (Do not net amounts due or paid to other sources		,					
		1b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	•	12a					
		2b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		所差.		2 54			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		A . 1 ·			
1_	Note. See the instructions for additional information the organization must report on Schedule C	ر.	11/2					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	or I	*	3.5	11 2			
_		3b		1134				
	Part of the control o	3c	1/-	800	<u> </u>			
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Sell.		14a					

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0.	See in:	struci	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u>·</u>	_ • _	<u>. V</u>
Secti	ion A. Governing Body and Management			T
_		<u> </u>	Yes	No
1a	, , , , , , , , , , , , , , , , , , , ,		1,,	K
	If there are material differences in voting rights among members of the governing body, or		1 45.	1
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	115	· i .	5
			, ,	J:
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 1. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	43.3	10.00	
2	any other officer, director, trustee, or key employee?	2	1-4-53	· 1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<u> </u>	1
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	45.50		T 1. 1
	the year by the following:	11/2/1		
а	The governing body?	8a	V	
b	Each committee with authority to act on behalf of the governing body?	8b	>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>V</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ادر المالية المالية		1000
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>/</b>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	L
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13	~	
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by	57455 6 425	SI AC	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	140	بران سند ال	
а	The organization's CEO, Executive Director, or top management official	15a	<b>'</b>	
b	Other officers or key employees of the organization	15b	<b>V</b>	
	-If-"Yes" to line-15a or 15b, describe the process in Schedule O (see instructions).	1 . Th	, <u></u>	14 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<b>/</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	清潔	24.	7.7.3.1 17.7.3.1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		27.E-1
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Illinois			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5016	c)(3)s	onlv)
	available for public inspection. Indicate how you made these available. Check all that apply.	//	,,-,-	
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest p	olicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	<b>&gt;</b>	

_	
Page	

_		
Form	990	(2016)

Part VII	Compensation of Officers,	<b>Directors, T</b>	rustees, Ke	y 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	(do r box, offici or direct	not cl unle:	Pos heck ss pe	C) sition more		one n an	(D) Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	line)	stee	trustee		ě	pensated				organizations
(1) Larry Fox, President	3	<b>!</b>		,				o	0	o
(2) Anne Keeley, 1st Vice President	3			,				0	0	0
(3) Theresa Schaltenbrand	3			~				0		
(4) Gene Briggs, Treasurer	3			~				0		0
(5) Julie Herman, Secretary	3			· ·				0		0
(6) Ty Cottingham	3	~						0	0	0
(7) Lisa Doiron	3	~						0	0	0
(8) Barbara Hohit	3						-	0	0	0
(9) Patricia Howard	3	_				-		0	0	0
(10) George Lewis	3	<u></u>						0	0	0
(11)Don Rigney	3	,						0	0	0
(12)Marylyn Vise	3	~				-		0		
(13)Pat White	3								0	0
(14)		~						0	0	0

	(A) Name and title	(B) Average hours per week (list any	box, office	ot ch unles ir and	Pos eck s pe d a d	rson	than is both	n an tee)	(D) Reportable compensation from	(E)  Reportable compensation from related	n from l	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-i		compensation from the organization and related organizations
(15)R	andolph B. Law, Executive Director	37.5				~		_	83200		0	0
(16)						Ė						
(17)								-				
(18)								<u> </u>				
(19)					-				1			
(20)					_			_				
(21)												
(22)				1			<u> </u>	-				
(23)												
(24)					-							
(25)				-			!					-
1b	Sub-total			l			•	<b>▲</b>	83200		0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	•		•			•	<b>&gt;</b>	0 83200		0	0
2	Total number of individuals (including but reportable compensation from the organic	not limited						e) wl	no received mo	ore than \$1	00,00	0 of
3	Did the organization list any former off employee on line 1a? If "Yes," complete S							mp	loyee, or high	est compe	nsate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1	50,0	000							ne 1447 1447
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper	sati	on							
Section	n B. Independent Contractors				_							
1	Complete this table for your five highest or compensation from the organization. Rep year.											
	(A) Name and business addr	ess							(B) Description of se	rvices		(C) Compensation
					_			_				
								_				
2	Total number of independent contractor received more than \$100,000 of compensations.							tho	ose listed abo	ve) who		

Par	VIII	Statement of Revenue		- D-41/III		
		Check if Schedule O contains a response or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a b	Federated campaigns 1a 148018  Membership dues 1b  Fundraising events 1c			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Contributions, Gifts, Grants and Other Similar Amounts	d e	Related organizations 1d  Government grants (contributions)  All other contributions, gifts, grants,				
	f g	and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$				
	2a	Total. Add lines 1a–1f	148018 438883		Profession and the substitute of the substitute	
Program Service Revenue	b d	Dept of Public Aid  Job Track  Residential	167254 101153 407313			
Program	e f g	Other Services & 3rd Party  All other program service revenue .  Total. Add lines 2a–2f	1604957 376427 3095987	V 4 35 44 . 1 2 419 1 . 2		
	3	Investment income (including dividends, interest, and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds ▶	667			
	5	Royalties				
	6a b c	Gross rents  Less: rental expenses  Rental income or (loss)  Net rental income or (loss)				
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis				
	c d	and sales expenses .  Gain or (loss)				
venue	8a	Gross income from fundraising events (not including \$				
Other Revenue	b	of contributions reported on line 1c).  See Part IV, line 18 a  Less: direct expenses b				
		Net income or (loss) from fundraising events .   Gross income from gaming activities.  See Part IV, line 19				
	b c 10a	Less: direct expenses b  Net income or (loss) from gaming activities   Gross sales of inventory, less				
	b	returns and allowances a  Less: cost of goods sold b  Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code				
:	11a b	Miscellaneous nevenue Business Code	52845			Walter Trade of
	d e	All other revenue	3297517	ANTE		

