

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Form **990**

Department of the Treasury  
Internal Revenue Service

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

<b>B</b> Check if applicable:	<input type="checkbox"/>	Address change	<b>C</b> Name of organization <b>JOBSOHIO</b> Doing Business As			<b>D</b> Employer identification number <b>45-2798687</b>				
	<input type="checkbox"/>	Name change				<b>E</b> Telephone number <b>(614) 224-6446</b>				
	<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite				<b>G</b> Gross receipts \$ <b>206,146,645.</b>	
	<input type="checkbox"/>	Terminated	<b>41 S. HIGH ST STE 1500</b>		<b>COLUMBUS, OH 43215-6104</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/>	Amended return	<b>F</b> Name and address of principal officer: <b>JOHN MINOR</b> <b>41 S HIGH ST STE 1500 COLUMBUS, OH 43215</b>							<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Application pending	<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>4</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							If "No," attach a list. (see instructions)	
<b>J</b> Website: ▶ <b>WWW.JOBSOHIO.COM</b>									<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶									<b>L</b> Year of formation: <b>2011</b>	
									<b>M</b> State of legal domicile: <b>OH</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE ECONOMIC DEVELOPMENT, JOB CREATION, JOB RETENTION, JOB TRAINING, WORKFORCE DEVELOPMENT, AND THE RETENTION OF CURRENT AND RECRUITMENT OF NEW BUSINESS TO OHIO.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	9.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	8.
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	95.
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	9.
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	99,013.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	180,000,000.	195,000,000.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	2,914,873.	3,429,406.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,837,159.	7,710,001.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,233.	7,238.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	184,754,265.	206,146,645.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	55,950,421.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,037,384.	12,835,928.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,260,087.	33,263,599.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	96,247,892.	118,568,419.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	88,506,373.	87,578,226.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	537,853,721.	626,905,476.
	<b>21</b>	Total liabilities (Part X, line 26)	50,617,279.	57,232,123.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	487,236,442.	569,673,353.

**Part II Signature Block**

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

<b>Sign Here</b>	<b>Signature of officer</b>  <b>JOHN MINOR</b>	<b>Date</b> <b>02/28/2019</b>			
	<b>Type or print name and title</b> <b>PRESIDENT &amp; CIO</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PHILIP B BARTLETT</b>	Preparer's signature	Date <b>02/26/2019</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01299075</b>
	Firm's name ▶ <b>KPMG LLP</b>	Firm's EIN ▶ <b>13-5565207</b>		Phone no. <b>614-249-2300</b>	
	Firm's address ▶ <b>191 WEST NATIONWIDE BLVD., STE. 500 COLUMBUS, OH 43215-2568</b>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
TO PROMOTE ECONOMIC DEVELOPMENT, JOB CREATION, JOB RETENTION, JOB TRAINING, WORKFORCE DEVELOPMENT, AND THE RETENTION OF CURRENT AND RECRUITMENT OF NEW BUSINESS TO THE STATE OF OHIO.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 109,007,886. including grants of \$ 72,468,892. ) (Revenue \$ 3,436,644. )  
JOB SOHIO'S PROGRAM OF ECONOMIC DEVELOPMENT FOCUSED ON JOB CREATION, JOB RETENTION, AND NEW CAPITAL INVESTMENT FROM EXISTING BUSINESS EXPANSION AND ATTRACTION OF NEW COMPANIES TO THE STATE OF OHIO. THE ECONOMIC DEVELOPMENT PROGRAM WILL INCREASE IN INTENSITY IN FISCAL YEAR 2019 AS JOB SOHIO PROMOTES NEW ECONOMIC DEVELOPMENT PROGRAMS WHILE CONTINUING TO LEVERAGE EXISTING PROGRAMS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 109,007,886.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
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? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
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? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
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? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
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? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
38	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.	X	

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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	X	
<b>3</b>	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? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	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? . . . . .	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	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 . . . . .		X

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

	Yes	No
<b>10a</b>		X
<b>10b</b>		
<b>11a</b>	X	
<b>11b</b>		
<b>12a</b>	X	
<b>12b</b>	X	
<b>12c</b>	X	
<b>13</b>	X	
<b>14</b>	X	
<b>15a</b>	X	
<b>15b</b>	X	
<b>16a</b>		X
<b>16b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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 interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
 KEVIN A. GIANGOLA 41 S HIGH STREET SUITE 1500 COLUMBUS, OH 43215 614-224-6446

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES BOLAND CHAIRMAN OF THE BOARD	1.00 1.00	X		X				0.	0.	0.
(2) JOHN MINOR BOARD MEMBER, PRESIDENT & CIO	40.00 1.00	X		X				534,459.	0.	31,415.
(3) GARY HEMINGER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(4) STEPHEN MARKOVICH BOARD MEMBER	1.00 0.	X						0.	0.	0.
(5) LAWRENCE KIDD BOARD MEMBER, SEC-TREAS	1.00 0.	X		X				0.	0.	0.
(6) TOM WILLIAMS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) JOHN BISHOP BOARD MEMBER	1.00 0.	X						0.	0.	0.
(8) BARBARA SNYDER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) WILLIAM BATCHELDER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10) STEPHEN PERRY BOARD MEMBER TERMED 7/5/17	1.00 0.	X						0.	0.	0.
(11) KEVIN A. GIANGOLA CHIEF FINANCIAL OFFICER	40.00 1.00			X				226,789.	0.	18,985.
(12) TED GRIFFITH MANAGING DIRECTOR	40.00 0.				X			267,533.	0.	36,985.
(13) DANA SAUCIER VP, HEAD OF ECONOMIC DEV	40.00 0.				X			276,292.	0.	6,344.
(14) CHARLES MUSTINE SENIOR ADVISOR	40.00 0.				X			163,999.	0.	27,740.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) KRISTI TANNER ----- SENIOR MANAGING DIRECTOR	40.00 0.				X			305,530.	0.	17,417.
( 16 ) DONELL GRUBBS ----- GENERAL COUNSEL	40.00 0.				X			214,532.	0.	27,500.
( 17 ) KRISTINA CLOUSE ----- EXECUTIVE DIR OF OPERATIONS	40.00 0.				X			227,781.	0.	35,975.
( 18 ) VALENTINA ISAKINA ----- MANAGING DIRECTOR	40.00 0.				X			243,488.	0.	28,905.
( 19 ) AARON PITTS ----- SENIOR MANAGING DIRECTOR	40.00 0.				X			301,771.	0.	39,396.
( 20 ) GLENN RICHARDSON ----- MANAGING DIRECTOR	40.00 0.				X			245,456.	0.	38,971.
( 21 ) ANDREW DEYE ----- MANAGING DIRECTOR	40.00 0.				X			203,453.	0.	16,856.
( 22 ) LEE CRUME ----- DIRECTOR OF SALES	40.00 0.					X		174,845.	0.	23,316.
( 23 ) MATTHEW CYBULSKI ----- SECTOR DIRECTOR	40.00 0.					X		162,470.	0.	16,474.
( 24 ) CHERYL HAY ----- DIRECTOR, TALENT ACQUISITION	40.00 0.					X		173,874.	0.	20,520.
( 25 ) TIMOTHY SWEENEY ----- SECTOR DIRECTOR	40.00 0.					X		161,754.	0.	16,089.
<b>1b Sub-total</b> .....								1,469,072.	0.	121,469.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								2,582,420.	0.	297,712.
<b>d Total (add lines 1b and 1c)</b> .....								4,051,492.	0.	419,181.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 36

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 26



Form 990 (2017)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) RENAË SCOTT DIRECTOR, MARKETING & COMM	40.00 0.					X		167,466.	0.	16,293.
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 36

