PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Αŀ	or the	e 2018 calendar year, or tax year beginning $$ $^{ m JUI}$	1, 2018 and	lending J	UN 30, 2019				
B	heck if pplicable	C Name of organization			D Employer iden	tification number			
	Addre	e JOBSONIO							
	Name chang	e Doing business as			45	-2798687			
]Initial return	Number and street (or P.O. box if mail is not delive	rered to street address)	Room/suite	e E Telephone number				
	Final return	41 SOUTH HIGH STREET		1500	(614) 224-6446				
	termir ated	City or town, state or province, country, and Z	G Gross receipts \$	G Gross receipts \$ 366,264,700.					
	Amen return	ded COLLIMBIA OH 4331E 6104	3 1		H(a) Is this a group	p return			
	Application		JSEEF		for subordina				
	pendi	SAME AS C ABOVE				es included? Yes No			
	-2V-0V		(insert no.) 4947(a)(1)	or 527	7	h a list. (see instructions)			
		te: WWW.JOBSOHIO.COM	(πισοιτ πο.) <u> </u>	01 321	H(c) Group exemp				
			ociation Other ►	I Voor	of formation: 2011	M State of legal domicile; OH			
	art I	Summary	odiation other p	L 16ai	or formation.	IVI State of legal dominine, 5-2			
	_	Briefly describe the organization's mission or most s	ignificant activities: TO PRO	MOTE ECOI	NOMIC DEVELOPME	 Nग			
e	'	JOB CREATION, JOB RETENTION, JOB TRAIN:			NOTIC PHYBROTILE	···· /			
Governance	2	Check this box if the organization discont	•		than 25% of its not	accata			
/eri	3	Number of voting members of the governing body (F	·		1	3			
é	4	Number of independent voting members of the governing body (r	. , , , , , , , , , , , , , , , , , , ,			4			
	I -	Total number of individuals employed in calendar ye				5 103			
ties						6			
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, colu				7a 0.			
Ą		Net unrelated business taxable income from Form 9				7b 0.			
_	<u> </u>	The turnelated business taxable income from Form 5	50-1, line 30		Prior Year	Current Year			
	8	Contributions and grants (Part VIII line 1h)			195,000,00				
ne	l				3,429,40	<u> </u>			
Revenue	l				7,710,00	<u> </u>			
Be		Investment income (Part VIII, column (A), lines 3, 4, a			7,710,00				
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			206,146,64				
		Total revenue - add lines 8 through 11 (must equal P			72,468,89	- · · · · · · · · · · · · · · · · · · 			
	l	Grants and similar amounts paid (Part IX, column (A)				0. 0.			
	45	Benefits paid to or for members (Part IX, column (A), Salaries, other compensation, employee benefits (Pa			12,835,92				
Expenses	15					0. 0.			
ë	Ioa	Professional fundraising fees (Part IX, column (A), lin		0.		0,			
Ä	1,0	Total fundraising expenses (Part IX, column (D), line	· —		33,263,59	9. 34,775,130.			
	''	Other expenses (Part IX, column (A), lines 11a-11d, 1 Total expenses. Add lines 13-17 (must equal Part IX,			118,568,41	'			
	18 19	Revenue less expenses. Subtract line 18 from line 1:			87,578,22	· · ·			
0		nevertue less experises. Subtract line 16 from line 12	<u> </u>		eginning of Current Yea				
ts o	20	Total assets (Part X, line 16)		100	626,905,47				
t Assets or	21	Total liabilities (Part X, line 26)			57,232,12				
Net/	1	Net assets or fund balances. Subtract line 21 from li	 no 20		569,673,35				
	rt II	Signature Block	116 20		,,	,,			
		alties of perjury, I declare that I have examined this return, in	ncluding accompanying schedule	s and statem	ents, and to the best of	f my knowledge and helief it is			
	-	ct, and complete. Declaration of preparer (other than officer)				my moviougo una bonoi, it io			
irao	001100	a and complete population of property (care man critical)	TO BUSCU OII AII III OI III AII OI T	mon propuror	That any line wieage.				
Sig	2	Signature of officer			Date				
Her		JP NAUSEEF, PRESIDENT & CIO							
1101	•	Type or print name and title							
		,	Proparer's signature		Date Check	PTIN			
Paid		SHAWNA M. SUNBURY	Shawna M.	100 (0/00/0000	nployed P01222873			
	arer	Firm's name DELOITTE TAX LLP	- W.III.	- Long	Firm's EIN				
	Only	Firm's address 111 MONUMENT CIRCLE, SUIT	E 4200	- u	THIII S EIN				
030	Jilly	INDIANAPOLIS, IN 46204-51			Dhone no (317) 464-8600			
Max	, tha II	RS discuss this return with the preparer shown above			I FIIOHE HO. V	X Ves No			

) (Revenue \$

4d Other program	ı services	(Describe in	Schedule O.	.)
------------------	------------	--------------	-------------	----

including grants of \$ 152,612,850. Total program service expenses

(Expenses \$

45-2798687

Form 990 (2018) JOBSOHIO 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)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/A	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.,	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Λ	
a	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			Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Α
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h	х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		Х
13		14a	Х	
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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	, ,, ,		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_ <i>''</i> _		
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-'	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

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Part IV Checklist of Required Schedules (continued) 45-2798687 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ļ "
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	N/A	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note. All Form 990 filers are required to complete Schedule 0	38	X	
Pal	rt 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		 I _	
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 77	-		
b		4		
С			v	
	(gambling) winnings to prize winners?	1c	X	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		X
	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7c		
	,	70		х
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	-
g h	If the organization received a contribution of qualified intellectual property, and the organization file of orm 3099 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	N/A	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<i>,</i>		
٠	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

14a

14b

16

Х

Form 990 (2018)

JOBSOHIO

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 Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 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** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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. X Own website X Upon request Another's website ___ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records BRIAN FAUST - (614) 224-6446 41 S. HIGH STREET, SUITE 1500, COLUMBUS, 43215

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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.

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

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

(A)	(B)	J. ga		((C)		.541	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	ss per	more rson i	than of s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROBERT C. SMITH	1.00									
CHAIRMAN (BEGIN 4/19)	1.00	Х		Х				0.	0.	0.
(2) JAMES BOLAND	1.00	1								
CHAIRMAN (THRU 4/19)	1.00	Х		Х				0.	0.	0.
(3) JP NAUSEEF	40.00	1								
PRESIDENT & CIO (BEGIN 3/19)	1.00	Х		Х				0.	0.	0.
(4) JOHN MINOR	40.00	-								
PRESIDENT & CIO (THRU 3/19)	1.00	Х		Х				621,323.	0.	29,472.
(5) LAWRENCE KIDD	1.00									
SECRETARY-TREAS	0.00	Х		Х				0.	0.	0.
(6) DR. JERRY SUE THORNTON	1.00	-								
BOARD MEMBER (BEGIN 11/18)	0.00	Х						0.	0.	0.
(7) JOHN BISHOP	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) RICK PLATT	1.00									
BOARD MEMBER (BEGIN 3/19)	0.00	Х						0.	0.	0.
(9) STEPHEN MARKOVICH	1.00	-							•	
BOARD MEMBER	0.00	Х	_					0.	0.	0.
(10) TOM WILLIAMS	1.00	.,							0	_
BOARD MEMBER	0.00	Х						0.	0.	0.
(11) WILLIAM BATCHELDER BOARD MEMBER	0.00	x							0.	,
(12) GARY HEMINGER	1.00	Λ						0.	٠.	0.
BOARD MEMBER (THRU 10/18)	0.00	x						0.	0.	0.
(13) BARBARA SNYDER	1.00	Λ						0.	٠.	••
BOARD MEMBER (THRU 12/18)	0.00	x						0.	0.	0.
(14) BRIAN FAUST	40.00							· ·	· ·	•••
CHIEF FINANCIAL OFFICER (BEGIN 5/19)	1.00	1		х				0.	0.	0.
(15) KEVIN A. GIANGOLA	40.00							•		<u> </u>
CHIEF FINANCIAL OFFICER (THRU 5/19)	1.00	1		х				240,487.	0.	18,674.
(16) AARON PITTS	40.00			<u> </u>					•	,
SENIOR MANAGING DIRECTOR	0.00	1			х			342,156.	0.	37,470.
(17) ANDREW DEYE	40.00							, , ,		, ,
MANAGING DIRECTOR	0.00	1			х			241,519.	0.	19,062.
932007 12 31 19		•				-	-	,	-	Form 990 (2018)