	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must co		All other organization	ns must complete o	column (A).
	Check if Schedule O contains a respo				
	ot include amounts reported on lines 6b, 7b, b, 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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22			The same of the sa	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	(			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				į
7 8	Other salaries and wages	1567337	1333630	23370	/
9	section 401(k) and 403(b) employer contributions) Other employee benefits	36483 419179		<del></del>	
10	Payroll taxes	118973	<del> </del>	<del></del>	<del> </del>
11	Fees for services (non-employees):	110973	102784	16189	
a	Management			İ	
b	Legal	9874	8391	1482	)
C	Accounting	9750		<del> </del>	<del></del>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		海·克尔 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ENISTE WILLIAM	:
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	7912		7912	
13	Office expenses	17773	6902	10871	
14	Information technology				
15	Royalties				
16	Occupancy	174801			<del></del>
17 18	Travel	314936	308743	6193	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3240	66	3174	
20	Interest	49344	37948	11396	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	143774			
-23	Insurance	83090	78388	4702 でいる 2014 であったい でき	List bo A Tem 1 in a Man
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column		<b>上海</b>	是是这种的证	
	(A) amount, list line 24e expenses on Schedule O.)				
а	Program Consulting	5325	5325	4.4-38	that I hadred to the transport of the transport
b	Organization Fees	440		440	· · · · · · · · · · · · · · · · · · ·
C	NISH Fees	13340	13340		
d	Consumable Supplies	158422	154688	3734	
e	All other expenses other, consult, tele, post	80421	53836	26585	
25	Total functional expenses. Add lines 1 through 24e	3214414	2794450	419964	
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)				

Form 990 (2016)

F	art X	Balance Sheet	<del></del>		_ <del></del>
		Check if Schedule O contains a response or note to any line in this Pa	art X		
	-		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	385719	1	314420
	2	Savings and temporary cash investments		2	
<b>6</b>	3	Pledges and grants receivable, net	49200	3	43066
	4	Accounts receivable, net	429774	4	442920
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	6	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		5	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	106088	9	74472
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3048265			
	Ь	Less: accumulated depreciation 10b 1744804	1262708	10c	1303461
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	18043	15	10054
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2251532	16	2188399
	17	Accounts payable and accrued expenses	248469	17	177771
	18	Grants payable	14211	18	13673
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	764899	20	764899
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		19.55 G	
<u>a</u>		disqualified persons. Complete Part II of Schedule L	<u> </u>	22	
_	23	Secured mortgages and notes payable to unrelated third parties	85000	23	10000
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1112579	26	966343
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	1122145	27	1207253
3al	-28	Temporarily restricted net assets	16808	28	14799
핗	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ध	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<b>₹</b>	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances	1138953		1222056
Į	34	Total liabilities and not assets/fund balances	2251522	2/	2199200

	•				
orm 9	90 (2016)			Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		329	97517
2	Total expenses (must equal Part IX, column (A), line 25)	2		32	14414
3	Revenue less expenses. Subtract line 2 from line 1	3			83103
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) [	4		11:	38953
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		122	22056
Parl	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
			ليبا	Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other	<del></del>	1,21,159		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in	3, 5.		130 A
	Schedule O.		15-1-1	الله المنا	
2a			2a	4. 1. 1.	V
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or	190 and a	3.16	
	reviewed on a separate basis, consolidated basis, or both:				树"
	Separate basis Consolidated basis Both consolidated and separate basis		سنت	0.75.5	
b	The same and the s		2b	****	, = <u>,</u> ; .
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ı on a	روايد . اور اور اور اور اور اور اور اور اور اور	님빵[]	
	separate basis, consolidated basis, or both:		137.4	2	ا أَنْ أَنَّا اللَّهُ
_	Separate basis Consolidated basis Both consolidated and separate basis	!	TLM.	江道	3
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	V (15 21)	1
	If the organization changed either its oversight process or selection process during the tax year, exp	มสเท เท	Fig. 27-4	.5 114	0.023

**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.

Schedule O.

Form **990** (2016)

За

3b

#### SCHEDULE A (Form 990 or 990-EZ)

# **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.

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization St. Clair Associated Vocational Enterprises Inc. 37-0959053 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/8% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iv) is the organization (iii)-Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

2. 2. Land - 50 cm

(E)

Part II

Par							
	(Complete only if you checked t						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	1 ( ) 0040		1 1 2011	( ) 0045	( ) 0046	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	1//00/	150402	151100	174970	148018	802476
_	•	166906	159493	151180	176879	146016	802476
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities	ļ					
J	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	166906	159493	151180	176879	148018	802476
5	The portion of total contributions by	结合图像点框	14. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	學所有的學		<b>计是的数据</b> 证	
_	each person (other than a			15000000000000000000000000000000000000			
	governmental unit or publicly	阿捷斯					
	supported organization) included on	<b>的数据</b>			門家院的電池		
	line 1 that exceeds 2% of the amount				[1954] \$P\$中国的 公司特别的主题。这		
	shown on line 11, column (f)	ESSE BOY COLD			THE PROPERTY OF THE PARTY OF TH		() 01155
6	Public support. Subtract line 5 from line 4		是自己的	<b>の関連を対する。</b>	於自己於君代。所謂:	江江中华人们在为	802417C
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2010	(b) 2012	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	(a) 2012 166906	(b) 2013 159493	151180		148018	802479
8	Gross income from interest, dividends,	100700	137473	137700	170077	140010	002-177
U	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	649	359	897	381	667	2953
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets			ŀ			
	(Explain in Part VI.)	76800	86961	46884	48309	52845	311799
11	Total support. Add lines 7 through 10			लिक्ट द्युम्बुक	区,这是各种高温	明確所評別	1117228
12	Gross receipts from related activities, etc	•	•			12	- 504(-)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop he	•	· ·		•		
Sacti	on C. Computation of Public Suppor				· · · · ·		
14	Public support percentage for 2016 (line 6			1 column (fl)	I	14	71.827 %
15	Public support percentage from 2015 Sch		-			15	72.824 %
16a	331/3% support test—2016. If the organi						
	box and stop here. The organization qua						
b-	-331/3%-support test=2015. If the organi	zation-did-not-	check-a-box-or	n-line-13-or-16	a, and line 15	is-33¹/₃%-or-m	ore, check
	this box and stop here. The organization	qualifies as a p	oublicly suppor	ted organization	on		▶ 🗆
17a	10%-facts-and-circumstances test -20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "			-	-		
	organization						_
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in supported organization				_	•	
18	Private foundation. If the organization die						
10	instructions	u not check a t	JOX OIT IIIIE 13,	10a, 10D, 17a,	, or tro, check	Cuito DOX and :	> C