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . . .	1d	195,000,000.				
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		195,000,000.				
Program Service Revenue			Business Code					
	2a	MANAGEMENT FEES	900099	802,843.	802,843.			
	b	LOAN FEES	900099	419,138.	419,138.			
	c	LOAN INTEREST	900099	2,207,425.	2,207,425.			
	d							
	e							
	f	All other program service revenue . . . . .						
g	<b>Total.</b> Add lines 2a-2f . . . . . ▶		3,429,406.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). . . . . ▶		7,710,001.			7,710,001.	
	4	Income from investment of tax-exempt bond proceeds . ▶		0.				
	5	Royalties . . . . . ▶		0.				
	6a	Gross rents . . . . .	(i) Real	(ii) Personal				
	b	Less: rental expenses . . . . .						
	c	Rental income or (loss) . . . . .						
	d	Net rental income or (loss) . . . . . ▶		0.				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses . . . . .						
	c	Gain or (loss) . . . . .						
d	Net gain or (loss) . . . . . ▶		0.					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . a							
b	Less: direct expenses . . . . . b							
c	Net income or (loss) from fundraising events . . . . . ▶		0.					
9a	Gross income from gaming activities. See Part IV, line 19 . . . . . a							
b	Less: direct expenses . . . . . b							
c	Net income or (loss) from gaming activities . . . . . ▶		0.					
10a	Gross sales of inventory, less returns and allowances . . . . . a							
b	Less: cost of goods sold . . . . . b							
c	Net income or (loss) from sales of inventory . . . . . ▶		0.					
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS INCOME	900099	7,238.	7,238.				
b								
c								
d	All other revenue . . . . .							
e	<b>Total.</b> Add lines 11a-11d . . . . . ▶		7,238.					
12	<b>Total revenue.</b> See instructions. . . . . ▶		206,146,645.	3,436,644.		7,710,001.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	72,468,892.	72,468,892.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	4,354,700.	4,115,296.	239,404.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	6,353,652.	4,020,322.	2,333,330.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	317,180.	223,720.	93,460.	
9 Other employee benefits . . . . .	1,146,757.	871,243.	275,514.	
10 Payroll taxes . . . . .	663,639.	504,196.	159,443.	
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	267,389.	241,632.	25,757.	
c Accounting . . . . .	205,487.		205,487.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	290,505.		290,505.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	4,492,852.	2,932,852.	1,560,000.	
12 Advertising and promotion . . . . .	8,587,668.	8,587,668.		
13 Office expenses . . . . .	327,750.		327,750.	
14 Information technology . . . . .	2,038,855.		2,038,855.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,263,728.		1,263,728.	
17 Travel . . . . .	1,105,892.	1,105,892.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	25,564.	25,564.		
19 Conferences, conventions, and meetings . . . . .	1,269,864.	1,227,696.	42,168.	
20 Interest . . . . .	828.		828.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	467,498.		467,498.	
23 Insurance . . . . .	211,584.		211,584.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a NETWORK PARTNER SERVICE FEES	11,641,871.	11,641,871.		
b RESEARCH AND MATERIALS	443,611.	443,611.		
c TRAINING	291,699.	291,699.		
d LOAN SERVICING FEES	165,069.	165,069.		
e All other expenses	165,885.	140,663.	25,222.	
25 Total functional expenses. Add lines 1 through 24e	118,568,419.	109,007,886.	9,560,533.	
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing . . . . .	6,000,000.	1	0.
	2 Savings and temporary cash investments . . . . .	87,301,443.	2	70,974,000.
	3 Pledges and grants receivable, net . . . . .	0.	3	0.
	4 Accounts receivable, net . . . . .	1,136,298.	4	1,883,702.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	5	0.
	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 . . . . .	0.	6	0.
	7 Notes and loans receivable, net . . . . .	0.	7	0.
	8 Inventories for sale or use . . . . .	0.	8	0.
	9 Prepaid expenses and deferred charges . . . . .	580,168.	9	995,961.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 3,422,034.		
	b Less: accumulated depreciation . . . . .	10b 2,341,880.	10c	1,080,154.
	11 Investments - publicly traded securities . . . . .	393,331,326.	11	460,682,175.
	12 Investments - other securities. See Part IV, line 11 . . . . .	0.	12	0.
	13 Investments - program-related. See Part IV, line 11 . . . . .	48,277,812.	13	90,943,643.
	14 Intangible assets . . . . .	0.	14	0.
	15 Other assets. See Part IV, line 11 . . . . .	39,082.	15	345,841.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	537,853,721.	16	626,905,476.	
Liabilities	17 Accounts payable and accrued expenses . . . . .	3,789,142.	17	4,307,817.
	18 Grants payable . . . . .	46,828,137.	18	52,924,306.
	19 Deferred revenue . . . . .	0.	19	0.
	20 Tax-exempt bond liabilities . . . . .	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0.	24	0.
	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 . . . . .	0.	25	0.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	50,617,279.	26	57,232,123.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .		27	
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	487,236,442.	32	569,673,353.
33 <b>Total net assets or fund balances</b> . . . . .	487,236,442.	33	569,673,353.	
34 <b>Total liabilities and net assets/fund balances.</b> . . . . .	537,853,721.	34	626,905,476.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	206,146,645.
2	Total expenses (must equal Part IX, column (A), line 25)	2	118,568,419.
3	Revenue less expenses. Subtract line 2 from line 1	3	87,578,226.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	487,236,442.
5	Net unrealized gains (losses) on investments	5	-5,141,315.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	569,673,353.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**Schedule of Contributors**

**2017**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization JOBSOHIO	Employer identification number 45-2798687
--------------------------------------	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 4 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>JOBSOHIO</b>	Employer identification number <b>45-2798687</b>
--------------------------------------	---

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 195,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **JOBOSHIO**

Employer identification number

45-2798687

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



Name of organization **JOBSOHIO**

Employer identification number  
**45-2798687**

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_*  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

2017

Attach to Form 990.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

JOBSOHIO

45-2798687

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: Purpose(s) of conservation easements held by the organization (check all that apply), Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

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

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations, (ii) related organizations

Yes/No table for 3a(i), 3a(ii), 3b

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

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

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) ECONOMIC DEVELOPMENT LOANS	90,943,643.	FMV
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	201,005,330.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments . . . . .	2a	-5,141,315.	
	b Donated services and use of facilities . . . . .	2b		
	c Recoveries of prior year grants . . . . .	2c		
	d Other (Describe in Part XIII.) . . . . .	2d		
	e Add lines 2a through 2d . . . . .	2e	-5,141,315.	
3	Subtract line 2e from line 1 . . . . .		3	206,146,645.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
	b Other (Describe in Part XIII.) . . . . .	4b		
	c Add lines 4a and 4b . . . . .	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .		5	206,146,645.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

1	Total expenses and losses per audited financial statements . . . . .		1	118,568,419.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities . . . . .	2a		
	b Prior year adjustments . . . . .	2b		
	c Other losses . . . . .	2c		
	d Other (Describe in Part XIII.) . . . . .	2d		
	e Add lines 2a through 2d . . . . .	2e		
3	Subtract line 2e from line 1 . . . . .		3	118,568,419.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
	b Other (Describe in Part XIII.) . . . . .	4b		
	c Add lines 4a and 4b . . . . .	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .		5	118,568,419.

**Part XIII Supplemental Information.**

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

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**Part XIII** Supplemental information *(continued)*

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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JOBOSHIO

Employer identification number  
45-2798687

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	0.	1.	PROGRAM SERVICES	ECONOMIC DEVELOPMENT	986,467.
(2) EAST ASIA AND THE PACIFIC	0.	1.	PROGRAM SERVICES	ECONOMIC DEVELOPMENT	671,500.
(3) NORTH AMERICA	0.	1.	PROGRAM SERVICES	ECONOMIC DEVELOPMENT	22,500.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total, . . . . .		3.			1,680,467.
b Total from continuation sheets to Part I . . . . .					
c Totals (add lines 3a and 3b)		3.			1,680,467.

**Part II**

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
- 3 Enter total number of other organizations or entities



**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990).* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471).* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

## PART I, LINE 3

JOB SOHIO RETAINS MARKET CONSULTANTS TO REPRESENT ITS INTERESTS IN OTHER COUNTRIES FOR FOREIGN DIRECT INVESTMENT IN OHIO. THE COUNTRIES ARE OHIO'S TOP MARKETS FOR BOTH CURRENT INTERNATIONAL INVESTMENT AND ACTIVE ECONOMIC DEVELOPMENT PROJECTS.

## PART I, LINE 3, COLUMN (F)

ACCOUNTING METHOD IS ACCRUAL. ALL AMOUNTS ARE FOR EXPENDITURES.

**SCHEDULE I**  
**(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
 Attach to Form 990.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**JOBSOHIO**

Employer identification number  
**45-2798687**

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 20/20 CUSTOM MOULDED PLASTICS, LLC 14620 SELMYN DRIVE HOLIDAY CITY, OH 43543	34-1945124		325,000.				ECONOMIC DEVELOPMENT
(2) 2101 SUPERIOR AVENUE, LLC 2101 SUPERIOR AVENUE CLEVELAND, OH 44115	47-2662079		250,000.				ECONOMIC DEVELOPMENT
(3) 3D ENGINEERING SOLUTIONS, LLC 10597 CHESTER ROAD CINCINNATI, OH 45215	76-0846911		50,000.				ECONOMIC DEVELOPMENT
(4) 4371 PEARL ROAD LLC 4371 PEARL ROAD CLEVELAND, OH 44115	82-3297322		175,000.				ECONOMIC DEVELOPMENT
(5) 4560 DARROW ROAD LLC 4560 DARROW ROAD STOW, OH 44224	82-1369338		500,000.				ECONOMIC DEVELOPMENT
(6) 711, LLC 711 N HIGH STREET COLUMBUS, OH 43215	81-2463049		1,000,000.				ECONOMIC DEVELOPMENT
(7) AIR SOUTH COMMERCE CENTER PHASE II LLC POH ROAD WHITEHALL, OH 43213	38-4013255		800,000.				ECONOMIC DEVELOPMENT
(8) AIRBORNE MAINTENANCE AND ENGINEERING SERVIC 145 HUNTER DRIVE WILMINGTON, OH 45177	26-4214574		106,186.				ECONOMIC DEVELOPMENT
(9) ALEX PRODUCTS, INC. 19911 CO RD F RIDGEVILLE CORNERS, OH 43555	34-1117191		75,103.				ECONOMIC DEVELOPMENT
(10) ALKERMES, INC. 265 OLINGER CIRCLE WILMINGTON, OH 45117	23-2472830		200,000.				ECONOMIC DEVELOPMENT
(11) ALLIED CRAWFORD (CINCINNATI) INC. 213 INDUSTRIAL DRIVE FRANKLIN, OH 45005	81-5315937		85,000.				ECONOMIC DEVELOPMENT
(12) ALTIVIA PEROCHEMICALS, LLC 1019 FURNACE ROAD HAVERHILL, OH 45636	47-4927987		720,778.				ECONOMIC DEVELOPMENT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- Enter total number of other organizations listed in the line 1 table
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I**  
**(Form 990)**

OMB No. 1545-0047  
**2017**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