Form 990 (2018) JOBSOHIO 45-2798687 Page **8**

Form 990 (2018)									45-2/9000	/ Page o
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	d Hig	ghes	st Co	ompensated Employee	s (continued)	
(A)	(B)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any hours for	rector						the	organizations	compensation
	related	or di	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	trust		99	n pens		(VV-2/1099-IVIISC)		organization and related
	below	dual t	rtiona	_	nploy	st cor	-			organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			
(18) DANA SAUCIER	40.00									
VP, HEAD OF ECONOMIC DEV.	0.00				Х			353,100.	0.	13,850.
(19) DONELL GRUBBS	40.00									
GENERAL COUNSEL	0.00				Х			238,163.	0.	19,834.
(20) GLENN RICHARDSON	40.00									
MANAGING DIRECTOR	0.00				Х			275,984.	0.	37,404.
(21) KRISTI TANNER	40.00									
SENIOR MANAGING DIRECTOR	0.00				Х			304,863.	0.	26,470.
(22) KRISTINA CLOUSE	40.00									
EXECUTIVE DIR. OF OPERATIONS	0.00				Х			253,998.	0.	36,664.
(23) TED GRIFFITH	40.00									
MANAGING DIRECTOR	0.00				Х			277,826.	0.	36,223.
(24) VALENTINA ISAKINA	40.00									
MANAGING DIRECTOR	0.00				Х			257,691.	0.	26,393.
(25) LEE CRUME	40.00									
DIRECTOR OF SALES	0.00					Х		191,438.	0.	22,603.
(26) MATTHEW CYBULSKI	40.00									
SECTOR DIRECTOR	0.00					Х		171,150.	0.	15,807.
1b Sub-total							>	3,769,698.	0.	339,926.
c Total from continuation sheets to Part	c Total from continuation sheets to Part VII, Section A									45,175.
d Total (add lines 1b and 1c)								4,318,513.	0.	385,101.

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

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

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

represent to the organization? If "Yes," complete Schedule J for such person

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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
MCGANN MEDIA		
61 JEFFERSON AVENUE, COLUMBUS, OH 43215	CONSULTANT	4,273,538.
TEAM NEO, 737 BOLIVAR ROAD, SUITE 2000,		
CLEVELAND, OH 44115	CONSULTANT	2,921,045.
REDI CINCINNATI, 3 EAST 4TH STREET, SUITE		
301, CINCINNATI, OH 45202	CONSULTANT	2,181,692.
APPALACHIAN PARTNERSHIP FOR ECONOMIC GROWTH		
35 PUBLIC SQUARE, NELSONVILLE, OH 45764	CONSULTANT	1,985,943.
COLUMBUS 2020, 150 SOUTH FRONT STREET,		
#200, COLUMBUS, OH 43215	CONSULTANT	1,808,804.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 34		

Form 990 JOBSOHIO 45-2798687

Form 990 JOBSOHIO Part VII Section A. Officers, Directors.									45-27986	587
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, aı	nd F	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all :	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	dual	ution	<u></u>	Key employee	stco	er			
	line)	Indivi	Instit	Officer	Key e	High	Former			
(27) CHERYL HAY	40.00									
DIRECTOR, TALENT ACQUISITION	0.00					х		179,254.	0.	18,742.
(28) RENAE SCOTT	40.00									
DIRECTOR, MARKETING & COMM.	0.00					Х		195,574.	0.	17,196.
(29) JULIE BATTLES	40.00									
CONTROLLER	0.00					Х		173,987.	0.	9,237.
		-								
			\vdash							
		1								
		-								
		1								
		1								
		-								
		-								
		1								
		1								
		-								
		1								
		1								
		1								
Total to Part VII, Section A, line 1c								548,815.		45,175.
·									·	

Form 990 (2018) JOBSOHIO
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e 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
ts ts	1 a	Federated campaigns	1a					
ran	b							
Ē,S	С	Fundraising events						
ifts ar A		Related organizations		350,000,000.				
s, G mila		Government grants (contributi						
Sign		All other contributions, gifts, grant						
but		similar amounts not included abov						
ÖŢ	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			350,000,000.			
				Business Code				
ø.	2 a	LOAN INTEREST		900099	2,729,348.	2,729,348.		
r Š	b	MANAGEMENT FEES		900099	1,147,079.	1,147,079.		
Se	С	LOAN FEES		900099	374,957.	374,957.		
am	d	l <u> </u>						
Program Service Revenue	е	·						
Ā	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			4,251,384.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶ .	12,004,621.			12,004,621.
	4	Income from investment of tax	k-exempt bond p	roceeds >				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		····· •				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
enue	8 a	a Gross income from fundraising events (not including \$ of						
eve		contributions reported on line	1c). See					
놂		Part IV, line 18	a					
Other Reven	b	Less: direct expenses	b					
١	С	Net income or (loss) from fund	raising events	>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		······				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold		$\overline{}$				
ļ	С	Net income or (loss) from sales						
}		Miscellaneous Revenue	9	Business Code	2	2 525		
		MISCELLANEOUS INCOME		900099	8,695.	8,695.		
	b							
	C							
		All other revenue			0 605			
		Total. Add lines 11a-11d			8,695. 366,264,700.	4 250 070		12 004 521
	12	Total revenue. See instructions		P I	JOO,∠04,/UU.	4,260,079.	0.	12,004,621.

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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).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp. Check if Schedule O contains a response			ірівів соійнін (А).	
- Do :	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		, -	J	1
-	and domestic governments. See Part IV, line 21	112,393,413.	112,393,413.		
2	Grants and other assistance to domestic		-		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	_			
	trustees, and key employees	6,592,154.	5,109,727.	1,482,427.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,859,626.	3,696,490.	2,163,136.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	392,508.	277,592.	114,916.	
9	Other employee benefits	1,299,278.	918,883.	380,395.	
10	Payroll taxes	796,080.	563,008.	233,072.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	226,138.	182,290.	43,848.	
С	Accounting	231,076.		231,076.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	333,851.		333,851.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	5,241,288.	4,750,601.	490,687.	
12	Advertising and promotion	7,695,189.	7,695,189.		
13	Office expenses	397,628.		397,628.	
14	Information technology	2,105,381.		2,105,381.	
15	Royalties				
16	Occupancy	837,614.		837,614.	
17	Travel	1,293,865.	1,293,865.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	9,013.	9,013.	42 42	
19	Conferences, conventions, and meetings	1,063,351.	1,019,921.	43,430.	
20	Interest	690.		690.	
21	Payments to affiliates	224 614		224 (11	
22	Depreciation, depletion, and amortization	334,611.		334,611.	
23	Insurance	226,752.		226,752.	
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.)	41 502	0	41 502	
a	UBI TAX	41,593.	13,679,725.	41,593.	
b	NETWORK PARTNER SERVICE	13,679,725.			
C	RESEARCH AND MATERIALS TRAINING	375,610.	375,610.		
d		255,520.	255,520.	34 232	
	All other expenses Add lines 1 through 24s	426,235.	392,003.	34,232. 9,495,339.	^
25	Total functional expenses. Add lines 1 through 24e	162,108,189.	152,612,850.	3,430,333.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2018)

Form 990 (2018) Part X Balance Sheet

Pai	TΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			0.	1	
	2	Savings and temporary cash investments			70,974,000.	2	65,185,836.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,883,702.	4	2,893,821.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ited em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
Assets		employees' beneficiary organizations (see instr).		·		6	
	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			8		
	9	5			995,961.	9	940,332.
		Land, buildings, and equipment: cost or other	l		·	_	·
		basis. Complete Part VI of Schedule D	10a	3,545,923.			
	b			2,629,386.	1,080,154.	10c	916,537.
	11	Investments - publicly traded securities	460,682,175.	11	713,884,577.		
	12	Investments - other securities. See Part IV, line 1		12	, ,		
	13	Investments - program-related. See Part IV, line		90,943,643.	13	92,134,043.	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		345,841.	15	13,544.	
	16	Total assets. Add lines 1 through 15 (must equal to the content of the content		626,905,476.	16	875,968,690.	
	17	Accounts payable and accrued expenses			4,307,817.	17	4,924,059.
	18	Grants payable	52,924,306.	18	87,871,067.		
	19	Deferred revenue			19	, ,	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
"	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
ij						22	
<u> </u>	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			57,232,123.	26	92,795,126.
		Organizations that follow SFAS 117 (ASC 958					
"		complete lines 27 through 29, and lines 33 an					
ĕ	27	Unrestricted net assets				27	
ag	28	Temporarily restricted net assets		28			
Ä	29				29		
ä		Organizations that do not follow SFAS 117 (A					
Ä		and complete lines 30 through 34.	"				
ts c	30	Capital stock or trust principal, or current funds			0.	30	0.
SSe	31	Paid-in or capital surplus, or land, building, or ed			0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			569,673,353.	32	783,173,564.
Se	33	Total net assets or fund balances			569,673,353.	33	783,173,564.
	34	Total liabilities and net assets/fund balances			626,905,476.	34	875,968,690.
					, ,		· · · · · · · · · · · · · · · · · · ·

Form **990** (2018)

Form 990 (2018) JOBSOHIO 45-2798687 Page **12**

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	366	,264,	700.
2	Total expenses (must equal Part IX, column (A), line 25)	2	162	,108,	189.
3	Revenue less expenses. Subtract line 2 from line 1	3	204	,156,	511.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	569	,673,	353.
5	Net unrealized gains (losses) on investments	5	9	,343,	700.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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	783	,173,	564.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	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	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 X Both consolidated and separate basis				
С					
	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?					х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018

45-2798687 JOBSOHTO Organization type (check one): Filers of: Section: X 501(c)(4) (enter number) organization Form 990 or 990-EZ 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 X 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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

45-2798687

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Name, address, and ZIF + 4	- \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnian (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	- \$	Person Payroll Complete Part II for noncash contributions.)
(a)	(b) Name address and ZIP + 4	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	S	Person Payroll Complete Part II for noncash contributions.