Part III	Support Schedu	e for Organizations	Described in	Section 509(a)(2)	)

(Complete only if you checked the box on line 10 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.)

Sect	ion A. Public Support						, i'
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees		ļ			,	
	received. (Do not include any "unusual grants.")			1	ļ	<i>'</i>	
2	Gross receipts from admissions, merchandise					,	
	sold or services performed, or facilities furnished in any activity that is related to the		ļ.	1		) ´ '	
	organization's tax-exempt purpose	l		İ	ļ	/	
3	Gross receipts from activities that are not an		i				
	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		ł		/		
5	The value of services or facilities						
•	furnished by a governmental unit to the	}	1				
	organization without charge						
6	Total. Add lines 1 through 5	<del></del>	<del></del> -	<u> </u>		<del></del>	<del></del>
	Amounts included on lines 1, 2, and 3	<del></del>	<del></del>		<i>!</i> '		
	received from disqualified persons .		<b>!</b>	/			
L	· · · · ·	···-		<del></del>			
þ	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	]		4	Ĭ	!	
_	•	ļ				-	
8	Add lines 7a and 7b	Land the following section with a	द्वार्थ प्रस्तातः अस्ति स		المائح يميز الأملا الإسباء الأرابع	The state of the s	<del></del>
0	line 6.)	<b>344年</b>				<b>全人工作工程</b>	
Socti	on B. Total Support	San San San San Training	Bee And Control (Con	endergaliste faktist st	ARY THE PARTY OF THE P	TITE W. WALLEY	<del></del>
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(4) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(a) 2012	(0) 2013	(6) 2014	(d) 2015	(e) 2016	(i) Total
		<u> </u>					<del></del>
10a	Gross income from interest, dividends, payments received on securities loans, rents,					ł	
	royalties and income from similar sources .					}	
þ	Unrelated business taxable income (less section 511 taxes) from businesses					1	
	acquired after June 30, 1975					į	
							<del></del>
C	Add lines 10a and 10b						
11	Net income from unrelated business			,	ŀ		
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or					Ì	
	loss from the sale of capital assets				ļ	ļ	
40	(Explain in Part VI.)			4			
_13	_Total_support(Add_lines_9,_10c,_11,_						
4.0	and 12.)		1.6		eres :		504/ 1/0
14	First five years. If the Form 990 is for the				_		
<del></del>	organization, check this box and stop her		· · · ·	· · · · · ·	· · · · ·	· · · · ·	· · • 📙
	on C. Computation of Public Suppor			2 (2)		145	
15	Public support percentage for 2016 (line 8					15	<u>%</u>
16	Public support percentage from 2015 Sch			<u> </u>	<u> </u>	16	<u>%</u>
	on D. Computation of Investment Inc				(0)	1.0	
17	Investment income percentage for 2016 (I					17	%
18	Investment income percentage from 2015					18	<u>%</u>
19a	331/3% support tests—2016. If the organi						
	17 is not more than 331/3%, check this box		-				
b	331/3%/support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this b		-		· · ·	· ·	<del></del>
20	Private foundation. If the organization did	d not check a l	oox on line 14,	19a, or 19b, cl	heck this box a	and see instruc	tions 🕨 🗌

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Support	ing Or	ganizations

		٠	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	£ 1 4.	7 24 7 7 1-1-1-	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		4 i.
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	\$ 13. 	175 KJ
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 <b>Part VI</b> when and how the organization made the determination.	3b	3.55 3.55 3.55	
С	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	्रा 3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		K:N
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 organization was used exclusively for section 170(c)(2)(B) purposes.	4c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
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 <b>Part VI</b> , 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 the organization's organizing document?		-31-1	SW.
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	รัฐรัฐ หัสนาร์	
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 I of Schedule L (Form 990 or 990-EZ).	-8		Œ
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 <b>Part VI</b> .	9a	American Company	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		15 15 C	, , , , , ,
С	Did a disqualified person (as defined in line 9a) 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.	9c	(-, \$) - 20-1	<u>.::[]</u>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	(3, '5, - '03) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	13 M
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.)		33.45	記