JOBSOHO

Employer identification number  
45-2798687

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMAZON.COM.DEDC, LLC 6050 GATEWAY COURT OBETA, OH 43125	82-0544687		1,500,000.				ECONOMIC DEVELOPMENT
(2) ARCELOMITTAL TUBULAR PRODUCTS SHELBY LLC. 132 W MAIN STREET SHELBY, OH 44875	26-3399741		300,000.				ECONOMIC DEVELOPMENT
(3) ARNOLD MACHINE, INC. 19 HERITAGE DRIVE TIPPIN, OH 44883	34-1904711		50,000.				ECONOMIC DEVELOPMENT
(4) ASHTABULA COUNTY PORT AUTHORITY 91 N. CHESTNUT STREET JEFFERSON, OH 44047	34-1695487		151,853.				ECONOMIC DEVELOPMENT
(5) AVTOLOV NISSIN BRAKE SYSTEMS AMERICA LLC 2001 INDUSTRIAL DRIVE FINDLAY, OH 45839	47-5253747		300,000.				ECONOMIC DEVELOPMENT
(6) BDO USA, LLP 300 SPRUCE COLUMBUS, OH 43215	13-5381590		774,365.				ECONOMIC DEVELOPMENT
(7) BELLEVUE ECONOMIC DEVELOPMENT CORPORATION 110 W MAIN STREET BELLEVUE, OH 44811	34-1397769		28,272.				ECONOMIC DEVELOPMENT
(8) BREWDOG USA, INC. 96 GENDER ROAD CANAL WINCHESTER, OH 43110	47-4320975		300,000.				ECONOMIC DEVELOPMENT
(9) CAMPBELL SOUP SUPPLY COMPANY L.T.C. 1 CAMPBELL PL CAMDEN, NJ 08103	51-0389504		1,000,000.				ECONOMIC DEVELOPMENT
(10) CARLISLE BRAKE & FRICTION, INC. 6180 COCHRAN ROAD SOLON, OH 44139	20-0046535		500,000.				ECONOMIC DEVELOPMENT
(11) CARTER MANUFACTURING COMPANY, INC. 4300 E 49TH STREET CLEVELAND, OH 44125	39-1138388		500,000.				ECONOMIC DEVELOPMENT
(12) CHESTNUT COMMERCE CENTER, LLC 2480 BARTLETT ROAD MANTUA, OH 44255	47-5586394		101,679.				ECONOMIC DEVELOPMENT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2017**  
**Open to Public  
Inspection**

Name of the organization  
**JOBSOHIO**

Employer identification number  
**45-2798687**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CITY OF CANTON 218 CLEVELAND AVENUE SW CANTON, OH 44702	34-6000504		142,480.		COST		ECONOMIC DEVELOPMENT
(2) CITY OF TORONTO 416 CLARK STREET TORONTO, OH 43964	34-6002813		185,756.		COST		ECONOMIC DEVELOPMENT
(3) CITY OF WAUSEON 230 CLINTON STREET WAUSEON, OH 43567	34-6401558		61,839.		COST		ECONOMIC DEVELOPMENT
(4) CLINICAL MANAGEMENT CONSULTANTS, INC. 1400 WEST 10TH STREET CLEVELAND, OH 44113	26-2024381		125,000.		COST		ECONOMIC DEVELOPMENT
(5) COLDWATER MACHINE COMPANY, LLC 911 N 2ND STREET COLDWATER, OH 45828	34-1876781		50,000.		COST		ECONOMIC DEVELOPMENT
(6) COMPOSITE ADVANTAGE LLC 750 ROSEDALE AVENUE DAYTON, OH 45402	20-2016358		325,000.		COST		ECONOMIC DEVELOPMENT
(7) CONTINENTAL STRUCTURAL PLASTICS, INC. 255 REX BOULEVARD AUBURN HILLS, MI 48326	52-2108862		50,000.		COST		ECONOMIC DEVELOPMENT
(8) CORE-MARK MIDCONTINENT, INC. 30300 EMERALD VALLEY GLENWILLOW, OH 44139	91-1295550		19,559.		COST		ECONOMIC DEVELOPMENT
(9) COPY US LLC 131 HERITAGE DRIVE PATASKALA, OH 43062	13-4108681		77,468.		COST		ECONOMIC DEVELOPMENT
(10) CP&G - OHIO LLC 470 NORTHLAND BLVD CINCINNATI, OH 45240	81-3941507		300,000.		COST		ECONOMIC DEVELOPMENT
(11) CUTTING EDGE COUNTERTOPS, INC. 1300 FLAGSHIP DRIVE PERRYSBURG, OH 43551	20-4459634		250,000.		COST		ECONOMIC DEVELOPMENT
(12) DANIEL'S AMISH COLLECTION, LLC 100 SPRAILS LANE KILLBUCK, OH 44637	34-1468011		139,347.		COST		ECONOMIC DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I  
(Form 990)**

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
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Department of the Treasury  
Internal Revenue Service  
Name of the organization  
**JOBSOHIO**

Employer identification number  
**45-2798687**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DAN-MAR COMPANY, INC. 200 E BUEGRASS DRIVE NORWALK, OH 44857	34-1101302		50,000.		COST		ECONOMIC DEVELOPMENT
(2) DEALER TIRE, LLC 3711 CHESTER AVENUE CLEVELAND, OH 44114	34-1940366		660,000.		COST		ECONOMIC DEVELOPMENT
(3) DESTER CORPORATION 2077 CONVENTIONCENTER COLLEGE PARK, GA 30337	03-0607461		150,000.		COST		ECONOMIC DEVELOPMENT
(4) DETROIT MANUFACTURING SYSTEMS TOLEDO AND NO 3400 JEEP PARKWAY TOLEDO, OH 43610	4538010227		100,000.		COST		ECONOMIC DEVELOPMENT
(5) DIVERSIFIED SYSTEMS INC. 100 DORCHESTER SQUARE WESTERVILLE, OH 43081	31-1383824		50,000.		COST		ECONOMIC DEVELOPMENT
(6) DMX, LTD. 3100 DRYDEN ROAD MORAINNE, OH 45439	31-1624971		200,000.		COST		ECONOMIC DEVELOPMENT
(7) DOLE FRESH VEGETABLES, INC. 600 BENJAMIN DRIVE SPRINGFIELD, OH 45502	94-2912316		200,000.		COST		ECONOMIC DEVELOPMENT
(8) EMERSON CLIMATE TECHNOLOGIES, INC. 1675 W CAMPBELL ROAD SIDNEY, OH 45365	34-4210902		500,000.		COST		ECONOMIC DEVELOPMENT
(9) EXEL INC. 570 POLARIS PARKWAY WESTERVILLE, OH 43082	04-2801160		300,000.		COST		ECONOMIC DEVELOPMENT
(10) FACILITYSOURCE LLC 2020 N CENTRAL AVENUE PHOENIX, AZ 85004	20-3319511		32,010.		COST		ECONOMIC DEVELOPMENT
(11) FCA US LLC 8000 CHRYSLER DRIVE PERRYSBURG, OH 43551	27-0187277		2,636,800.		COST		ECONOMIC DEVELOPMENT
(12) FEDERAL SUPPLY SERVICES INTERNATIONAL LLC 708 FAIRGROUNDS ROAD LUCASVILLE, OH 45648	27-1320001		50,000.		COST		ECONOMIC DEVELOPMENT

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(1) FREDERX SUPPLY CHAIN, INC. 2221 JOHN GLENN AVENUE COLUMBUS, OH 43217	25-1766580		50,000.			COST*	ECONOMIC DEVELOPMENT
(2) FINTECH71 107 SOUTH HIGH STREET COLUMBUS, OH 43215	82-1260781		557,500.			COST*	ECONOMIC DEVELOPMENT
(3) FARELINE, INC. 300 ANDREWS AVENUE YOUNGSTOWN, OH 44505	34-1014060		100,000.			COST*	ECONOMIC DEVELOPMENT
(4) FLOVITEX USA, INC. 6500 PONTIUS ROAD GROVEPORT, OH 43125	35-2549748		100,000.			COST*	ECONOMIC DEVELOPMENT
(5) FORUMER UPHOLSTERING, INC. 2050 S HIGH STREET COLUMBUS, OH 43206	31-0789412		240,000.			COST*	ECONOMIC DEVELOPMENT
(6) FUYAO GLASS AMERICA INC. 2801 W STROOP ROAD MORAINNE, OH 45439	38-3928174		3,000,000.			COST*	ECONOMIC DEVELOPMENT
(7) GENERAL ELECTRIC COMPANY 191 ROSA PARKS STREET CINCINNATI, OH 45202	14-0689340		1,200,000.			COST*	ECONOMIC DEVELOPMENT
(8) GLBC SCRANTON LLC CARRER ROAD CLEVELAND, OH 44143	82-2415903		64,727.			COST*	ECONOMIC DEVELOPMENT
(9) GLOBAL CLEVELAND 200 PUBLIC SQUARE CLEVELAND, OH 44114	27-5245539	501(c)(3)	150,000.			COST*	ECONOMIC DEVELOPMENT
(10) GLOBAL GRAPHENE GROUP, INC. 1240 MCCOOK AVENUE DAYTON, OH 45404	81-1520982		99,550.			COST*	ECONOMIC DEVELOPMENT
(11) GRADY MCCAULEY INC., 9260 PLEASANTWOOD NW NORTH CANTON, OH 44720	31-1539233		50,000.			COST*	ECONOMIC DEVELOPMENT
(12) GREENVILLE TECHNOLOGY, INC. 5755 STATE ROUTE 571 GREENVILLE, OH 45331	31-1177346		23,590.			COST*	ECONOMIC DEVELOPMENT