Name of organization

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

Name of or	ganization			Employer identification number
овзоніо Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in	coation 501(a)(7) (9) or	45-2798687
raitiii	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line	entry. For organizations	
	Use duplicate copies of Part III if additional	space is needed.	or ress for the year. (Liner this	s lillo. dilce.) P
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
		(e) Transfer of o	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)) Description of how gift is held
Parti				
	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4		of transferor to transferee
(a) No			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
		(e) Transfer of Q	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee
(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, a			of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

45-2798687

Name of the organization

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a hist	torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170((h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
_	conservation easements.		
Pai	t III Organizations Maintaining Collections of	•	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	,, ,	•
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part Y		•

Sche	dule D (Form 990) 2018 JOBSOHIO							5-27986			age 2
Pai	rt III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Othei	r Similar As	ssets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following tha	t are a si	gnificant use o	of its coll	ection	tems	
	(check all that apply):										
а	Public exhibition	c	ı 🔲	Loan or exc	hange progra	ams					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizatio	on's exen	npt purpose ir	n Part XII	I.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arran								e 9, or		
	reported an amount on Form 990, Pai			-							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	s or other as:	sets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	•	•						Д	mount		
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.							—]
	rt V Endowment Funds. Complete i						10.				
		(a) Current year		Prior year	(c) Two yea		(d) Three years	back (e) Four	vears l	back
1a	Beginning of year balance						,				
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
ŭ	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curr		L a (lina 10	r column (a)	// hold as:	1		I			
	Board designated or quasi-endowment	•	0/ 0/	y, coluitiii (a))) Helu as.						
a	Permanent endowment	 %	—70								
b											
C	The percentages on lines 2s. 2h, and 2s should										
20	The percentages on lines 2a, 2b, and 2c shows there endowment funds not in the peace.		stion tha	t are held ar	ad administa	rad far th	o organization				
Sa	Are there endowment funds not in the posse	SSION OF THE Organiza	alion ma	it are rieiu ai	iu auministe	rea for th	le organization		Γ	Yes	No
	by:							1	3a(i)	165	NO
	(i) unrelated organizations										
h	(ii) related organizations								3a(ii) 3b		
b 4	Describe in Part XIII the intended uses of the							ا	SD		
Par	t VI Land, Buildings, and Equipm		willelit i	urius.							
1 4	Complete if the organization answere) Part IV	/ line 11a S	See Form 990) Part X	line 10				
	Description of property	(a) Cost or o			or other		ccumulated	1	d) Book	value	
	bescription of property	basis (investr			(other)		preciation	"	a) DOOK	value	-
10	Land	- '	,	54010	(40	20.0				
b	Land Buildings										
	Leasehold improvements			1	,216,501.		653,090	_		563,4	411.
	Equipment			_	808,774.		542,875			265,8	
u	Other			1	,520,648.	l -	1,433,421				227.

Schedule D (Form 990) 2018

916,537.

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

Complete if the organization answered "Yes" (ad of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method	of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (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 99	00, Part X, line 13.	
(a) Description of investment	(b) Book value			nd-of-year market value
(1) ECONOMIC DEVELOPMENT LOANS	92,134,0	END-OF-YE	AR MARKET VALUE	
(2)			<u> </u>	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	92,134,0	043.		
Part IX Other Assets.	5 000 D . W.			
Complete if the organization answered "Yes" (line 11d. See Form 99	90, Part X, line 15.	(h) Dook value
··-	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 Part X Other Liabilities.	15.))	•
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See F	orm 990, Part X, line 2	5.
1. (a) Description of liability	ĺ	(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,			
2. Liability for uncertain tax positions. In Part XIII, provide				
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Ch	neck here if the text of		
			Sc	hedule D (Form 990) 201

45-2798687

Part	XI Reconciliation of Revenue per Audited Financial State	ements With F	evenue per Re	turn.	_
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	375,608,400.
2 /	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a i	Net unrealized gains (losses) on investments	2a	9,343,700.		
b i	Donated services and use of facilities	2b			
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
е /	Add lines 2a through 2d			2e	9,343,700.
3 3	Subtract line 2e from line 1			3	366,264,700.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a l	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b (Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	366,264,700.
Part	XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	162,108,189.
2 /	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a l	Donated services and use of facilities	2a			
b l	Prior year adjustments	2b			
c (Other losses	2c			
d (Other (Describe in Part XIII.)	2d			
е /	Add lines 2a through 2d			2e	0.
3 3	Subtract line 2e from line 1			3	162,108,189.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a l	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b (Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 : XIII Supplemental Information.)		5	162,108,189.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			, Part X,	illie 2, Part AI,

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► 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 for instructions and the latest information.

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

JOBSOHIO					45-2798687	
	mation on A	ctivities Out	side the United States. Comple	ete if the organ		Yes" on
Form 990, Part IV	/, line 14b.					
<u>-</u>	ŭ		ds to substantiate the amount of its gra the selection criteria used to award the			Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and otl	ner assistance outs	side the
3 Activities per Region. (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is n			
(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, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	ECONOMIC DE	VELOPMENT	1,007,161.
EAST ASIA AND THE						
PACIFIC	0	1	PROGRAM SERVICES	ECONOMIC DE	VELOPMENT	498,984.
NORTH AMERICA	0	1	PROGRAM SERVICES	ECONOMIC DE	VELOPMENT	58,971.
						+
3 a Subtotal	0	3				1,565,116.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	3				1,565,116.

(c) Region

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

(d) Purpose of

(e) Amount

(f) Manner of

(g) Amount of

noncash

(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	noncasn assistance	
by the IRS, or for which	ch the grantee or cou		ecognized as charities by the f ion 501(c)(3) equivalency letter		ecognized as tax-exe		

3 Enter total number of other organizations or entities

1

(a) Name of organization

(b) IRS code section

Schedule F (Form 990) 2018 JOBSOHIO 45-2798687

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. (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) [(a) Type of grant or assistance (b) Region recipients cash grant noncash nonca assistance

45-2798687

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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2018

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:
·
JOBSOHIO 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

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 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

JOBSOHIO

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 criteria used to award the grants or assistance?
- 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 99 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) Descript noncash assi
2020 CLINDON INC						
2828 CLINTON, INC. 2828 CLINTON AVENUE						
CLEVELAND, OH 44113-2939	34-1644643		7,200.	0.		
4440 CREEK ROAD PROPERTIES, LLC						
4440 CREEK ROAD						
CINCINNATI, OH 45242	82-5280312		350,000.	0.		
476 PRINCE CORREDO IIC						
476 BRIDGE STREET, LLC 15 RESERVOIR ROAD						
WHITE PLAINS, NY 10603	81-3568315		800,000.	0.		
MILL LEMINS, NI 10005	01 3300313		000,000.	· ·		
777 LENA, LLC						
777 LENA DRIVE						
AURORA, OH 44202-8025	38-4031342		500,000.	0.		
A & P TOOL, INC.						
801 INDUSTRIAL DRIVE						
HICKSVILLE, OH 43526-1174	34-1816209		112,233.	0.		
ADVICS MANUFACTURING OHIO, INC.						
1650 KINGSVIEW DRIVE						
LEBANON, OH 45036-8390	31-1229422		248,660.	0.		
,			,	1		1

- 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

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

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)
(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) Descripti non-cash assi
AEROCONTROLEX GROUP, INC.			1			
313 GILLETT STREET	'		'	1		
PAINESVILLE, OH 44077-2918	26-0379798	<u> </u>	200,000.	0.		
AIR SOUTH COMMERCE CENTER PHASE	'		'			
II, LLC - POTH ROAD - WHITEHALL,	'		'	1		
OH 43213	38-4013255	<u> </u>	200,000.	0.		
AIRSTREAM, INC.	'		'			
419 W. PIKE STREET	'		'	1		
JACKSON CENTER, OH 45334-9728	93-0768561		600,000.	0.		
AK STEEL CORPORATION			1			
9227 CENTRE POINTE DRIVE	'		'	1		
	31-1267098		250 000	0.		
WEST CHESTER, OH 45069-4822	31-120/050	-	250,000.	-		+
ALEX PRODUCTS, INC.	'		'			
19911 COUNTY ROAD T.	'		'	1		
RIDGEVILLE CORNERS, OH 43555	34-1117191		74,897.	0.		
AIDOUVILLE COMMENT, C. IIII	51 11111		· · · · · · · · · · · · · · · · · · ·			
ALKON CORPORATION	'		'	1		
728 GRAHAM DRIVE	'		'	1		
FREMONT, OH 43420-4073	34-1679064		30,000.	0.		
ALPLA, INC.	'		!			
3320 FORT SHAWNEE INDUS DRIVE	'		'	1		
	58-2611718		150 000	0.		
LIMA, OH 45806-1843	50-2011/10	 	150,000.	-		
ALTIVIA PETROCHEMICALS, LLC	'		'			
1019 FURNACE ROAD	'		'	1		
HAVERHILL, OH 45636	47-4927987		805,668.	0.		
	,		!			
AQUABLOK, LTD.	'		'	1		
175 WOODLAND AVENUE	1		'			
SWANTON, OH 43558-1026	34-1904902		50,000.	0.		