	LIG A (FORTH 950 OF 950-E2) 2010			Page 🕻
Part	IV Supporting Organizations (continued)			,
		F4. 11.	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		3.1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	-10.5	1:1:1	<u></u>
	below, the governing body of a supported organization?	11a		<u> </u>
b	, , , , , , , , , , , , , , , , , , , ,	11b		<u> </u>
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.	11c		<u> </u>
Sect	ion B. Type I Supporting Organizations			<del></del>
		18 <del>0</del> , 27 c 1	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	رون ک	مائرية في الما المحدد ال	;;·
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		F 17.12	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	逐三		Ĺ
	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			3-
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	14.50		ر میلید در میلید
	organizations and what conditions of 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		13. 3. 1 13. 33. 4	2
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			****
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		363	(*5)
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1861 A
	or management of the supporting organization was vested in the same persons that controlled or managed	慶惠		7147
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		7	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	3-43		1 (4.5) 1 (4.5)
	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	<b>运程</b>	1000	To the
	significant voice in the organization's investment policies and in directing the use of the organization's	\$1000 m		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		12.2	
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstruc	tions	:)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,,
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	ooo ina	tm ratio	0001
Ū	The organization supported a governmental entity. Describe in Part VI now you supported a government entity (	3CC II 13	uocu	Ji i aj. ————
-2	-Activities-TestAnswer (a) and (b) below	[ <sup>-</sup>	Yes	No-
а	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	[李]	3	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	* 4	234	3.4
	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			-61
	activities but for the organization's involvement.	2b	יון בי נוסס.	تعديد ونهد
3	Parent of Supported Organizations. Answer (a) and (b) below.	5.51	4 H	ur <sub>j</sub> ero i
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			₹1= 13
<b>-</b>	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	≦ نئست	اقليكتك
h	•	Ja	-24 3	7347
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 <b>Part VI</b> the role played by the organization in this regard.	3b	ء المقتد	11 T. I
	or no supported organizations. If 100, describe in 1 are 11 the fole played by the organization in this regard.	<u> </u>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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		
7 Other expenses (see instructions)	7		
8 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)
1 Aggregate fair market value of all non-exempt-use assets (see	39		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1104	The state of the s	智能が発音を表する
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	医结合液体 整理器	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	TO THE REAL PROPERTY.	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		医医院证明 电影响 医	
emergency temporary reduction (see instructions).	6	图 1980年 1980	
7   Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	organization (see
instructions)	-		•

Part	■ Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	
_	tion D - Distributions		<u>-</u>	Current Year
	Amounts paid to supported organizations to accomplish	exempt purposes		
	Amounts paid to perform activity that directly furthers ex		orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pur	poses of supported org	anizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required			
6	Other distributions (describe in Part VI). See instructions	<u>.                                    </u>	<del></del>	<u></u>
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is re	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<del></del>		
S	ection E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable
Ŭ	cotton E - Distribution Allocations (See Instructions)	Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	<b>网络沙兰 计直接编译 医</b> 肾	MENGENERAL H	
			La mant a of little the to the time of the	PERSONAL SANGAS
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See			
_	instructions.			
3	Excess distributions carryover, if any, to 2016:	PARTERIA	温器以外推导的特别的	
a	ETHER DE CONTROL DE CONTROL DE LA CONTROL DE		是有一种的一种。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	E STATE OF THE STA
b		<b>的社会,这种社会的</b>		
c	From 2013		了。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	<b>建筑,建筑地位,1987</b>
d	From 2014			
е	From 2015	SA DESCRIPTION	Purk Bar	THE SECTION OF THE SE
f	Total of lines 3a through e	The second of th	第553 新於" <b>在</b> "。	
g	Applied to underdistributions of prior years	TELY WATER AN		<b>建筑建筑建设</b>
h	Applied to 2016 distributable amount	至1627年1820年至188	[美] 心思问题。	
i	Carryover from 2011 not applied (see instructions)	1998年1998年1998年1998年1998年1998年1998年1998	等,不可以特別學位	系而雖認為對於
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		性質性學和新	<b>对解题系统经验</b>
4	Distributions for 2016 from	KARTES FOR		<b>清海北北北部</b> 河
	Section D, line 7:	對一門。各種語言	是有种种种类型的种种	<b>学生是基础的</b>
a	Applied to underdistributions of prior years	<b>于为自己的智慧等。</b>		自動作的 医胸膜
b	Applied to 2016 distributable amount	· 持续,	A STATE OF THE SECTION	·
С	Remainder. Subtract lines 4a and 4b from 4.			位置者的自然。 1000年的自然的一句
5	Remaining underdistributions for years prior to 2016, if	<b>克斯克斯斯</b> 亞		
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.	Principle of the second	Familian company of the company of the	"理解","就是一个人,但是一个人,
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	S. S. S. S. S. S. S. S. S. S. S. S. S. S		ESP 14 (F.) SERVICE FOR SERVICE
	Excess distributions carryover to 2017. Add lines 3			
	and 4c.	- (2.55 L. N.O. 24 P.S. P. (2.57 L. 4.5	The Control of the Co	ATTENDED TO STATE OF THE PARTY
	Breakdown of line 7:	BATTAL TO MAKE THE THE TOTAL	TETER OF THE PROPERTY	Market Market Share and The Control of the Control
a	Excess from 2013	WEST TO PERSON THE PARTY OF THE	以及形式性的发生的。第9位的 依据用处理器(18月2年18日)	图。是它是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是
<u>b</u> _	<del></del>	LESS LAT WIFE TERMINALS	HERE THE SECTION OF THE	TOTAL TANGET THE STATE OF THE S
<u> </u>	Excess from 2014	THE PROPERTY OF THE PROPERTY O	是是全部的1000000000000000000000000000000000000	NEWSCHOOLS PRINCIPAL PROPERTY OF THE PROPERTY
<u>d</u>	Excess from 2015	では、 では、 では、 では、 では、 では、 では、 では、	ALTO DESCRIPTION OF SELECTION	
е	LACESS HUIII ZUTU	ロコール・レーエス・ペアのイガ ゲームス・1	ヤル にっていた ランケー はがだが イヤノン・デートとし	Contraction Secretary in Time 2 To 1971 1971 1971

F	Page	8
	ago	•

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
***************************************	
	······································
	1.3
	* ·*

#### SCHEDULE D (Form 990)

**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.

on Form 990, 1f, 12a, or 12b.