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**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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Employer identification number  
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(1) HANON SYSTEMS USA, LLC 581 ARROWHEAD DRIVE CAREY, OH 43316	61-1697358		310,000.				ECONOMIC DEVELOPMENT
(2) HARRISONWALKER INTERNATIONAL, INC. 1305 CERRINGTON MOON TOWNSHIP, PA 15108	43-1680037		150,000.				ECONOMIC DEVELOPMENT
(3) HESS INDUSTRIES, LTD. 201 E 5TH STREET MANSFIELD, OH 44902	31-1653174		50,000.				ECONOMIC DEVELOPMENT
(4) HYLAND SOFTWARE, INC. 28500 CLEMENS ROAD WESTLAKE, OH 44145	34-1699247		1,060,109.				ECONOMIC DEVELOPMENT
(5) JM SMITH CORPORATION 520 ARROWHEAD DRIVE CAREY, OH 43316	57-0276334		230,000.				ECONOMIC DEVELOPMENT
(6) JOHNSON MEDTECH LLC 145 MILK STREET METHUEN, MA 01844	98-0208105		135,000.				ECONOMIC DEVELOPMENT
(7) JR MANUFACTURING, INC. 900 W INDUSTRIAL DR FORT RECOVERY, OH 45846	34-1949320		50,000.				ECONOMIC DEVELOPMENT
(8) KADANT BLACK CLAWSON LLC 7312 CENTRAL PARK BLVD MASON, OH 45040	52-1762325		300,000.				ECONOMIC DEVELOPMENT
(9) KEIHIN THERMAL TECHNOLOGY OF AMERICA, INC. 10500 O'DAY HARRISON MT STERLING, OH 43143	45-2583478		50,000.				ECONOMIC DEVELOPMENT
(10) KELLER LOGISTICS GROUP, INC. 24862 ELLIOTT ROAD DEFIANCE, OH 43512	34-1942414		130,000.				ECONOMIC DEVELOPMENT
(11) KIK PROPERTY HOLDINGS LLC 3750 TIMBERLAKE DRIVE RICHFIELD, OH 44286	35-2586251		200,000.				ECONOMIC DEVELOPMENT
(12) KRAFT FOODS GROUP, INC. 1660 S 2ND STREET COSHOCTON, OH 43812	36-3083135		275,000.				ECONOMIC DEVELOPMENT

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Name of the organization  
**JOBSCOHO**

Employer identification number  
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<b>(1)</b> LAWRENCE ECONOMIC DEVELOPMENT CORPORATION 216 COLLINS AVENUE SOUTH POINT, OH 45880	31-1075744	501(C)(3)	1,764,562.				ECONOMIC DEVELOPMENT
<b>(2)</b> MARATHON PETROLEUM CORPORATION 539 S MAIN STREET FINDLAY, OH 45840	27-1284632		250,000.				ECONOMIC DEVELOPMENT
<b>(3)</b> MAURER ASSEMBLY & STAMPING, LLC 920 ILLINOIS AVENUE MAURER, OH 43537	27-0176680		119,929.				ECONOMIC DEVELOPMENT
<b>(4)</b> MCCLANE OHIO, INC. 3200 MCCLANE DRIVE FINDLAY, OH 45840	74-1478631		50,100.				ECONOMIC DEVELOPMENT
<b>(5)</b> MEDPACE, INC. 5375 MEDPACE WAY CINCINNATI, OH 45227	75-3033627		1,577,866.				ECONOMIC DEVELOPMENT
<b>(6)</b> MICO MANUFACTURING CORPORATION 527 PRAIRIE ROSE DRIVE PERRYSBURG, OH 43551	30-0931047		150,000.				ECONOMIC DEVELOPMENT
<b>(7)</b> MIDPORN 59TH STREET PARTNERS, LLC 6001 EUCLID AVENUE CLEVELAND, OH 44114	81-0889811		1,056,318.				ECONOMIC DEVELOPMENT
<b>(8)</b> MITSUBISHI ELECTRIC AUTOMOTIVE AMERICA, INC 4773 BETHANY ROAD MASON, OH 45040	31-1208705		300,000.				ECONOMIC DEVELOPMENT
<b>(9)</b> MOUNTJOY CHILTON MEDLEY LLP 462 SOUTH FOURTH ST LOUISVILLE, KY 40202	27-1235638		35,000.				ECONOMIC DEVELOPMENT
<b>(10)</b> MRI SOFTWARE LLC 28925 FOUNTAIN PARKWAY SOLOM, OH 44139	27-1499609		250,000.				ECONOMIC DEVELOPMENT
<b>(11)</b> NA BUSCHER LLC 623 AIRPORT N OFFICE PARK FT WAYNE IN 46825	82-2976846		900,000.				ECONOMIC DEVELOPMENT
<b>(12)</b> NANOSPENSE, LLC 2000 COMPOSITE DRIVE KETTERING, OH 45420	11-3703106		30,000.				ECONOMIC DEVELOPMENT

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(1) NASDAQ ENTREPRENEURIAL CENTER INC. 505 HOWARD STREET SAN FRANCISCO, CA 94105	47-1253460		10,000.				ECONOMIC DEVELOPMENT
(2) NATIONAL AUTOMOTIVE EXPERTS, LLC 8370 DOW CIRCLE STRONGSVILLE, OH 44136	20-4752011		50,000.				ECONOMIC DEVELOPMENT
(3) NATURE FRESH FARMS USA, INC. 7445 STATE HIGHWAY 109 DELTA, OH 43515	47-3252445		100,000.				ECONOMIC DEVELOPMENT
(4) NESTLE PREPARED FOODS COMPANY 800 NORTH BRAND BLVD GLENDALE, CA 91203	95-1572209		350,000.				ECONOMIC DEVELOPMENT
(5) NESTLE USA, INC. 800 N BRAND BOULEVARD GLENDALE, CA 91203	95-1572209		1,000,000.				ECONOMIC DEVELOPMENT
(6) NEX TRANSPORT INC. 13900 STATE RT 287 EAST LIBERTY, OH 43319	13-3537004		50,000.				ECONOMIC DEVELOPMENT
(7) NEXEN TIRE AMERICA, INC. 4150 HIGHLANDER PARKWAY RICHFIELD, OH 44286	26-1997145		150,000.				ECONOMIC DEVELOPMENT
(8) NICKEL PLATE STATION, LLC 20001 EUCLID AVENUE EUCLID, OH 44117	46-4196165		16,567.				ECONOMIC DEVELOPMENT
(9) NORDSON XALLOY INCORPORATED 375 VICTORIA ROAD AUSTINTOWN, OH 44515	81-4251752		1,000,000.				ECONOMIC DEVELOPMENT
(10) NOVATIVE MANUFACTURING, LLC 805 LIBERTY LANE WEST CARROLLTON, OH 45449	27-2408671		588,602.				ECONOMIC DEVELOPMENT
(11) OHIO LOGISTICS, LTD. 1800 INDUSTRIAL DRIVE FINDLAY, OH 45840	34-1827019		110,000.				ECONOMIC DEVELOPMENT
(12) OHIO-WEST VIRGINIA EXCAVATING CO. 56461 FERRY LANDING RD SHADYSIDE, OH 43947	34-1421920		78,319.				ECONOMIC DEVELOPMENT

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Name of the organization  
**JOBSOHHIO**

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(1) PIER 1 IMPORERS (U.S.), INC. 5701 MEADOWS DRIVE GROVE CITY, OH 43123	75-1673348		30,000.				ECONOMIC DEVELOPMENT
(2) PILLAR TECHNOLOGY GROUP, LLC 711 N HIGH STREET COLUMBUS, OH 43215	13-4212209		224,642.				ECONOMIC DEVELOPMENT
(3) PISON STREAM SOLUTIONS, LLC 6101 W SNOWVILLE RD BRECKSVILLE, OH 44141	27-4453719		327,527.				ECONOMIC DEVELOPMENT
(4) PORT OF GREATER CINCINNATI DEVELOPMENT AUTH 3 E 4TH STREET CINCINNATI, OH 45202	31-1752368		968,440.				ECONOMIC DEVELOPMENT
(5) PRATT PAPER (OH), LLC 2860 COUNTY ROAD 25A WAPAKONETA, OH 45895	82-2631781		2,350,000.				ECONOMIC DEVELOPMENT
(6) PRETZEL BARON PROPERTIES LLC 311 NORTHLAND BLVD CINCINNATI, OH 45246	46-4523320		200,000.				ECONOMIC DEVELOPMENT
(7) PRIME AE GROUP, INC. 8415 PULSAR PLACE COLUMBUS, OH 43240	26-0546656		20,788.				ECONOMIC DEVELOPMENT
(8) PROMEDICA HEALTH SYSTEM, INC. 1801 RICHARDS ROAD TOLEDO, OH 43607	34-1517671		2,000,000.				ECONOMIC DEVELOPMENT
(9) Q LABS, LLC 1400 HARRISON AVENUE CINCINNATI, OH 45214	31-1163734		445,000.				ECONOMIC DEVELOPMENT
(10) QUALITY ELECTRODYNAMICS LLC 6655 BETA DRIVE MAYFIELD VILLAGE, OH 44143	11-3751366		1,553,856.				ECONOMIC DEVELOPMENT
(11) R & L CARRIERS, INC. 600 GILLIAM ROAD WILMINGTON, OH 45177	31-1423221		500,000.				ECONOMIC DEVELOPMENT
(12) RAYMOND STORAGE CONCEPTS, INC. 5480 CREEK ROAD BLUE ASH, OH 45242	80-0065827		75,000.				ECONOMIC DEVELOPMENT