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(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 non-cash assis
ARCONIC						
425 SIXTH AVENUE	1					
PITTSBURGH, PA 44105	25-0317820		200,000.	0.		
ASM INTERNATIONAL						
9639 KINSMAN ROAD	1					
NOVELTY, OH 44073	34-0714532		475,000.	0.		
AUTOTOOL, INC.						
7875 CORPORATE BOULEVARD	1					
PLAIN CITY, OH 43064-8045	34-1789017		53,137.	0.		
BANK STREET HOLDINGS, LLC	1					
4820 BRIAR ROAD	1					
CLEVELAND, OH 44135-5040	82-1501811		75,000.	0.		<u> </u>
BELLISIO FOODS, INC.	1					
100 E. BROADWAY STREET	1					
JACKSON, OH 45640-1347	59-3015985		1,000,000.	0.		
DACKBON, OIL 10010 1017	33 3313333		1,000,000.	<u> </u>		
BENCHMARK EDUCATION COMPANY, LLC	1					
145 HUGUENOT STREET	1					
NEW ROCHELLE, NY 10801	13-3996703		50,000.	0.		
						T
BENDIX COMMERCIAL VEHICLE SYSTEMS,	1					
LLC - 901 CLEVELAND STREET -	1					
ELYRIA, OH 44035-4153	52-1843583		500,000.	0.		<u> </u>
DI EGUMANNI IIGA II G	1					
BLECKMANN USA, LLC	1					
188 COMMERCE BOULEVARD	37-1790634		50 000	0.		
JOHNSTOWN, OH 43031	37-1790634	 	50,000.	· ·		+
BRAUN INDUSTRIES, INC.	1					
1170 PRODUCTION DRIVE	1					
VAN WERT, OH 45891-9391	31-0792103		55,000.	0.		
·	·				<u> </u>	

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)
(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) Descripti non-cash assi
BRENNAN INDUSTRIES, INC.						
6701 COCHRAN ROAD SOLON, OH 44139-3411	34-0859271		200,000.	0.		
BREWDOG COLUMBUS LLC 96 GENDER ROAD						
CANAL WINDCHESTER, OH 43110	47-4320975		-200,000.	0.		
CANDID CARE CO., INC. 213 PARK AVENUE SOUTH 2ND FLOOR	25 4057000		105 710			
NEW YORK, NY 10003	36-4867239		106,718.	0.		
CENTRAL MACHINERY COMPANY, LLC 1339 E. FAIRGROUND ROAD	24 1042000		62.011	0		
MARION, OH 43302-8873	34-1943090		63,011.	0.		
CERTAINTEED CORPORATION 11519 US HIGHWAY 250 NORTH	00.0540000		250.000			
MILAN, OH 44846-9708	23-2510893		350,000.	0.		
CHERYL & CO. 4465 INDUSTRIAL CENTER DRIVE	24 4005254		100.000			
OBETZ, OH 43207-4589	31-1006364		100,000.	0.		
CHILLICOTHE KENWORTH, INC. 1331 DELANO ROAD						
CHILLICOTHE, OH 45601	47-5572204		27,170.	0.		
CINTAS CORPORATION NO. 2 3219 ROHR ROAD						
GROVEPORT, OH 43125-9433	31-1703809		100,000.	0.		
CITY OF BEDFORD HEIGHTS						
5661 PERKINS ROAD CLEVELAND, OH 44146-2558	34-6003691		302,350.	0.		

Part II Continuation of Grants and Other A	Assistance to Go	vornments and Orga	nizations in the Ur	aited States (Sch	adula I (Form 990) P	art II)
Part II Continuation of Grants and Other A	SSISTANCE TO GOV	Perninents and Organ		Treu States (Some	T	T
(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) Descripti non-cash assis
COMPANY AND CONTRACTOR	1		'			
CITY OF CINCINNATI	1					
805 CENTRAL AVENUE, SUITE 700	31-6000064		570 000	0.		
CINCINNATI, OH 45202	31-0000004	+	570,000.	<u> </u>	+	+
CITY OF CLEVELAND	1		1			
601 LAKESIDE AVE. EAST, ROOM 210	1		1			
CLEVELAND, OH 44114-1015	34-6000646		99,919.	0.		
,	1		+ '			+
CITY OF HURON	1					
417 MAIN STREET	(
HURON, OH 44839-1652	34-6400671		200,000.	0.		
	1					
CL PRODUCTS INTERNATIONAL, LLC	1		'			
250 EASTERN AVENUE, P.O. BOX 385	1					
LEESBURG, OH 45135-9783	46-3867345		100,000.	0.		
	 -					
CLOPAY BUILDING PRODUCTS COMPANY,	1					
INC 1400 WEST MARKET STREET -	1					
TROY, OH 45373	11-2808682		180,000.	0.		
	1		1			
CONTINENTAL STRUCTURAL PLASTICS,	1					
INC 255 REX BOULEVARD - AUBURN			100.000			
HILLS, MI 48326	52-2108862	 	400,000.	0.	<u> </u>	
	1					
COVERMYMEDS, LLC	1		'			
8866 COMMONS BOULEVARD	1 25 3445223		155 255			
TWINSBURG, OH 44087	26-3446223	 	155,255.	0.	 	-
CPG INTERNATIONAL, LLC	1					
5215 OLD ORCHARD ROAD, SUITE 725	1		1			
SKOKIE, IL 60077	20-2779385		55,000.	0.		
SKORIE, IL GOOT,	20-2113333	 	33,000.	<u> </u>	 	
CRANE CONSUMABLES, INC.	1					
155 WESTHEIMER DRIVE	(
MIDDLETOWN, OH 45044	27-4356106		25,000.	0.		
MIDDELIONIA, ON 10011			20,000			

Part II Continuation of Grants and Other A	Assistance to Go	vernments and Organ	nizations in the Ur	ited States (Sch	edule I (Form 990), Pr	art II.)
(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) Descripti non-cash assis
CREATIVE PACKAGING, LLC						
1781 KEMPER COURT, P.O. BOX 305 ZANESVILLE, OH 43701-4606	31-1682777		350,000.	0.		
CREDIT ADJUSTMENTS, INC. 330 FLORENCE STREET						
DEFIANCE, OH 43512	34-0941570	<u> </u>	79,143.	0.		
CROWN EQUIPMENT CORPORATION 44 S. WASHINGTON STREET						
NEW BREMEN, OH 45869-1288	34-4412691		1,500,000.	0.		
CUSTOM PRO LOGISTICS, LLC 1707 RACE STREET	15.5152050		-550,000			
CINCINNATI, OH 45202	46-2460862		250,000.	0.	 	+
DAISY BRAND, LLC 3600 NORTH GEYERS CHAPEL ROAD						
WOOSTER, OH 44691-9641	80-0595003		400,787.	0.		
DANA LIGHT AXLE MANUFACTURING, LLC 3044 JEEP PARKWAY						
TOLEDO, OH 43657	26-1347098	<u> </u>	250,000.	0.		
DANA LIMITED 3857 TECHNOLOGY DRIVE						
MAUMEE, OH 43537	26-1531856		3,000,000.	0.		
DAYTON SEWING COLLABORATIVE P.O. BOX 392						
DAYTON, OH 45401	82-2325963		66,300.	0.		
	1		1			
DECEUNINCK NORTH AMERICA, LLC	1	1	'			
351 N. GARVER ROAD MONROE, OH 45050-1233	31-1745568		50,000.	0.		