Department of the Treasury Internal Revenue Service

► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public . Inspection

OMB No. 1545-0047

Name o	f the or	ganization		Employer identification number
St. Cla	ir Ass	oclated Vocational Enterprises Inc.		37-0959053
Par	t I	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or Accounts.
		Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggre	egate value of contributions to (during year)		
3		egate value of grants from (during year) .	,	
4		egate value at end of year		
5		he organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised
	funds	are the organization's property, subject to th	e organization's exclusive legal contro	ol? 🔲 Yes 🗌 No
6	Did tl	he organization inform all grantees, donors, a	nd donor advisors in writing that grai	nt funds can be used
		for charitable purposes and not for the benef		
	confe	erring impermissible private benefit?		· · · · · · □ Yes □ No
Part		Conservation Easements.		<del></del>
		Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	
1	Purpo	ose(s) of conservation easements held by the		
		reservation of land for public use (e.g., recreat		f a historically important land area
		rotection of natural habitat	•	f a certified historic structure
	☐ Pi	reservation of open space		
2		olete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
		nent on the last day of the tax year.		है । अहै   है - इंटर्ड़ Held at the End of the Tax Year
а	Total	number of conservation easements		
		acreage restricted by conservation easement		
		per of conservation easements on a certified h		
		per of conservation easements included in		
				· ·   2d
3	Numb	per of conservation easements modified, trans	ferred, released, extinguished, or tern	ninated by the organization during the
	tax ye	ear ▶		
4	Numb	per of states where property subject to conser	vation easement is located ►	
		the organization have a written policy reg		
	violati	ons, and enforcement of the conservation eas	sements it holds?	
6	Staff a	and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing o	conservation easements during the year
	<b>&gt;</b>			
7	Amou	nt of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
	▶\$	_		•
8	Does	each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and se	ection 170(h)(4)(B)(ıi)?		Yes 🗌 No
9	In Par	t XIII, describe how the organization reports o	onservation easements in its revenue	and expense statement, and
		ce sheet, and include, if applicable, the text of		ancial statements that describes the
		ization's accounting for conservation easeme		
Part	111	<b>Organizations Maintaining Collections</b>	of Art, Historical Treasures, or	Other Similar Assets.
		Complete if the organization answered "	_ · _ · _ · _ · _ · _ · _ · _ · _ · _ ·	
		organization elected, as permitted under SFA		
		of art, historical treasures, or other similar		
	public	service, provide, in Part XIII, the text of the fo	ootnote to its financial statements that	describes these items.
		organization elected, as permitted under SF		
		of art, historical treasures, or other similar	•	ucation, or research in furtherance of
		service, provide the following amounts relating	<del>-</del>	
	(i) Re	venue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X		<b>&gt;</b> \$
	(ii) Ass	sets included in Form 990, Part X		<b>&gt;</b> \$
2	If the	organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	IOHOW	ing amounts required to be reported under Sr	AS The (ASC 956) relating to these ite	ems:
а	Reven	ue included on Form 990, Part VIII, line 1 .s included in Form 990, Part X		<b>&gt;</b> \$
b.	Assets	s included in Form 990, Part X		> \$

Page	2

Schedule	D (Form	990) 2	2016
----------	---------	--------	------

Par 3	Using the organization's acquisition,								
3	collection items (check all that apply)		iner reco	nus, che	ck any or t	116 10110	wing that are a	significant u	se oi iis
а	☐ Public exhibition		d	☐ Loan	or exchar	nge prog	ırams		
b	Scholarly research		е						
С	Preservation for future generation	s							
4	Provide a description of the organiza XIII.	tion's collections	and expl	ain how t	hey furthe	r the or	ganization's exe	empt purpose	in Part
5	During the year, did the organization	solicit or receive	donatio	ns of art,	historical	treasure	es, or other sim	ilar	
	assets to be sold to raise funds rathe		ained as	part of th	e organiza	tion's co	ollection? .	· 🗌 Yes	☐ No
Par	t IV Escrow and Custodial Arr					_			
	Complete if the organization	n answered "Yes	on Fo	rm 990, I	Part IV, lir	ne 9, or	reported an a	amount on F	orm
-12	990, Part X, line 21.  Is the organization an agent, trustee	custodian or oth	or inter	nodian, f	or contribu	tions o	r other accets	not	
1a	included on Form 990, Part X?								
ь	If "Yes," explain the arrangement in F					• •		. 🗀 163	□ 140
-	ii ros, explain the arrangement ii r	art Am and compr		Jilowing t	abio.			Amount	
С	Beginning balance					10	;		
d	Additions during the year					10	1		
е	Distributions during the year					16	•		
f	Ending balance					11			
2a	Did the organization include an amou								
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanatio	n has beer	n provid	ed on Part XIII	<u> </u>	
Par	t V Endowment Funds.								
	Complete if the organization						14000		<del></del>
	<b>.</b>	(a) Current year	(b) Pr	or year	(c) Two yea	ars back	(d) Three years ba	ck (e) Four yea	ers back
	Beginning of year balance								
b	Contributions	<del></del>			<u> </u>				
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and				<u> </u>				
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	, column (a	a)) held :	as:		
а	Board designated or quasi-endowment	nt ►	%						
b	Permanent endowment	<u>%</u>							
C	Temporarily restricted endowment	% .							
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are held	and ad	ministered for t	_	
	organization by:								s No
	(i) unrelated organizations							3a(i)	
1-	(ii) related organizations								+
D_ 4	_lf."Yes" on line 3a(ii), are the related o Describe in Part XIII the intended uses					· · · · ·	<del></del>	3b	
	VI Land, Buildings, and Equip		n s enuc	Willes it it	ilius.			<del></del>	
Lear	Complete if the organization		on For	m 990 F	Part IV lin	e 11a :	See Form 990	Part X line	10
	Description of property	(a) Cost or oth	her basis	(b) Cost o	r other basis	(c) /	Accumulated epreciation	(d) Book va	
		fulvestille			<del></del>	1	1		102454
1a	Land	·	193154			1-2 2-6, 3-4	14 H		193154
b	Buildings	•	1707440			ļ <u>.</u>	961580		745860
c d	Leasehold improvements	•	120196			<u> </u>	4817		115379
e	Other	<u> </u>	947587				725519		249068
	Add lines 1a through 1e. (Column (d) n	nust equal Form 99		C. column	(B), line 10	)c.)			303461