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Department of the Treasury  
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(1) RECKER CONSULTING, LLC 6900 STEGER DRIVE CINCINNATI, OH 45237	20-0378455		100,000.		COST		ECONOMIC DEVELOPMENT
(2) RECEIM OH, LLC 34 OLD IVY ROAD ATLANTA, GA 30342	81-5476676		510,000.		COST		ECONOMIC DEVELOPMENT
(3) RELAFECARE, LLC 10000 CEDAR AVENUE CLEVELAND, OH 44106	46-1590730		57,824.		COST		ECONOMIC DEVELOPMENT
(4) ROUND BOX MANAGEMENT, LLC 663 ERIE STREET SOUTH MASSILLON, OH 44646	47-2197022		100,589.		COST		ECONOMIC DEVELOPMENT
(5) S&P DATA OHIO, LLC 1500 W 3RD STREET CLEVELAND, OH 44113	27-1123127		150,000.		COST		ECONOMIC DEVELOPMENT
(6) SAFEWAY PACKAGING, INC. 300 WHITE MOUNTAIN DR NEW BREMEN, OH 45869	46-3981791		19,263.		COST		ECONOMIC DEVELOPMENT
(7) SAGE SUSTAINABLE ELECTRONICS LLC 2801 CHARLIER STREET COLUMBUS, OH 43228	46-5425790		35,000.		COST		ECONOMIC DEVELOPMENT
(8) SAND LAKE PROPERTY, LLC 1300 EAST NINTH STREET CLEVELAND, OH 44114	26-3605464		100,000.		COST		ECONOMIC DEVELOPMENT
(9) SHERIED DEVELOPMENT SERVICES, INC. 3333 RIVERWOOD PKWY SH ATLANTA, GA 30339	82-1661828		8,500,000.		COST		ECONOMIC DEVELOPMENT
(10) SPA ARCHITECTS, INC. 300 WEST FOURTH STREET CINCINNATI, OH 45202	31-1019872		300,000.		COST		ECONOMIC DEVELOPMENT
(11) SILEX, INC. 950 S FRANKLIN STREET EATON, OH 45320	20-5699765		2,502,502.		COST		ECONOMIC DEVELOPMENT
(12) SK FOOD GROUP, INC. 4600 37TH AVE SW SEATTLE, WA 98126	27-3674322		34,344.		COST		ECONOMIC DEVELOPMENT

3 Enter total number of other organizations listed in the line 1 table . . . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I  
(Form 990)**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
 Attach to Form 990.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
**JOBSOHHO**

Employer identification number  
**45-2798687**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> SKY CLIMBER FABRICATING, LLC 1800 PITTSBURGH DRIVE DELAWARE, OH 43015	81-2506619		40,000.				ECONOMIC DEVELOPMENT
<b>(2)</b> SOFDEL AMERICA CORP. 25910 US 23 CINCINNATI, OH 43113	37-1700146		1,000,000.				ECONOMIC DEVELOPMENT
<b>(3)</b> SOUTHSIDE REDEVELOPMENT, LLC 2135 DANA AVENUE CINCINNATI, OH 45207	26-0621636		235,719.				ECONOMIC DEVELOPMENT
<b>(4)</b> SPEEDWAY LLC 500 SPEEDWAY DRIVE ENON, OH 45323	27-1287018		150,000.				ECONOMIC DEVELOPMENT
<b>(5)</b> SPEYSIDE HOUBON COOPERAGE, INC. 960 E MAIN STREET JACKSON, OH 45640	47-3309055		25,000.				ECONOMIC DEVELOPMENT
<b>(6)</b> STERIGENICS US LLC 2015 SPRING ROAD OAK BROOK, IL 60439	95-3323502		500,000.				ECONOMIC DEVELOPMENT
<b>(7)</b> SYNGREON AMERICA INC. 2851 HIGH MEADOW CIR AUBURN HILLS, MI 48326	38-3629823		150,000.				ECONOMIC DEVELOPMENT
<b>(8)</b> T&C RAIL HOLDINGS, INC. 424 WEST MELROSE STREET CHICAGO, IL 60657	47-4350524		125,000.				ECONOMIC DEVELOPMENT
<b>(9)</b> T.N.T. EQUIPMENT COMPANY 7070 STATE ROUTE 13 NE SOMERSET, OH 43783	31-1119067		70,000.				ECONOMIC DEVELOPMENT
<b>(10)</b> TAIHO CORPORATION OF AMERICA 194 HERITAGE DRIVE Tiffin, OH 44883	36-3143159		35,000.				ECONOMIC DEVELOPMENT
<b>(11)</b> TAYLOR COMMUNICATIONS OF MINNESOTA (TAYLOR) 111 W FIRST STREET DAYTON, OH 45402	81-1701544		500,000.				ECONOMIC DEVELOPMENT
<b>(12)</b> TECHER2 LLC 48 KLEMA DRIVE REYNOLDSBURG, OH 43068	83-0421014		35,000.				ECONOMIC DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**JOBSOHHO**

Employer identification number  
**45-2798687**

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(1) (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) <b>TEK CENTER, LLC</b> 2111 CENTER STREET CLEVELAND, OH 44113	46-4844030		250,000.		COST		ECONOMIC DEVELOPMENT
(2) <b>TERRIX HARRIS AVE, LLC</b> 3200 MADISON ROAD CINCINNATI, OH 45209	47-1885117		792,000.		COST		ECONOMIC DEVELOPMENT
(3) <b>THE GOODYEAR TIRE &amp; RUBBER COMPANY</b> 200 INNOVATION WAY AKRON, OH 44316	34-0253240		450,000.		COST		ECONOMIC DEVELOPMENT
(4) <b>THE GRAVITY PROJECT, LLC</b> 30 WARREN STREET COLUMBUS, OH 43215	81-4750045		1,200,000.		COST		ECONOMIC DEVELOPMENT
(5) <b>THE HOME DEPOT INC.</b> 2455 PACES FERRY ROAD ATLANTA, GA 30339	58-1853319		62,000.		COST		ECONOMIC DEVELOPMENT
(6) <b>THE KROGER CO.</b> 1014 VINE STREET CINCINNATI, OH 45202	31-0345740		150,000.		COST		ECONOMIC DEVELOPMENT
(7) <b>THE LUBRIZOL CORPORATION</b> 29400 LAKELAND BLVD WICKLIFFE, OH 44092	34-0367600		80,000.		COST		ECONOMIC DEVELOPMENT
(8) <b>THE MALISH CORPORATION</b> 4260 HAWANN PARKWAY WILLOUGHBY, OH 44094	34-0690321		125,000.		COST		ECONOMIC DEVELOPMENT
(9) <b>FOFRE AMERICA CORPORATION</b> 1100 REAPER AVENUE SPRINGFIELD, OH 45503	98-0380782		730,821.		COST		ECONOMIC DEVELOPMENT
(10) <b>FREVES, INC.</b> 615 CORPORATE PLACE FOSTORIA, OH 44830	68-0600078		200,000.		COST		ECONOMIC DEVELOPMENT
(11) <b>TRI-RIVERS CAREER CENTER OR CENTER FOR ADULT</b> 2222 MARION MT GILEAD RD MARION, OH 43302	31-0843022		137,000.		COST		ECONOMIC DEVELOPMENT
(12) <b>TRONAIR, INC.</b> ONE AIR CARGO PARKWAY SWANSON, OH 43604	58-2514686		750,000.		COST		ECONOMIC DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶**

3 Enter total number of other organizations listed in the line 1 table **▶**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I  
(Form 990)**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
 Attach to Form 990.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
**JOBSOHHIO**

Employer identification number  
**45-2798687**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PRUMBULL MANUFACTURING, INC. 3850 HENDRICKS ROAD AUSTINTOWN, OH 44515	34-1754280		100,000.				ECONOMIC DEVELOPMENT
(2) TS SALES LLC 255 NEAL AVENUE MT. GILEAD, OH 43338	46-4936616		150,000.				ECONOMIC DEVELOPMENT
(3) TS TECH AMERICAS, INC. 8458 E BROAD STREET REYNOLDSBURG, OH 43068	31-1437701		50,000.				ECONOMIC DEVELOPMENT
(4) UNIVERSITY OF DAYTON RESEARCH INSTITUTE 300 COLLEGE PARK DAYTON, OH 45469	31-0536715	501(C)(3)	139,970.				ECONOMIC DEVELOPMENT
(5) URBAN RENEWALS II, LLC 100 INDUSTRIAL AVENUE RITTMAN, OH 44270	27-3218415		1,691,400.				ECONOMIC DEVELOPMENT
(6) V. H. COOPER & CO., INC. 6793 US ROUTE 127 N VAN WERT, OH 45891	34-1176077		100,000.				ECONOMIC DEVELOPMENT
(7) VENTURE PACKAGING MIDWEST, INC. 101 OAKLEY STREET EVANSVILLE, IN 47710	34-1809003		50,000.				ECONOMIC DEVELOPMENT
(8) VORA SOLUTION CENTER, LLC 10290 ALLIANCE ROAD BLUE ASH, OH 45242	81-4369608		300,000.				ECONOMIC DEVELOPMENT
(9) WAREHOUSE ASSOCIATES, LP 1200 E. KIBBY STREET LIMA, OH 45804	13-3607217		150,000.				ECONOMIC DEVELOPMENT
(10) WAUSEON MACHINE & MANUFACTURING, INC. 995 ENTERPRISE AVENUE WAUSEON, OH 43567	34-1483237		75,000.				ECONOMIC DEVELOPMENT
(11) WEST-WARD PHARMACEUTICALS CORP. 1809 N WILSON ROAD COLUMBUS, OH 43228	22-3114571		400,000.				ECONOMIC DEVELOPMENT
(12) WOLF'S RIDGE BREWING, LLC 215 N 4TH STREET COLUMBUS, OH 43215	45-4011666		9,171.				ECONOMIC DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