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Descripti
organization or government	(6) =	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assis
DECKED, LLC	!		!		1	
120 N. LEADVILLE AVENUE, SUITE 4	'		'		1	
KETCHUM, ID 83340	46-2633179		50,000.	0.	1	
	<u> </u>		<u> </u>			
DIGERONIMO DEVELOPMENT, LLC	'		'		1	
5720 EAST SCHAAF ROAD	'		'		1	
INDEPENDENCE, OH 44131	82-3411495		264,000.	0.	1	
	,		'		1	
DOLLAR TREE DISTRIBUTION, INC.	'		'		1	
500 VOLVO PARKWAY	=: 1727640		24.260		1	
CHESAPEAKE, VA 23320	54-1737649	<u> </u>	34,360.	0.	+	
E1 DIGITAL DIRECT, INC.	'		'		1	
491 MCCLURG ROAD	'		'		1	
BOARDMAN, OH 44512-6404	47-4912935		70,000.	0.	1	
BOARDMAN, On 44312 0404	47-4712755	 	70,000.	+	 	-
ECCRINE SYSTEMS, INC.	'		'		1	
1775 MENTOR AVENUE, SUITE 300	'		'		1	
CINCINNATI, OH 45212-1100	47-2692010		48,452.	0.	<u></u> _	<u></u> _
ELYRIA COMMUNITY IMPROVEMENT	'		'		1	
CORPORATION - 131 COURT STREET -	'		'		1	
ELYRIA, OH 44035-5511	47-2250959	501(C)(3)	192,889.	0.		
	'		'		1	
E-MEK TECHNOLOGIES, LLC	'		'		1	
7410 WEBSTER STREET	22 4204056		26.343		1	
VANDALIA, OH 45414-5816	20-4904956	<u> </u>	36,343.	0.	 	
ENSEMBLE HP, LLC	'		'		1	
1701 MERCY HEALTH PLACE	'		'		1	
CINCINNATI, OH 45237	38-4050738		317,555.	0.	1	
CINCINNAII, On 4323.	30 4030,30		317,333.	 •••		
EXSURCO MEDICAL, INC.	'		'		1	
10804 GREEN ROAD	'		'		1	
WAKEMAN, OH 44889-9676	45-3836837		211,919.	0.	1	

Part II Continuation of Grants and Other	r Assistance to Go	vernments and Orga	nizations in the Ur	nited States (Sch	redule I (Form 990) P:	art II)
Part II Continuation of Grants and Other	Assistance to dov	erillients and Organ		Tited States (Con-	Tedule i (i oiiii 990), i a	T
(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 non-cash assis
FACILITYSOURCE, LLC	T					
200 EAST CAMPUS VIEW BOULEVARD,		1				
SUITE 301 - COLUMBUS, OH						
43235-4732	20-3319511		82,085.	0.		<u> </u>
FAT HEAD'S BREWING, L.P.	'	1				!
ENGEL LAKE DRIVE	'					'
MIDDLEBURG HEIGHTS, OH 44130	27-1931373		50,000.	0.		'
MIDDLEBORG REIGHID, ON 44130	21-1331313	 	30,000.	<u> </u>	 	+
FAXON MACHINING, INC.						
11101 ADWOOD DRIVE						
FOREST PARK, OH 45240	31-1054769		150,000.	0.		
,	+		†			
FCA US, LLC						
1000 CHRYSLER DRIVE						
AUBURN HILLS, MI 48326-2766	27-0187277		196,402.	0.		
·	†					
FIRST SOLAR, INC.						
28101 CEDAR PARK BOULEVARD						
PERRYSBURG, OH 43551-4871	20-4623678	l	651,448.	0.		
	T '					
FORMLABS OHIO, INC.						
27800 LEMOYNE ROAD, SUITE J.						
MILLBURY, OH 43447-9683	32-0536305	4	50,000.	0.		
		1				
FORTUITY HOLDING, LLC	'					
750 MOUNT CARMEL MALL	22 1001107		100.000			
COLUMBUS, OH 43222-1553	82-1921127	 	400,000.	0.		
PRANUT IN THERRIANTONAL THO						
FRANKLIN INTERNATIONAL, INC.						
2020 BRUCK STREET	21 4102710		1 000 000			
COLUMBUS, OH 43207-2329	31-4183710	 	1,000,000.	0.	 	+
FULTON COUNTY PROCESSING, LTD.						
7800 STATE ROUTE 109						
DELTA, OH 43515-9335	34-1965647		75,000.	0.		
DEBIR, OII 43313 3333	J4 170304,	<u> </u>	15,000.			

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description
organization or government	(2) 2	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assis
G&S METAL PRODUCTS CO., INC.						
3330 EAST 79TH STREET						
CLEVELAND, OH 44127-1831	34-1145880		21,000.	0.		
GEORGIA TSS, INC. (TOTAL SYSTEM						
SERVICES, INC.) - 1500 BOLTONFIELD						
STREET - COLUMBUS, OH 43228	58-1493818		200,000.	0.		
GEO-TECH POLYMERS, LLC						
423 HOPEWELL ROAD						
WAVERLY, OH 45690	80-0814251		100,000.	0.		
GHD GREEN, LLC						
P.O. BOX 42598						
CINCINNATI, OH 45242	82-5505807		75,000.	0.		
51110111111111111111111111111111111111	52 52 1 1 1		, , -	-		+
HILLCREST EGG & CHEESE CO.						
2700 E. 55TH STREET						
CLEVELAND, OH 44115	34-1136697		400,000.	0.		
HOWESTDE EINANGIAI IIG						
HOMESIDE FINANCIAL, LLC 7775 WALTON PARKWAY, 4TH FLOOR						
NEW ALBANY, OH 43054	46-3689142		300,000.	0.		
NEW ADDIMIT, OIL 19991	40 3003112		300,000.			
HONDA R&D AMERICAS, INC.						
21001 STATE ROUTE 739						
RAYMOND, OH 43067-9705	33-0054861		3,960,281.	0.		<u> </u>
HONEYMOON PAPER PRODUCTS, INC.						
7100 DIXIE HIGHWAY						
FAIRFIELD, OH 45014	31-0625744		48,776.	0.		1
HUMBLE ROBINSON GROUP, LLC						
2615 CRYSTAL AVENUE						
FINDLAY, OH 45840	81-4058205		860,776.	0.		

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Orgar	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)
(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 non-cash assis
HYNES INDUSTRIES, INC.						
3760 OAKWOOD AVENUE						
YOUNGSTOWN, OH 44515-3041	34-0871763		-50,000.	0.		
INOGEN, INC.						
326 BOLLAY DRIVE						
GOLETA, CA 93117-5550	33-0989359		500,000.	0.		
IRONUNITS, LLC						
200 PUBLIC SQUARE, SUITE 3300						
CLEVELAND, OH 44114-2315	34-1920747		10,895,137.	0.		
ITM MARKETING, INC.						
331 MAIN STREET	35 1000444		225 000			
COSHOCTON, OH 43812-1929	35-1989444	<u> </u>	285,000.	0.		
JAC PRODUCTS, INC.						
225 S. INDUSTRIAL DRIVE						
SALINE, MI 48176	38-1888757		1,772,474.	0.		
JACKSON COUNTY ECONOMIC			' '			
DEVELOPMENT PARTNERSHIP - 920						
VETERAN'S DRIVE, SUITE A						
JACKSON, OH 45640	34-1604927	501(C)(3)	510,000.	0.		
TEEREDTC DEAT ECMAND IIC						
JEFFERIS REAL ESTATE, LLC 62894 EASTVIEW COURT						
BARNESVILLE, OH 43713	34-1823010		2,741,727.	0.]
BARNESVILLE, OII 45/15	34 1023010		2,/*±,/2/•	<u> </u>		
JOHNSON MEDTECH, LLC						
145 MILK STREET						
METHUEN, MA 01844	98-0208105		65,000.	0.		
JPMORGAN CHASE BANK, NATIONAL						
ASSOCIATION - 1111 POLARIS PARKWAY	12 4004650		2 000 000			
- COLUMBUS, OH 43240-2031	13-4994650	<u> </u>	3,000,000.	0.		

ments and Organizations in the United States (Schedule I (Form 990), Part II.)	vernments and Org	Assistance to Go	Part II Continuation of Grants and Other A
	(c) IRC section	(b) EIN	(a) Name and address of organization or government
			JUST4CONSTRUCTION.COM, LLC 17999 FOLTZ PARKWAY
750,000. 0.	 	46-1185968	STRONGSVILLE, OH 44149-5565
40,000.		36-3621191	KENO KOZIE ASSOCIATES, LTD. ONE N. FRANKLIN STREET, SUITE 500 CHICAGO, IL 60606
			KEYSTONE TAILORED MANUFACTURING, LLC - 4600 TIEDEMAN ROAD -
-288,089. 0.	 	47-3900155	BROOKLYN, OH 44144
50,000.		35-1153549	KOORSEN FIRE & SECURITY, INC. 727 MANOR PARK DRIVE
50,000.	 	22-1100040	COLUMBUS, OH 43228
		25 2002125	KRAFT FOODS GROUP, INC. THREE LAKES DRIVE
-175,000. 0.	 	36-3083135	NORTHFIELD, IL 60093-2753
61.251		24 1152347	KURTZ BROS., INC. 5000 WARNER ROAD GARRIELD HEIGHTS ON 44125
61,351.	 	34-1152347	GARFIELD HEIGHTS, OH 44125
		24 1075744	LAWRENCE ECONOMIC DEVELOPMENT CORPORATION - 216 COLLINS AVENUE
(C)(3) 724,114. 0.	501(C)(3)	31-1075744	- SOUTH POINT, OH 45680-8501
			MAC WHITE, LLC 120 WEST MAIN STREET, SUITE 200
50,000. 0.		83-0892018	VAN WERT, OH 45891
	<u> </u>		
	1	1	
100,000.	<u></u>	31-1611663	LEBANON, OH 45036-7794
100,000.		31-1611663	MANE, INC. 2501 HENKLE DRIVE LEBANON, OH 45036-7794