Part VII	Investments—Other Sec		000 B + 11/ 15-	441 0 - 5	200 Boot V I'm 40
	Complete if the organizati	<u> </u>	<del></del>		
	(a) Description of security o (including name of sec		(b) Book value		thod of valuation: I-of-year market value
(1) Financial					
•	neld equity interests			-	
(3) Other			-		
(A) (B)					<del></del>
(C)		••••••	-		<del></del>
(O) (D)			-		····
<u>(E)</u>					
<del></del>			<del></del>	<u> </u>	
(G)			•		
<u>`</u> (H)		***************************************			
	b) must equal Form 990, Part X, col. (B) lin	e 12.) ▶		Costa alloca	William Children
Part VIII	Investments-Program F		<del> </del>	Talanda i Araba yang 17 ang	ET STEFFE TO SHAME OF HAME
	Complete if the organization		orm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of inves		(b) Book value	(c) Me	thod of valuation:
				Cost or end	-of-year market value
(1)					
(2)					
(3)					
(4)	· · · · · · · · · · · · · · · · · · ·				
(5)	==				
(6)					
(7)					
(8)					
(9)	1 must sound Form 000, Dart V and 701 to	401 5		Zo i constituente esta esta esta esta esta esta esta es	engelant, elemanistan ny tron i si sin sie sa ta -
Part IX	n) must equal Form 990, Part X, col. (B) line Other Assets.	13.)		<b>企图和证明的</b>	the Carrie Mark Mark
Partix	Complete if the organization	on answered "Ves" on Fo	rm 000 Part IV line	a 11d See Form	000 Part Y line 15
	Complete ii the organization	(a) Description	ini 330, i ait iv, iiii	e i iu. dee i diili	(b) Book value
(1)					
(2)					
(3)					
(4)					<del>-</del>
(5)		-			<del></del>
(6)					·
(7)					<del></del>
(8)					
(9)					-
Total. (Colum	nn (b) must equal Form 990, Pa	rt X, col. (B) line 15.)			
Part X	Other Liabilities.				
	_Complete_if_the_organizatio	n answered "Yes" on Fo	rm-990,-Part-IV,-Iine	-11e-or-11fSee	-Form-990,-Part.X,-
	line 25.				
1.	(a) Description of liability	(b) Book value		温度能 温度学	PART OF THE PARTY OF
(1) Federal inc	come taxes				
(2)					
(3)					
(5)				シャル・ルファーラス・1 (アンパズ・スリッパヤ	المركب المستعرف التقاليات المراجع المراجع المستعدد
(5) (6)				<b>对于是是一个工程</b>	
(5) (6) (7)					
(5) (6) (7) (8)					
(5) (6) (7) (8) (9)					
	must equal Form 990, Part X, col. (B) line uncertain tax positions. In Part XI				

Pari	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			Return.	
1	Total revenue, gains, and other support per audited financial statements			1	3490205
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			7,6-0 1	
a	Net unrealized gains (losses) on investments	2a	143869	P <sub>2</sub>	
b	Donated services and use of facilities	2b	1,550;	14.00 Y	
c	Recoveries of prior year grants	2c	<u> </u>	1.	
d	Other (Describe in Part XIII.)	2d		J ' ' I	
e	Add lines 2a through 2d		<del></del>	2e	192688
3	Subtract line 2e from line 1			3	3297517
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	j	[4 · ]	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	3297517
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents	With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	3214414
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			31/16	
а	Donated services and use of facilities	2a		water	
b	Prior year adjustments	2b		1. 2 g = 2 fg	
С	Other losses	2c		2-15-18	
d	Other (Describe in Part XIII.)	2d	<u> </u>	<u>野</u> 里	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	3214414
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			13454 86677	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		( ) ( ) ( ) ( ) ( )	
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	· <del></del>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIIII Supplemental Information.	78.)	<u> </u>	5	3214414
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2a is the gain on investments for Lee Hopp SAVE Foundation which is part - Line 2a is the gain on investments for Lee Hopp SAVE Foundation which is part - Line 2a is the gain on investments for Lee Hopp SAVE Foundation which is part - Line 2a is the gain on investments for Lee Hopp SAVE Foundation which is part - Line 2a is the gain on investments for Lee Hopp SAVE Foundation which is part - Line 2a is the gain on investments for Lee Hopp SAVE Foundation which is part - Line 2a is the gain on investments for Lee Hopp SAVE Foundation which is part - Line 2a is the gain on investments for Lee Hopp SAVE Foundation which is part - Line 2a is the gain on investments for Lee Hopp SAVE Foundation which is part - Line 2a is the gain on investments for Lee Hopp SAVE Foundation which is part - Line 2a is the gain on investments for Lee Hopp SAVE Foundation which is part - Line 2a is the gain on investments for Lee Hopp SAVE Foundation which is part - Line 2a is the gain on investments for Lee Hopp SAVE Foundation which is part - Line 2a is the gain of the left - Line 2a is the gain of the left - Line 2a is the gain of the left - Line 2a is the gain of the left - Line 2a is the gain of the left - Line 2a is the left - Line 2a is the gain of the left - Line 2a is the gain of the left - Line 2a is th	to pro	ovide any additional in	formation.	e 4; Part X, line
Part XI	- Line 2d is part of the fundraising for Lee Hopp SAVE Foundation. This is par	t of th	e audit but not the 990.		
					`