3 Enter total number of other organizations listed in the line 1 table . . . . .

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2017)



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization  
**JOBSOHO**

Employer identification number  
**45-2798687**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WOODARD DEVELOPMENT LLC 444 E 2ND STREET DAYTON, OH 45401	81-1187897		100,000.		COST		ECONOMIC DEVELOPMENT
(2) WRAP N' SHIP, INC. 5055 ENTERPRISE BOULEVARD TOLDO, OH 43612	34-1376029		19,925.		COST		ECONOMIC DEVELOPMENT
(3) WRIGHT WAREHOUSING, INC. 1601 E. 4TH STREET LIMA, OH 45802	31-1209925		290,000.		COST		ECONOMIC DEVELOPMENT
(4) XELIA PHARMACEUTICALS USA LLC 200 NORTHELD ROAD BEDFORD, OH 44146	47-1150410		1,000,000.		COST		ECONOMIC DEVELOPMENT
(5) YORKVILLE INTERMODAL TERMINALS LLC 100 BET-TECH DRIVE ALIQUippa, PA 15001	81-4690065		200,000.		COST		ECONOMIC DEVELOPMENT
(6) YOUNGSTOWN BUSINESS INCUBATOR 241 WEST DERRAL STREET YOUNGSTOWN, OH 44503	31-1751707		80,000.		COST		ECONOMIC DEVELOPMENT
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3.**
- 3 Enter total number of other organizations listed in the line 1 table **159.**
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I LINE 2

JOBSOHIO GRANTEEES RECEIVE GRANT FUNDS ONLY ON A REIMBURSEMENT BASIS.

GRANTEES MUST SUBMIT A REQUEST FOR REIMBURSEMENT AND SUPPORTING

DOCUMENTATION FOR REVIEW AND APPROVAL BY JOBSOHIO.

GRANTEES MUST MAINTAIN RECORDS SUPPORTING CLAIMED COSTS AND ALL REQUESTS

FOR REIMBURSEMENT ARE SUBJECT TO AUDIT BY JOBSOHIO.

REQUESTS FOR REIMBURSEMENT MUST BE CERTIFIED BY AUTHORIZED OFFICERS OF

GRANTEE. DOCUMENTATION IN SUPPORT OF CLAIMED COSTS MUST INCLUDE

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

AGREEMENTS, PAID INVOICES, VOUCHERS, PAID RECEIPTS, AND OTHER DOCUMENTATION AS NEEDED. PROGRAM DISBURSEMENTS ARE REVIEWED AT MULTIPLE LEVELS WITHIN JOBOSHOIO.

GRANTEES ARE REQUIRED TO SUBMIT AN ANNUAL REPORT TO THE JOBOSHOIO DIRECTOR OF COMPLIANCE. ALL SUCH REPORTS ARE REVIEWED BY THE DIRECTOR OF COMPLIANCE, WHO PREPARES A REPORT ON PROJECT PERFORMANCE. UNDERPERFORMING PROJECTS MAY BE THE SUBJECT OF ACTION AT THE RECOMMENDATION OF THE DIRECTOR OF COMPLIANCE BY THE JOBOSHOIO COMPLIANCE TEAM, AND FINAL DETERMINATION BY THE JOBOSHOIO PRESIDENT/CIO.

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

**PART II**

THE STATEMENT OF FUNCTIONAL EXPENSES IS PREPARED ON THE ACCRUAL BASIS OF ACCOUNTING AND SCHEDULE I IS PREPARED ON THE CASH BASIS OF ACCOUNTING, IN ACCORDANCE WITH IRS REPORTING INSTRUCTIONS. ACCORDINGLY, A VARIANCE EXISTS BETWEEN THE AMOUNTS REPORTED FOR GRANT EXPENSE ON EACH SCHEDULE.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

JOBSOHIO

Employer identification number

45-2798687

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? . . . . .	<b>5a</b>	X
<b>b</b> Any related organization? . . . . .	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? . . . . .	<b>6a</b>	X
<b>b</b> Any related organization? . . . . .	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .	<b>7</b>	X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN MINOR BOARD MEMBER, PRESIDENT & CEO	(i) 390,144.	(ii) 144,000.	(iii) 315.	11,175.	20,240.	565,874.	0.
2 TED GRIFFITH MANAGING DIRECTOR	(i) 217,593.	(ii) 49,625.	(iii) 315.	9,351.	27,634.	304,518.	0.
3 KEVIN A. GIANGOLA CHIEF FINANCIAL OFFICER	(i) 188,403.	(ii) 38,000.	(iii) 386.	9,120.	9,865.	245,774.	0.
4 DANA SAUTER VP, HEAD OF ECONOMIC DEV	(i) 233,462.	(ii) 42,500.	(iii) 330.	3,346.	2,998.	282,636.	0.
5 CHARLES MUSTINE SENIOR ADVISOR	(i) 105,288.	(ii) 58,125.	(iii) 586.	6,628.	21,112.	191,739.	0.
6 KRISTI TANNER SENIOR MANAGING DIRECTOR	(i) 248,343.	(ii) 56,625.	(iii) 562.	0.	17,417.	322,947.	0.
7 LEE CRUME DIRECTOR OF SALES	(i) 156,542.	(ii) 18,000.	(iii) 303.	7,119.	16,197.	198,161.	0.
8 MATTHEW CYBULSKI SECTOR DIRECTOR	(i) 143,362.	(ii) 19,000.	(iii) 108.	6,756.	9,718.	178,944.	0.
9 DONELL GRUBBS GENERAL COUNSEL	(i) 180,212.	(ii) 33,625.	(iii) 695.	8,741.	18,759.	242,032.	0.
10 KRISTINA CLOUSE EXECUTIVE DIR OF OPERATIONS	(i) 188,483.	(ii) 39,125.	(iii) 173.	7,256.	28,719.	263,756.	0.
11 CHERYL HAY DIRECTOR, TALENT ACQUISITION	(i) 151,209.	(ii) 22,125.	(iii) 540.	0.	20,520.	194,394.	0.
12 TIMOTHY SWEENEY SECTOR DIRECTOR	(i) 151,345.	(ii) 10,125.	(iii) 284.	6,523.	9,566.	177,843.	0.
13 VALENTINA ISAKINA MANAGING DIRECTOR	(i) 207,183.	(ii) 36,000.	(iii) 305.	0.	28,905.	272,393.	0.
14 AARON PITTS SENIOR MANAGING DIRECTOR	(i) 247,163.	(ii) 54,125.	(iii) 483.	10,408.	28,988.	341,167.	0.
15 GLENN RICHARDSON MANAGING DIRECTOR	(i) 217,948.	(ii) 26,125.	(iii) 1,383.	10,041.	28,930.	284,427.	0.
16 ANDREW DEYE MANAGING DIRECTOR	(i) 178,204.	(ii) 25,125.	(iii) 124.	6,655.	10,201.	220,309.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RENAE SCOTT DIRECTOR, MARKETING & COMM	(i) 167,208. 0.	(ii) 125. 0.	(iii) 133. 0.	6,282. 0.	10,011. 0.	183,759. 0.	0. 0.
2	(i)	(ii)	(iii)				
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.



**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

JOBSOHIO

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

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FORM 990 PART I LINE 7B

NET UNRELATED BUSINESS TAXABLE INCOME REPRESENTS DISALLOWED IRC SECTION  
132(F) TRANSPORTATION FRINGE BENEFITS UNDER SECTION 274(A)(4). JOBSOHIO  
IS NOT ENGAGED IN UNRELATED BUSINESS INCOME ACTIVITIES, THEREFORE THERE  
IS NO CORRESPONDING REVENUE ON FORM 990 PART I LINE 7A.

FORM 990 PART VI LINE 2

JOHN MINOR, A DIRECTOR AND OFFICER OF JOBSOHIO, JAMES BOLAND, A DIRECTOR  
AND OFFICER OF JOBSOHIO, AND KEVIN GIANGOLA, AN OFFICER OF JOBSOHIO, WERE  
SIMULTANEOUSLY DIRECTORS AND OFFICERS OF JOBSOHIO BEVERAGE SYSTEM.

FORM 990 PART VI LINE 7A

THE GOVERNING BODY IS APPOINTED BY THE GOVERNOR ACCORDING TO OHIO STATE  
LAW, CHAPTER 187, REVISED CODE.

FORM 990 PART VI LINE 11B

THE FORM 990 IS SUBMITTED TO THE CHIEF FINANCIAL OFFICER FOR HIS REVIEW.  
SUBSEQUENT TO HIS APPROVAL, IT IS SUBMITTED TO THE PRESIDENT AND CHIEF  
INVESTMENT OFFICER FOR REVIEW AND APPROVAL. COPIES OF THE FORM 990 ARE  
PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING THE RETURN.  
ADDITIONALLY, JOBSOHIO EMPLOYS KPMG TO REVIEW THE RETURN AND PROVIDE  
GUIDANCE IN IDENTIFYING ERRORS IN THE RETURN SUBMISSION AND FEEDBACK ON  
QUANTITATIVE AND QUALITATIVE RESPONSES.