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Descript
organization or government	, ,	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assi
MCDANIEL PRODUCTS, INC.		1	'	!		
50 MANSFIELD INDUSTRIAL PARKWAY		ſ	'			
MANSFIELD, OH 44903-8999	26-3498215	<u> </u>	75,000.	0.		
MCLANE OHIO, INC.		1	'	!		
3200 MCLANE DRIVE	Ţ	ſ	'			
FINDLAY, OH 45840	47-5030627		121,152.	0.		
MEDPACE, INC.		1	'	!		
5375 MEDPACE WAY		ſ	'			
CINCINNATI, OH 45227-1543	75-3033627	<u> </u>	922,134.	0.		
METALX, LLC		1	'	!		
295 SOUTH COMMERCE DRIVE	Ţ	ſ	'			
WATERLOO, IN 46793	45-3790057	ſ	250,000.	0.		
,		[' '	 		
MIDMARK CORPORATION		ſ	'			
60 VISTA DRIVE	Ţ	ſ	'			
VERSAILLES, OH 45380-9488	34-4269370	 	2,670,767.	0.		
MITEC POWERTRAIN, INC.		ſ	'	!		
4000 FOSTORIA AVENUE		ſ	'			
FINDLAY, OH 45840-8733	42-1769575	<u>L</u>	200,000.	0.		
WOODN GENERAL CO. LIG	Ţ	 1	Ţ			
MORGAN STANLEY & CO., LLC		ſ	'			
1585 BROADWAY	20 9764829	ſ	422 070	'		
NEW YORK, NY 10036	20-8764829	<u> </u>	432,070.	0.	+	
MRI SOFTWARE, LLC		ſ	'			
28925 FOUNTAIN PARKWAY		ſ	'			
SOLON, OH 44139-4356	27-1499609	1	250,000.	0.		
MSW RE 1, INC.		_ 1	Ţ,	!		
6161 VENTNOR AVENUE		ſ	'			
VANDALIA, OH 45414-2651	82-3810794	1	200,000.	0.		

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the Ur	nited States (Sch	edule I (Form 990), Pr	art II.)
(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) Descripti non-cash assis
MULTI-COLOR CORPORATION 4053 CLOUGH WOODS DRIVE BATAVIA, OH 45103	31-1125853		300,000.	0.		
MUNICIPAL LIGHT PLANT, LLC 1400 DUBLIN ROAD COLUMBUS, OH 43215-1009	47-2373487		700,000.	0.		
NANOGATE JAY SYSTEMS, LLC 150 EAST LONGVIEW AVENUE MANSFIELD, OH 44903-4206	81-4480790		1,000,000.	0.		
NATIONAL DOOR AND TRIM, INC. 1189 GRILL ROAD VAN WERT, OH 45891-9386	34-1269925		91,078.	0.		
NAVARRE FACILITY, LLC 4500 STERILITE STREET NE NAVARRE, OH 44662	47-2532936		850,000.	0.		
NELSON PACKAGING COMPANY, INC. 1801 RESERVOIR ROAD LIMA, OH 45804	34-1846562		80,000.			
NEW HORIZONS BAKING COMPANY, INC. 211 WOODLAWN AVENUE NORWALK, OH 44857-2276	31-1178698		100,000.	0.		
NIPPON STEEL INTEGRATED CRANKSHAFT, LLC - 1815 EAST SANDUSKY STREET - FOSTORIA, OH 44830	26-3444991		200,000.	0.		
NRP INVESTMENTS, LLC 5309 TRANSPORTATION BOULEVARD CLEVELAND, OH 44125-5333	34-1899036		600,000.			

(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Descripti
(3, 2	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assi
1		1		I	
83-1622986		2,000,000.	0.		
				I	
47-5146583		300,000.	0.		
				I	
23-0628360		500,000.	0.		
				I	
20-4772714		150 000	0.		
			- •		+
				I	
06-0613103		47,315.	0.		
		1			
1				I	
1				I	
61-1394910		40,000.	0.		
				I	
27-4037334		25 000	0		
2/ 403/334		25,000.	· · ·		+
				I	
				I	
31-1752368		540,961.	0.		
1			1	İ	
	83-1622986 47-5146583 23-0628360 20-4772714 06-0613103 61-1394910 27-4037334	if applicable 83-1622986 47-5146583 23-0628360 20-4772714 06-0613103 61-1394910	### applicable cash grant ### 2,000,000. ### 2,000,000. ### 300,000. ### 300,000. ### 150,000. ### 150,000. ### 150,000. ### 150,000. ### 25,000.	### applicable cash grant non-cash assistance ### 2,000,000.	if applicable cash grant non-cash assistance (book, FMV, appraisal, other) 83-1622986 2,000,000. 0. 47-5146583 300,000. 0. 23-0628360 500,000. 0. 20-4772714 150,000. 0. 06-0613103 47,315. 0. 61-1394910 40,000. 0.

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Descripti
organization or government	(2) =	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assi
RAYCO MANUFACTURING, LLC						
4255 EAST LINCOLN WAY						
WOOSTER, OH 44691	82-2889106		77,630.	0.		
DDD GYGMBMG TNG						
RBB SYSTEMS, INC.						
1909 OLD MANSFIELD ROAD	24 1252106		60 000	0		
WOOSTER, OH 44691	34-1353186		60,000.	0.		
RELATECARE, LLC						
3615 SUPERIOR AVENUE, SUITE 4406C						
CLEVELAND, OH 44114	46-1590730		42,176.	0.		
RIMECO PRODUCTS, INC.						
38198 WILLOUGHBY PARKWAY						
WILLOUGHBY, OH 44094-7580	34-1715965		50,000.	0.		1
RISE BRANDS, INC.						
134 EAST LONG STREET						
COLUMBUS, OH 43215-2518	46-4760127		141,476.	0.		
ROGERS INDUSTRIAL PRODUCTS, INC.						
532 SOUTH MAIN STREET						
AKRON, OH 44311-1018	34-0897539		100,000.	0.		
BILDOLDA DEMBIODMENTO II C						
RUDOLPH DEVELOPMENT, LLC 2120 SMITHTOWN AVENUE						
	46 4521270		500 000	0.		
RONKONKOMA, NY 11779	46-4521270		500,000.	0.		
RXQ COMPOUNDING, LLC						
340 WEST STATE STREET						
ATHENS, OH 45701	47-1235128		100,000.	0.		
SAFRAN POWER USA, LLC						
8380 DARROW ROAD						
TWINSBURG, OH 44087-2329	46-1426922		25,000.	0.		

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Descripti
organization or government	(8) E	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assi
SCIOTO VALLEY WOODWORKING, INC.						
423 HOPEWELL ROAD						
WAVERLY, OH 45690	83-1892831		165,680.	0.		
SEARCH DISCOVERY, INC.						
1250 OLD RIVER ROAD						
CLEVELAND, OH 44115	20-2057743		500,000.	0.		
SEEFRIED DEVELOPMENT SERVICES,						
INC 3333 RIVERWOOD PARKWAY SE.,						
SUITE 200 - ATLANTA, GA 30339-6411	82-1661828		3,305,000.	0.		
SHIN-ETSU SILICONES OF AMERICA,						
INC 963 EVANS AVENUE - AKRON,						
OH 44305-1021	95-4015700		193,194.	0.		
SILFEX, INC.						
950 SOUTH FRANKLIN STREET						
EATON, OH 45320	20-5699765		59,375.	0.		
SJN DATA CENTER, LLC						
4620 WESLEY AVENUE						
CINCINNATI, OH 45212	47-2512296		400,000.	0.		
CAN CLIMBED EXEDICATING ITC						
SKY CLIMBER FABRICATING, LLC 1600 PITTSBURGH DRIVE						
	81-2506619		10 000	0.		
DELAWARE, OH 43015	01-2200013		-40,000.	٠.		
SMITHERS INFORMATION, LLC						
425 WEST MARKET STREET						
AKRON, OH 44303-2044	27-3887724		50,000.	0.		
,						
SOFIDEL AMERICA CORP.						
25910 US 23						
CIRCLEVILLE, OH 43113	37-1700146		500,000.	0.		