Schedule D (For	m 990) 2016 Supplemental Information (continued)	Page \$
Part XIII	Supplemental Information (continued)	
		·- <b></b>

## SCHEDULE 0 (Form 990 or 990-EZ)

## 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.

20**16** 

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization		Employer identification number
St. Clair Associated Vocational Enterprises Inc.		37-0959053
Part III Line 4d - Other Program Services Expense		
Job Track - to locate and develop jobs for individuals with disadvantages -	86218	
	311177	
Totals	397395	
Part VI Line 11b - The 990 is mailed to the Board Members for their review and discussion.	If no errors	are found, it is signed by the Board
President and filed by the due date.		
Part VI Line 12c - The conflict of interest policy is monitored regularly and consistently at e	each annual	meeting of the Agency's Board of
Directors. Board members have a copy of the policy and they are requested to review the	oolicy and si	gn a statement that they have reviewed
it and there is no conflict of interest.		
Part VI Line 15a & b - The Board reviews the salaries of the CEO and other affairs. If funds	are available	, the Board recommends raises for
these officers The CEO has a contractual agreement with the Board.		
		<u> </u>
	***************************************	

Schedule O (Form 990 or 990-EZ) (2016)  Name of the organization  Employer identification	Page 2 on number

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization St. Clair Associated Vocational Enterprises Inc

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Open to Public 2016 37-0959053

OMB No 1545-0047

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2016 (f)
Direct controlling
entity ŝ 7 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling
entity 501 (c) (3) Donation Deductible Not for Profit Corp (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Cat, No. 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity Provide future for SAVE Illinois (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a)Name, address, and EIN of related organization (4) (1) Lee Hopp SAVE Foundation 37-1314916 3001 Save Road, Belleville, IL 62224 Ē <u>(9</u> Part | Part II Ø ල <u> 2</u> 9 € © 3 ල 8

Schedule R (Form 990) 2016

Section 512(b)(13) controlled entity? Schedule R (Form 990) 2016 (k) Percentage ownership ŝ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes (j) General or managing partner? Yes No (h) Percentage ownership (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) end-of-year assets (g) Share of (h)
Disproportionate
allocations? Yes No (f) Share of total Income (g) Share of end-of-(e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
( Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicite
(state or foreign country) (d)
| Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV (3 € 9 ල <u>0</u> 9 8 E Ø 8 <u>છ</u> € <u>0</u>