Name of the organization  
 JOBSOHIO

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FORM 990 PART VI LINE 12C

JOBSOHIO'S CONFLICTS OF INTEREST POLICY IS INTENDED TO PROTECT THE CORPORATION'S INTEREST WHEN IT IS CONSIDERING A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF A DIRECTOR OR OFFICER OR EMPLOYEE OF THE CORPORATION OR MIGHT DIRECTLY BENEFIT THAT INDIVIDUAL IN OTHER THAN A DE MINIMIS MANNER. THIS POLICY SUPPLEMENTS, BUT DOES NOT REPLACE, OHIO LAWS GOVERNING CONFLICTS OF INTEREST APPLICABLE TO THE CORPORATION.

UNDER JOBSOHIO'S CONFLICTS OF INTEREST POLICY, DIRECTORS, OFFICERS AND EMPLOYEES OF THE CORPORATION ARE CONSIDERED TO BE INTERESTED INDIVIDUALS WHERE THEY HAVE, DIRECTLY OR INDIRECTLY, THROUGH BUSINESS, INVESTMENT, OR FAMILY:

- (A) A NON DE MINIMIS OWNERSHIP OR INVESTMENT INTEREST IN ANY PERSON WITH WHICH THE CORPORATION HAS A TRANSACTION OR ARRANGEMENT;
- (B) A COMPENSATION ARRANGEMENT WITH THE CORPORATION OR ANY PERSON WITH WHICH THE CORPORATION HAS A TRANSACTION OR ARRANGEMENT; OR
- (C) A NON DE MINIMIS POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN, OR POTENTIAL COMPENSATION ARRANGEMENT WITH, ANY PERSON WITH WHICH THE CORPORATION IS NEGOTIATING A TRANSACTION OR ARRANGEMENT.

COMPENSATION INCLUDES DIRECT OR INDIRECT REMUNERATION AS WELL AS MATERIAL GIFTS OR FAVORS.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST WITH

Name of the organization JOBSONHIO	Employer identification number 45-2798687
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RESPECT TO A SPECIFIC TRANSACTION OR ARRANGEMENT BETWEEN AN INTERESTED INDIVIDUAL AND THE CORPORATION, AN INTERESTED INDIVIDUAL MUST DISCLOSE THE EXISTENCE AND NATURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE DIRECTOR OF COMPLIANCE, BOARD, AND MEMBERS OF ANY COMMITTEES OR INDIVIDUALS WITH BOARD-DELEGATED POWERS THAT ARE CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS AND ANY DISCUSSION WITH THE INTERESTED INDIVIDUAL, THE INTERESTED INDIVIDUAL MUST LEAVE THE BOARD OR OTHER MEETING WHILE A DETERMINATION IS MADE AS TO WHETHER A CONFLICT OF INTEREST EXISTS. THE BOARD SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

IF THE BOARD DECIDES BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS THAT A CONFLICT EXISTS, THE DISINTERESTED DIRECTORS MUST DETERMINE WHETHER THE CORPORATION CAN OBTAIN, WITH REASONABLE EFFORTS, A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY AVAILABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD MUST DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER THE TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE.

Name of the organization  
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IF THE BOARD HAS REASONABLE CAUSE TO BELIEVE THAT A DIRECTOR OR OFFICER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT WILL INFORM THE INDIVIDUAL OF THE BASIS FOR SUCH BELIEF AND PROVIDE THE INDIVIDUAL WITH AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE DIRECTOR OR OFFICER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD DETERMINES THAT THE DIRECTOR OR OFFICER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT MUST TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, INCLUDING, WITHOUT LIMITATION, INITIATING AN ACTION FOR BREACH OF FIDUCIARY DUTY. THE MINUTES OF THE BOARD MEETINGS CONSIDERING POSSIBLE OR ACTUAL CONFLICTS OF INTEREST SHALL BE KEPT AND SHALL CONTAIN BOTH OF THE FOLLOWING:

- (A) THE NAMES OF THE INDIVIDUALS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S DECISION AS TO WHETHER A CONFLICT OF INTEREST EXISTED; AND
- (B) THE NAMES OF THE INDIVIDUALS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH.

IN ADDITION TO THE FOREGOING, ANY OFFICER OR EMPLOYEE OF THE CORPORATION

Name of the organization JOBOSHIO	Employer identification number 45-2798687
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WHOSE RESPONSIBILITY INCLUDES COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION DIRECTLY OR INDIRECTLY FROM THE CORPORATION IS PRECLUDED FROM VOTING OR PROVIDING INFORMATION TO ANY COMPENSATION COMMITTEE ON MATTERS PERTAINING TO THAT INDIVIDUAL'S COMPENSATION.

DIRECTORS MAY NOT SOLICIT OR ACCEPT EMPLOYMENT WITH ANY PERSON THAT RECEIVES OR HAS RECEIVED AN INCENTIVE OR OTHER ASSISTANCE AS A RESULT OF A DECISION THAT SUCH DIRECTOR PARTICIPATED IN AS A DIRECTOR OF THE CORPORATION.

EACH DIRECTOR, OFFICER AND EMPLOYEE IS REQUIRED TO ANNUALLY SIGN A STATEMENT AFFIRMING THAT SUCH INDIVIDUAL:

- (A) HAS RECEIVED A COPY OF THE POLICY;
- (B) HAS READ AND UNDERSTANDS THE POLICY;
- (C) HAS AGREED TO COMPLY WITH THE POLICY; AND
- (D) UNDERSTANDS THE CORPORATION'S STATUTORY PURPOSE AND THAT IT IS A NONPROFIT CORPORATION.

TO ENSURE THAT THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH ITS STATUTORY AND CHARITABLE PURPOSES OR CONTRACTUAL OBLIGATIONS AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE THE STATUS OF THE CORPORATION AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX, PERIODIC REVIEWS OF ITS OPERATIONS ARE PERFORMED. THE PERIODIC REVIEWS, AT A MINIMUM, DETERMINE ALL OF THE FOLLOWING:

Name of the organization

JOBSONHIO

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(A) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED UPON COMPETENT SURVEY INFORMATION, AND ARE THE RESULT OF ARM'S LENGTH BARGAINING;

(B) WHETHER THE CORPORATION'S OPERATIONS ARE CONSISTENT WITH THE ARTICLES, THIS CODE OF REGULATIONS AND CONTRACTUAL OBLIGATIONS, AND ARE PROPERLY DOCUMENTED; AND

(C) WHETHER TRANSACTIONS ARE FAIR TO THE CORPORATION, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER THE CORPORATION'S STATUTORY AND CHARITABLE PURPOSES OR CONTRACTUAL OBLIGATIONS, AND DO NOT RESULT IN DIRECT PRIVATE BENEFIT TO DIRECTORS, OFFICERS OR OTHER PERSONS, IN OTHER THAN A DE MINIMIS MANNER.

A MAJORITY OF THE DISINTERESTED DIRECTORS MAY REMOVE ANY DIRECTOR FOR MISCONDUCT. MISCONDUCT INCLUDES ANY BEHAVIOR BY A DIRECTOR THAT INDICATES THE DIRECTOR HAS FAILED TO PERFORM HIS OR HER FIDUCIARY DUTIES TO THE CORPORATION; TO COMPLY WITH THE REQUIREMENTS OF THE ARTICLES, THIS CODE OF REGULATIONS, OR ANY CORPORATE CONFLICTS OF INTEREST OR ETHICAL POLICIES; TO MEET HIS OR HER OBLIGATIONS AS A DIRECTOR UNDER OHIO LAW; HAS BEEN CONVICTED OF A FELONY; OR HAS OTHERWISE ENGAGED, THROUGH ACT OR OMISSION, IN SIMILAR BEHAVIOR THAT A MAJORITY OF THE DISINTERESTED DIRECTORS DETERMINES WARRANTS REMOVAL FOR MISCONDUCT. A MAJORITY OF THE DISINTERESTED DIRECTORS HAVE SOLE AUTHORITY TO DETERMINE WHETHER A DIRECTOR SHOULD BE REMOVED FROM OFFICE ON THE BASIS OF MISCONDUCT.

EFFECTIVE OCTOBER 1, 2013, JOBSONHIO'S BOARD OF DIRECTORS CREATED AN

Name of the organization JOB SOHIO	Employer identification number 45-2798687
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INDEPENDENT REVIEW PANEL TO, AMONG OTHER THINGS, ASSESS THE ADEQUACY OF  
JOB SOHIO'S REVIEW PROCESS REGARDING POTENTIAL CONFLICTS OF INTEREST.

THE DIRECTOR OF COMPLIANCE HAS COMPILED A LIST OF FINANCIAL AND FIDUCIARY  
INTERESTS FROM THE FINANCIAL DISCLOSURE STATEMENTS THAT ALL JOB SOHIO  
BOARD OF DIRECTORS AND NUMEROUS JOB SOHIO STAFF MEMBERS MUST FILL OUT AND  
SUBMIT TO THE OHIO ETHICS COMMISSION. IN THE FALL OF 2013, JOB SOHIO BUILT  
INTO ITS CUSTOMER RELATIONSHIP MANAGEMENT SOFTWARE SYSTEM A ROBUST  
POTENTIAL CONFLICT IDENTIFICATION SYSTEM (PCIS) THAT AUTOMATICALLY  
SEARCHES FOR MATCHES OF DISCLOSED FINANCIAL AND FIDUCIARY INTERESTS OF  
BOARD MEMBERS AND EMPLOYEES WITH ANY COMPANY THAT SEEKS AN ECONOMIC  
DEVELOPMENT INCENTIVE FROM JOB SOHIO. AT THREE POINTS IN THE PROJECT  
DEVELOPMENT PROCESS, THE PCIS ALERTS JOB SOHIO'S GENERAL COUNSEL OF ANY  
POTENTIAL CONFLICTS AND REQUIRES THOSE POTENTIAL CONFLICTS OF INTEREST TO  
BE CLEARED OR MANAGED BEFORE THE PROJECT MAY PROCEED TO APPROVAL.