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description
organization or government	(0) =	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assis
SOUTHSIDE REDEVELOPMENT, LLC 2135 DANA AVENUE, SUITE 200 CINCINNATI, OH 45207	26-0621636		14,281.	0.		
ST. BERNARD SOAP COMPANY 5177 SPRING GROVE AVENUE CINCINNATI, OH 45217-1050	98-0390818		900,000.	0.		
STEINER EOPTICS, INC. 3475 NEWMARK DRIVE MIAMI TOWNSHIP, OH 45342	31-1314876		25,000.	0.		
STEWART-MACDONALD MANUFACTURING COMPANY - 21 N. SHAFER STREET - ATHENS, OH 45701	31-0783143		400,000.	0.		
STOLLE MACHINERY COMPANY, LLC 7425 WEBSTER STREET DAYTON, OH 45414	77-0616243		60,000.	0.		
STONECROP TECHNOLOGIES, LLC 3500 SOUTHWEST BOULEVARD GROVE CITY, OH 43123-2244	14-1831492		40,000.	0.		
TEIKOKU USA, INC. 27881 STATE ROUTE 7 MARIETTA, OH 45750	76-0356084	_	120,000.	0.	_	
TERREX HARRIS AVE., LLC 3200 MADISON ROAD, SUITE 2B CINCINNATI, OH 45209	47-1885117		198,000.	0.		
THE CLARENCE AND JUDITH LAPEDES FAMILY, LLC - 2444 MADISON ROAD, SUITE 207 - CINCINNATI, OH			,			
45208-1219	31-1570785		68,696.	0.		

Part II Continuation of Grants and Other	Assistance to Gov	vornments and Orga	nizations in the Ur	aited States (Sch	edule I (Form 990) Pr	art II)
Part II Continuation of Grants and Other	ASSISTANCE TO GOV	Perninents and Organ	IIZations in the on	Teu States (Som	dule i (Form 550), i a	T
(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 non-cash assistant
THE GREAT LAKES CONSTRUCTION CO.						
2608 GREAT LAKES WAY						
HINCKLEY, OH 44233	34-0689355		96,500.	0.		
HINCKUMI, ON 44233	3 000,000	 	1 30,300.	<u> </u>	 	+
THE HUNTINGTON NATIONAL BANK	'					
5555 CLEVELAND AVENUE	'					
COLUMBUS, OH 43231	31-0966785		1,500,000.	0.		
THE OHIO MANUFACTURERS'	1			-		+
ASSOCIATION - 33 NORTH HIGH	'					
STREET, 6TH FLOOR - COLUMBUS, OH	'					
43215	31-4270490		30,000.	0.		
	†		+ '			+
THE WORNICK COMPANY						
4700 CREEK ROAD						
BLUE ASH, OH 45242-2808	30-0225741		50,000.	0.		
,	†		†			
THEKEN COMPANIES, LLC						
1800 TRIPLETT BOULEVARD						
AKRON, OH 44306-3311	90-0951383		268,529.	0.		
	1					
THERMA-TRU CORP.						
1750 INDIAN WOOD CIRCLE						
MAUMEE, OH 43537-4018	34-1923454		350,000.	0.		
	!					
TIFFIN METAL PRODUCTS CO.	'					
450 WALL STREET	'					
TIFFIN, OH 44883-1366	34-1302396		6,648.	0.		
	'					
TOPRE AMERICA CORPORATION	'					
1100 REAPER AVENUE	'					
SPRINGFIELD, OH 45503-3501	98-0380782		500,000.	0.	<u> </u>	
	'					
TPAM, INC.	'					
28175 HAGGERTY ROAD, SUITE 151						
NOVI, MI 48377	30-0869183	<u> </u>	89,619.	0.	<u> </u>	

Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Ur	ited States (Sch	edule I (Form 990). Pa	ert II)
(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 non-cash assis
TRAMEC SLOAN, LLC						
30 DAVIS STREET			1			1
IOLA, KS 66749	80-0917230		-200,000.	0.		
TRI-COUNTY RURAL WATER AND SEWER						
DISTRICT - 20 ANDERSON LANE -			'			
WATERFORD, OH 45786	31-1269601		-50,000.	0.		
			<u>'</u>			
TRUE INSPECTION SERVICES, LLC						
871 SOUTH MAIN STREET						
URBANA, OH 43078-2537	26-1737051		707,158.	0.		
U.S. BANK NATIONAL ASSOCIATION			'			
800 NICOLLET MALL			'			
MINNEAPOLIS, MN 55402	31-0841368		150,000.	0.		
MINNEAL CELE, IM 55452	31 0041300	+	130,000.	, ·		-
UNITED PARCEL SERVICE, INC.			'			
5101 TRABUE ROAD			1			
COLUMBUS, OH 43228-9613	36-2407381		75,000.	0.		
UNIVERSITY OF DAYTON RESEARCH						
INSTITUTE - 300 COLLEGE PARK						
AVENUE - DAYTON, OH 45469-1640	31-0536715	501(C)(3)	510,563.	0.		<u> </u>
INTERPREDE MANIE CO INC						
UNVERFERTH MANU. CO., INC. PO BOX 357			'			
KALIDA, OH 45853	34-0936989		-50,000.	0.		
RABIDA, ON 45055	34 0330303			· ·		
V WERT 1, LLC						
1180 KEAR ROAD			'			
VAN WERT, OH 45891	81-4145031		1,224,966.	0.		
VEE PAK OHIO, LLC			'			
9040 SMITHS MILL ROAD			''	_		
NEW ALBANY, OH 43054	90-0629281		100,000.	0.		

(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) Descript non-cash assi
VILLAGE OF EVENDALE						
10500 READING ROAD						
EVENDALE, OH 45241-2574	31-6001691		400,000.	0.		
VILLAGE OF RIPLEY						
P.O. BOX 219 RIPLEY, OH 45167-0219	31-6001082		131,500.	0.		
VITATOE INDUSTRIES, INC.						
100 CHAMBER DRIVE, P.O. BOX 224						
CHILLICOTHE, OH 45601-0224	31-1012711		25,000.	0.		
VOCC INDUCTORE IIC						
VOSS INDUSTRIES, LLC 2168 W. 25TH STREET						
CLEVELAND, OH 44113-4172	34-0891000		26,129.	0.		
CELIVELINE, ON THIS TIPE	31 0031000		20,123.			
WASHINGTON COUNTY CAREER CENTER						
21740 STATE ROUTE 676						
MARIETTA, OH 45750	31-0735812		259,877.	0.		
WAYNE TRAIL TECHNOLOGIES, INC.						
203 EAST PARK STREET						
FORT LORAMIE, OH 45845	34-0922427		100,000.	0.		
WF MANUFACTURING, LTD.						
1785 WALL ROAD	01 4540553		125 022	_		
WADSWORTH, OH 44281	81-4549773		125,000.	0.		
ZIMMER SURGICAL, INC.						
6001 ROYALTON ROAD						
BROADVIEW HEIGHTS, OH 44147	81-0550216		250,000.	0.		
,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

Schedule I (Form 990) (2018)					
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
(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)	
					Γ
Part IV Supplemental Information. Provide the information rec	l quired in Part I, lin	e 2; Part III, columr	ln (b); and any other ac	Language de la	
PART I, LINE 2:					
JOBSOHIO GRANTEES RECEIVE GRANT FUNDS ONLY ON A RE	IMBURSEMENT B	ASIS.			
GRANTEES MUST SUBMIT A REQUEST FOR REIMBURSEMENT A					
DOCUMENTATION FOR REVIEW AND APPROVAL BY JOBSOHIO.					_
_					_
GRANTEES MUST MAINTAIN RECORDS SUPPORTING CLAIMED	COSTS AND ALL	REQUESTS			
FOR REIMBURSEMENT ARE SUBJECT TO AUDIT BY JOBSOHIC).				
REOUESTS FOR REIMBURSEMENT MUST BE CERTIFIED BY AU	THORIZED OFFI	CERS OF			

JOBSOHIO 45-2798687 Schedule I (Form 990) Page 2 Part IV | Supplemental Information GRANTEE. DOCUMENTATION IN SUPPORT OF CLAIMED COSTS MUST INCLUDE AGREEMENTS, PAID INVOICES, VOUCHERS, PAID RECEIPTS, AND OTHER DOCUMENTATION AS NEEDED. PROGRAM DISBURSEMENTS ARE REVIEWED AT MULTIPLE LEVELS WITHIN JOBSOHIO. GRANTEES ARE REQUIRED TO SUBMIT AN ANNUAL REPORT TO THE JOBSOHIO 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 JOBSOHIO COMPLIANCE TEAM, AND FINAL DETERMINATION BY THE JOBSOHIO PRESIDENT/CIO. 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. ACCORDINGLY A VARIANCE EXISTS BETWEEN THE AMOUNTS REPORTED FOR GRANT EXPENSE ON EACH SCHEDULE.