S	2   4	<u> </u>	. \	. ;	ا د	7	>	<u> -</u>	_ .	>	/	;	۱	7	7	"		د	<b>'</b>	7	3	. :	۱.		۱.	7	. 4	15	د .	<u>،</u>	ان	Ţ	ם ש											
٨٥٧	S	,	T	$\dagger$	1				•		Γ	T	1			7,		1			T	Ť		4	1			l i	T	امل		(b)												
f	247	, 5	3 4	<u>.</u>	宫	19	- 16	.,'	<del>'</del>	11	10	2 4	Ξ :	=	ij	ļ.,		¥	=	t m	÷		₽.	. ;		투		-	:   ;	2 E				ŀ										1
	ــا		<u> </u>					٠.			Ц	I		L		<u> </u>		Ļ.		L	_			••		1		<u>,                                     </u>		i		9	P											
															•							•							•	Lang	ğ	40			İ									ľ
	_										•				•					•						•				מים.	2	y C	5										ĺ	ľ
	<u>}</u>	<u> </u>	•	•	•	•							•	•				•	•			•	•						•	hins	2	Ž	Ē											
	Darte	3																							•				•	tion.			_											
	<u>.</u> 2	<u> </u>								•															•	•				E	֝֟֝֟֝֟֟֝֟֓֟֝֟֟֓֓֓֓֟֟֓֓֓֟֟֓֓֓֓֟֟֓֓֓֟֟֓֓	(c)												
	o liete		•	•	•	•	•				•			•						•						•				. Jak	200	0 5												
	ation						•															•	•						•	i c	ב ה	4	Č		ļ									ŀ
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV2	5				:				•				•					•							•			•	for information on who must complete this line including covered relationships and transaction thresholds				+	$\dashv$		+		-			+		
	od Or	5																										٠		i e	2	5	(S)											l
	relate		•	•			-						-		•			•	•	•		•							•	this	2	(b) Transaction	type (a-s)											١
	more	5		•			•																			:			•	plete	ממנו	Ļ	2											l
	ם ר	- 5 )																•	જ	100								•		E C	5			_	4		-		-			-		l
}	₽ 0	;		•	•						•		•		•			٠.	ation()	tion(s										T tsill	100				ı									
	iw so	>				•							•					•	lanize	aniza	h related organization(s)					•				ohw	2													
	actio	entii	,															· 	a O	d org	aniza					•				6														l
	č. trans	rolled									•		•		•		3	(0)	elate	elate	d ord	<b>)</b>	•		•	٠				natio									i	į			į	l
alipados	wina Wina	cont		,											on(s)		4:00	֝֟֓֟֓֟֝֟֝֟֓֟֝֟֟֓֟֝֟֟֓֟֝֟֟֓֟֟֓֟֟֓֟֟֟֓֟֟֟	5 tor	sby	elate									infor														l
		e mo			•		•			•				•	izati		, in or	שׁמָּ מַ	ation	ation	with					•		•			2													
of th	of the	ent fr	(8)	(5)00	<u> </u>		•			•			•	•	orgai		2	ָהַ בְּיוֹבְייִבְייִבְייִבְייִבְייִבְייִבְייִבְיי		olicit	sets		•	900	200	ses		<u>(S)</u>	ion(s	ction	3													l
2	ans s	(S)	ation	nizati	107	S)LIOI							•		ated		rolote	וכומונ	s Bu	ing s	er as	(5)(	2	2	2	xper		zatior	ınizat	nstru		ğ												
=	<u>.</u> e	s. or	janiz	, כ	9	Ilizat	(s)uo					_	•	•	e e		2	5 -	drais	drais	roth	72101	5	f or	) 5.	ţo.		qaniz	orga	thei		ganiza												l
arte	שונה המממ	valtie	id or	, במלני מלני		orga orga	nizati				•	ion(s		s)uoi:	sets		o to to	200		or fun	sts. o		] ]	(5)00	2) . 5 .	ion(s)		edor	lated	see	3	(a) ited or												
i.	tion	0	relate	<u>a</u>	2 1	lated	orga		7		(S)	niza		ınıza	er as		or or	2 1	dius	shipo	ina	ָס ס	5	nizati		ınizat		relat	m re	'Yes,	3	(a) Name of related organization												
lister	aniza	es.	_ Z Z	ים בין	2	<u> </u>	ated				zatio	- 0	n-1	ِينَ مر	r oth		- t	5	noer	nber	maii	<u>a</u>	5		5 5	orga		<u>ح</u>	ج.ٰ <del>ک</del>	e is	2	Name		-			-		-			-		ľ
i.	200	nnuit	ibutic	ihiti		5	by re		, inc	a	rgani	- Jate		alate	eut, o		t d		гте	rmer	ment	with		<u>4</u>	3 .	lated		rope	rope.	abo										İ				
v ent	, <u>s</u>	(ii) a	contr	- tuc		מפא	tees		7	5	ed o	E	4	<u>.</u>	ipm mdir		į		Ses	Ses o	quip	. 9		<u>4</u>	2	S S		orp	סי	the														ĺ
if an	a. d	rest.	oital (	zita Z		ם ס	aran		plate	מומום	<u>relat</u>	ets fr	2	S S	s, eq		9		Servic	servic	es, e	. Luci	<u> </u>	ם ביבי	3	paid		cast	cast	any														ĺ
ine 1	ax ve	) inte	or cal	ָר המי	5 6	7 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	an gu		E	5	ats to	asse	, ,	828	ilities		ilitio	5 4	วั อ	e of 3	aciliti	aid e	2	pent	5	nent		fer of	fer of	er to														ĺ
ete	the t	t of (i	ant. c	ant		<u>ŏ</u>	이		با مارد	2	asse	Se of		၁ ဤ	of fac		of fac	5 6	nanc	nanc	a of fa	יים	5	Irsen	5	urser		ransi	ransi	INSWE														
Note: Complete line 1 if any entity is listed in Parts II III or IV of this	uring 4	Receipt of (i) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a controlled entity	Gift, grant, or capital contribution to related organization(s)	Giff grant or capital contribution from related organization(s)	5	Loans of toait guarantees to of for related organization(s)	Loans or loan guarantees by related organization(s)		Dividends from related organization(s)	ב ב ב	Sale of assets to related organization(s)	Purchase of assets from related organization(s)	40,	Excriainge of assets with related organization(s)	Lease of facilities, equipment, or other assets to related organization(s)		Pase of facilities equipment or other assets from related occapitation(e)	ָרָבְייִלְייִבְּייִרְיִיִּבְייִרְיִיִּבְיִירְיִיִּבְיִירְיִיִּבְיִירְיִיִּבְיִירְיִיִּבְיִירְיִיִּבְיִירְיִיִּ	Periorniance of services of membership of fundraising solicitations for related organization(s)	Performance of services or membership or fundraising solicitations by related organization(s)	Sharing of facilities, equipment, malling lists, or other assets wit	Sharing of naid employees with related organization(s)	, 1	Reimbursement paid to related organization(s) for expenses	}	Heimbursement paid by related organization(s) for expenses		Other transfer of cash or property to related organization(s)	Other transfer of cash or property from related organization(s)	If the answer to any of the above is "Yes." see the instructions														
ţe.	′ູ່ ດັ	a R	D G	Ü		3	e Lc		Ċ	วั	c.	h P		Û.	ت		-		Ĺ	E	ਨ u	i.				ř o			Š														-	
۱ž	-	10			•	•	~		*	-	٠,			- '	_		_	-	_	_	_	_	•	_	•	-		_	•,	7	1			:	=	ē	1	ල		€	Ĺ	2	9	l

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	,		عدادة في	100 101 110	יו ווייסטנווכות אמוניסנוואס					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicite	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	(i) Code V—UBI		(k) Percentage
	<del></del>	(state of foreign country)	uncome (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income		allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
	<u></u>		sections 512-514)	Yes No			Yes No		Yes No	
(1)	 									
(2)										
(3)										
(4)					-					
(5)									-	
(9)										
(2)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)	==;==									
(16)							<del> </del>			
								Sche	dule R (For	Schedule R (Form 990) 2016

Schedule R (I	Form 990) 2016	Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.	
	Provide additional information for responses to questions on Schedule R. See Instructions.	<del>.</del>
		<b>-</b>
		<b>-</b>
		<b></b>
	······································	