IN TANDEM WITH THE AUTOMATED PCIS PROCESS AND TWICE A WEEK, THE DIRECTOR  
OF COMPLIANCE PERFORMS AN INDEPENDENT REVIEW OF THE AGENDAS FOR THE  
PROJECT TEAM MEETINGS TO CHECK FOR POTENTIAL CONFLICTS OF INTEREST IN  
ADVANCE OF THOSE MEETINGS.

FORM 990 PART VI LINE 15A & 15B  
PURSUANT TO ARTICLE 5.1 (A) OF THE JOB SOHIO ARTICLES OF INCORPORATION,  
THE JOB SOHIO BOARD OF DIRECTORS (BOARD) IS TO APPROVE BY RESOLUTION THE  
COMPENSATION OF THE CHIEF INVESTMENT OFFICER. PURSUANT TO ARTICLE 5.1 (B)  
THEREOF, THE BOARD IS TO APPROVE A COMPENSATION PLAN FOR THE

Name of the organization  
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CORPORATION.

UNDER ARTICLE 6.4 OF THE JOB SOHIO ARTICLES OF INCORPORATION, A COMPENSATION COMMITTEE (COMMITTEE) IS ELECTED BY THE BOARD. THE COMMITTEE IS RESPONSIBLE FOR REVIEWING ANY PLAN FOR THE COMPENSATION OF THE CORPORATION'S EMPLOYEES RECOMMENDED BY THE CHIEF INVESTMENT OFFICER AND FOR MAKING RECOMMENDATIONS REGARDING ANY SUCH PLAN OF COMPENSATION TO THE BOARD FOR THEIR ACTION. IN ADDITION, THE COMMITTEE IS TO REVIEW COMPENSATION ARRANGEMENTS WITH BOTH EMPLOYEES AND INDEPENDENT CONTRACTORS OF THE CORPORATION.

DURING THE TAX YEAR THE COMPENSATION COMMITTEE RETAINED THE SERVICES OF A COMPENSATION CONSULTANT AND DEVELOPED AND REVIEWED A COMPENSATION PLAN FOR THE CORPORATION, EXCLUDING THE PRESIDENT/CHIEF INVESTMENT OFFICER. THE COMMITTEE WAS PROVIDED WITH AND CONSIDERED SUPPORTING DATA AND DOCUMENTATION, INCLUDING COMPARISONS, AND APPROVED THE COMPENSATION PLAN. THE COMMITTEE SEPARATELY REVIEWED AND APPROVED A PROPOSAL FOR THE COMPENSATION OF THE PRESIDENT/CHIEF INVESTMENT OFFICER.

OFFICERS AND EMPLOYEES THAT WERE THE SUBJECT OF THE COMPENSATION DETERMINATIONS, INCLUDING THE PRESIDENT/CHIEF INVESTMENT OFFICER, WERE NOT PRESENT FOR THE DISCUSSION AND VOTING ON THEIR COMPENSATION. THE ACTIONS OF THE COMPENSATION COMMITTEE WERE CONTEMPORANEOUSLY DOCUMENTED IN COMMITTEE MINUTES. THE ACTIONS OF THE COMPENSATION COMMITTEE WERE FORWARDED TO THE BOARD OF DIRECTORS FOR APPROVAL OF THAT BODY.



Name of the organization JOB SOHIO	Employer identification number 45-2798687
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## FORM 990 PART VI LINE 19

THE CORPORATION'S ARTICLES OF INCORPORATION ARE FILED WITH THE OFFICE OF THE OHIO SECRETARY OF STATE AND ARE A MATTER OF PUBLIC RECORD AVAILABLE ONLINE. THE CORPORATION'S CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE FILED WITH THE OHIO DEVELOPMENT SERVICES AGENCY AND ARE PUBLIC RECORDS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

THE FOLLOWING DOCUMENTS ARE AVAILABLE ON THE JOB SOHIO WEBSITE: ARTICLES OF INCORPORATION, CODE OF REGULATIONS, CONFLICTS OF INTEREST POLICY, STANDARDS OF CONDUCT POLICY, EMPLOYEE GIFT POLICY, ETHICAL ANNUAL CONDUCT PLEDGE, ANNUAL ETHICS TRAINING, 2016 AUDITED FINANCIAL STATEMENTS, 2017 AUDITED FINANCIAL STATEMENTS, AND IRS FORM 990.

## FORM 990 PART IX LINE 24A

NETWORK PARTNER SERVICE FEES ARE AMOUNTS PAID TO JOB SOHIO REGIONAL PARTNERS IN SUPPORT OF ACHIEVING THE MISSION TO PROMOTE ECONOMIC DEVELOPMENT IN THE STATE. THE SIX REGIONAL PARTNERS WITHIN THIS JOB SOHIO NETWORK FOCUS THEIR EFFORTS ON ECONOMIC DEVELOPMENT WITHIN THEIR AREA.

ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MCGANN MEDIA 61 JEFFERSON AVENUE COLUMBUS, OH 43215	CONSULTANT	6,815,232.
TEAM NEO 737 BOLIVAR ROAD, SUITE 2000 CLEVELAND, OH 44115	CONSULTANT	2,448,691.
COLUMBUS 2020 150 S FRONT STREET #200 COLUMBUS, OH 43215	CONSULTANT	1,699,447.

Name of the organization

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45-2798687

ATTACHMENT 1 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
REDI CINCINNATI 3 EAST 4TH STREET, SUITE 301 CINCINNATI, OH 45202	CONSULTANT	1,903,641.
APPALACHIAN PARTNERSHIP FOR ECON GROWTH 35 PUBLIC SQUARE NELSONVILLE, OH 45764	CONSULTANT	1,636,874.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047  
**2017**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

JOBSOHIO

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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II 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.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section (if section 501(c)(3))	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	JOBSOHIO BEVERAGE SYSTEM 41 S HIGH STREET, SUITE 1500 COLUMBUS, OH 43215	ECON DEVELOP	OH	501 (C) (3)	7	JOBSOHIO	X	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

**Part III 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.

(1) NONE	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	

**Part IV 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.

(1) NONE	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No

JOBSOHIO

45-2798687

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
  - b Gift, grant, or capital contribution to related organization(s).
  - c Gift, grant, or capital contribution from related organization(s).
  - d Loans or loan guarantees to or for related organization(s).
  - e Loans or loan guarantees by related organization(s).

- f Dividends from related organization(s).
- g Sale of assets to related organization(s).
- h Purchase of assets from related organization(s).
- i Exchange of assets with related organization(s).
- j Lease of facilities, equipment, or other assets to related organization(s).

- k Lease of facilities, equipment, or other assets from related organization(s).
- l Performance of services or membership or fundraising solicitations for related organization(s).
- m Performance of services or membership or fundraising solicitations by related organization(s).
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
- o Sharing of paid employees with related organization(s).

- p Reimbursement paid to related organization(s) for expenses.
- q Reimbursement paid by related organization(s) for expenses.

- r Other transfer of cash or property to related organization(s).
- s Other transfer of cash or property from related organization(s).

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes/No	
					1a	1b
(1)	JOBSOHIO BEVERAGE SYSTEM	C	195,000,000.	CASH		
(2)	JOBSOHIO BEVERAGE SYSTEM	L, O	764,778.	COST		
(3)	JOBSOHIO BEVERAGE SYSTEM	Q	432,935.	COST		
(4)						
(5)						
(6)						

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

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.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

JSA

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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0087

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018.

2017

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions.)

B Exempt under section 501(c)(4) 408(e) 408A 529(a)

Print or Type

JOB SOHIO

Number, street, and room or suite no. If a P.O. box, see instructions.

41 S. HIGH ST STE 1500

City or town, state or province, country, and ZIP or foreign postal code

COLUMBUS, OH 43215-6104

45-2798687

E Unrelated business activity codes (See instructions.)

480000

C Book value of all assets at end of year

626,905,476.

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. QUALIFIED PARKING FRINGE

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of KEVIN A. GIANGOLA Telephone number 614-224-6446

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Gross profit, etc.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.



Part III Tax Computation

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows 35-40 for Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, Tax on Non-Compliant Facility Income, and Total.

Part IV Tax and Payments

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows 41-50 for Foreign tax credit, Other credits, General business credit, Credit for prior year minimum tax, Total credits, Subtract line 41e from line 40, Other taxes, Total tax, Payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Refunded.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions 51-53 regarding foreign interest, foreign trust distributions, and tax-exempt interest.

Sign Here section containing signature of officer, date, title, and preparer information including name, signature, date, firm name, address, and phone number.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

1	Inventory at beginning of year . . . . .	1		6	Inventory at end of year . . . . .	6	
2	Purchases . . . . .	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2, . . . . .	7	
3	Cost of labor . . . . .	3					
4a	Additional section 263A costs (attach schedule) . . . . .	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	Yes	No
b	Other costs (attach schedule) . . . . .	4b					X
5	Total. Add lines 1 through 4b . . . . .	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 . . . . . ▶				

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

**Schedule J - Advertising Income (see instructions)**

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I . . . . .</b> ▶						
<b>Totals, Part II (lines 1-5) . . . . .</b> ▶	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14 . . . . .</b> ▶			

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

QUALIFIED PARKING FRINGE

100,013.

PART I - LINE 12 - OTHER INCOME

100,013.