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

JOBSOHIO

Part I Questions Regarding Compensation

Department of the Treasury

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

Employer identification number 45-2798687

			Yes	No
1a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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	1b		
2	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?	2		
3	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.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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:			
а	The organization?	6a		х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	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	7		Х
8	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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 (4958-6/c)?	a		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 JOBSOHIO 45-2798687

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, d 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) and (E) are

	(B) Breakdown of	W-2 and/or 1099-MIS	(C) Retirement and other deferred	(D) Nontaxable benefits		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits
(1) JOHN MINOR	(i)	391,008.	230,000.	315.	11,000.	18,472.
PRESIDENT & CIO (THRU 3/19)	(ii)	0.	0.	0.	0.	0.
(2) KEVIN A. GIANGOLA	(i)	193,087.	47,000.	400.	9,692.	8,982.
CHIEF FINANCIAL OFFICER (THRU 5/19)	(ii)	0.	0.	0.	0.	0.
(3) AARON PITTS	(i)	246,473.	95,200.	483.	11,000.	26,470.
SENIOR MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.
(4) ANDREW DEYE	(i)	191,165.	50,200.	154.	9,737.	9,325.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.
(5) DANA SAUCIER	(i)	267,500.	85,000.	600.	11,000.	2,850.
VP, HEAD OF ECONOMIC DEV.	(ii)	0.	0.	0.	0.	0.
(6) DONELL GRUBBS	(i)	187,242.	50,200.	721.	9,633.	10,201.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.
(7) GLENN RICHARDSON	(i)	217,298.	57,300.	1,386.	11,000.	26,404.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.
(8) KRISTI TANNER	(i)	245,097.	59,200.	566.	0.	26,470.
SENIOR MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.
(9) KRISTINA CLOUSE	(i)	193,617.	60,200.	181.	10,446.	26,218.
EXECUTIVE DIR. OF OPERATIONS	(ii)	0.	0.	0.	0.	0.
(10) TED GRIFFITH	(i)	217,143.	60,200.	483.	11,000.	25,223.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.
(11) VALENTINA ISAKINA	(i)	211,376.	46,000.	315.	0.	26,393.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.
(12) LEE CRUME	(i)	166,907.	24,200.	331.	7,787.	14,816.
DIRECTOR OF SALES	(ii)	0.	0.	0.	0.	0.
(13) MATTHEW CYBULSKI	(i)	148,337.	22,700.	113.	7,106.	8,701.
SECTOR DIRECTOR	(ii)	0.	0.	0.	0.	0.
(14) CHERYL HAY	(i)	156,682.	22,000.	572.	0.	18,742.
DIRECTOR, TALENT ACQUISITION	(ii)	0.	0.	0.	0.	0.
(15) RENAE SCOTT	(i)	172,223.	23,200.	151.	7,969.	9,227.
DIRECTOR, MARKETING & COMM.	(ii)	0.	0.	0.	0.	0.
(16) JULIE BATTLES	(i)	151,865.	22,000.	122.	6,960.	2,277.
CONTROLLER	(ii)	0.	0.	0.	0.	0.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2018
Open to Public

Open to Public Inspection

Employer identification number Name of the organization JOBSOHIO 45-2798687 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND THE RETENTION OF CURRENT AND RECRUITMENT OF NEW BUSINESS TO OHIO, FORM 990, PART VI, SECTION A, LINE 7A: THE GOVERNING BODY IS APPOINTED BY THE GOVERNOR ACCORDING TO OHIO STATE LAW, CHAPTER 187, REVISED CODE, FORM 990, PART VI, SECTION B, 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 DELOITTE TO REVIEW THE RETURN AND PROVIDE GUIDANCE IN IDENTIFYING ERRORS IN THE RETURN SUBMISSION AND FEEDBACK ON QUANTITATIVE AND QUALITATIVE RESPONSES. FORM 990, PART VI, SECTION B, 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.

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.

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

Name of the organization JOBSOHIO	Employer identification number 45-2798687
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	
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.	
DIDECTORS MAY NOT GOLIGITE OR AGGERT EMBLOYMENT WITHIN ANY REDGON THAT	
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.	

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

Name of the organization JOBSOHIO	Employer identification number 45-2798687
DIRECTORS HAVE SOLE AUTHORITY TO DETERMINE WHETHER A DIRECTOR SHOULD BE	,
REMOVED FROM OFFICE ON THE BASIS OF MISCONDUCT.	
EFFECTIVE OCTOBER 1, 2013, JOBSOHIO'S BOARD OF DIRECTORS CREATED AN	
INDEPENDENT REVIEW PANEL TO, AMONG OTHER THINGS, ASSESS THE ADEQUACY OF	
JOBSOHIO'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 JOBSOHIO BOARD	
OF DIRECTORS AND NUMEROUS JOBSOHIO STAFF MEMBERS MUST FILL OUT AND SUBMIT	
TO THE OHIO ETHICS COMMISSION. IN THE FALL OF 2013, JOBSOHIO 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 JOBSOHIO. AT THREE POINTS IN THE PROJECT DEVELOPMENT PROCESS, THE PCIS	
ALERTS JOBSOHIO'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, SECTION B, LINE 15:	
PURSUANT TO ARTICLE 5.1 (A) OF THE JOBSOHIO ARTICLES OF INCORPORATION, THE	
JOBSOHIO 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 CORPORATION. UNDER ARTICLE 6.4 OF THE JOBSOHIO 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.
UNDER ARTICLE 6.4 OF THE JOBSOHIO 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
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
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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
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
REGARDING ANY SUCH PLAN OF COMPENSATION TO THE BOARD FOR THEIR ACTION. IN ADDITION, THE COMMITTEE IS TO REVIEW COMPENSATION ARRANGEMENTS WITH BOTH
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.
FORM 990, PART VI, SECTION C, LINE 19:
THE CORPORATION'S ARTICLES OF INCORPORATION ARE FILED WITH THE OFFICE OF

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization JOBSOHIO	Employer identification number 45-2798687
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 JOBSOHIO 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, ANNUAL AUDITED FINANCIAL STATEMENTS, QUARTERLY	
REVIEWED FINANCIAL STATEMENTS, AND IRS FORM 990.	
FORM 990, PART IX, LINE 24B:	
NETWORK PARTNER SERVICE FEES ARE AMOUNTS PAID TO JOBSOHIO REGIONAL	
PARTNERS IN SUPPORT OF ACHIEVING THE MISSION TO PROMOTE ECONOMIC	
DEVELOPMENT IN THE STATE. THE SIX REGIONAL PARTNERS WITHIN THIS	
JOBSOHIO NETWORK FOCUS THEIR EFFORTS ON ECONOMIC DEVELOPMENT WITHIN	
THEIR AREA.	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

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

N I		organization
ivanie	or trie	organization

JOBSOHIO

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea
Part II Identification of Related Tax-Exempt Organizations during the tax year.	Itions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, I	Decause it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))
JOBSOHIO BEVERAGE SYSTEM - 20-1255734 41 SOUTH HIGH STREET, SUITE 1500			501/6)/2)	1.0
COLUMBUS, OH 43215	ECONOMIC DEVELOPMENT	оніо	501(C)(3)	10
	-			

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

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because organizations treated as a partnership during the tax year.

· · ·	and the same same same same same same same sam						_		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	((h)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1	Disproportion allocations	
		foreign country)		sections 512-514)		a55015	Yes	<u> </u>	
								Т	
								Т	
								\top	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line organizations treated as a corporation or trust during the tax year.

(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

Part V Transactions With

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

Not	e: 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 transaction	ons with one or more re	elated organizations listed in Pa	rts II-IV?
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled en	itity		
b	Gift, grant, or capital contribution to related organization(s)			
С	Gift, grant, or capital contribution from related organization(s)			
d	Loans or loan guarantees to or for related organization(s)			
е	Loans or loan guarantees by related organization(s)			
f	Dividends from related organization(s)			
g	Sale of assets to related organization(s)			
h				
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)			
- 1	Performance of services or membership or fundraising solicitations for related or			
m	Performance of services or membership or fundraising solicitations by related or			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organiz	ation(s)		
0	Sharing of paid employees with related organization(s)			
р	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 or	n who must complete the	nis line, including covered relation	onships and transact
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of c
	TARGOLLA DEVERNACE GYGERM	С	350 000 000 030	т
<u>(1) </u>	JOBSOHIO BEVERAGE SYSTEM	<u> </u>	350,000,000. CAS	1
(2) ^J	JOBSOHIO BEVERAGE SYSTEM	L	1,090,483.cos	г
(3) ^J	JOBSOHIO BEVERAGE SYSTEM	Q	445,380.cos	Г
<u>(4)</u>				
(5)				
<u>(6)</u>				

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 (measure that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501 org	e) e all ers sec. (c)(3) js.?	Share of total income	Share of end-of-year assets	
	_							
	-							
	-							

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print JOBSOHIO 45-2798687 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 41 S. HIGH STREET, STE. 1500 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBUS, OH 43215-6104 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 **Application** Application Return Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 BRIAN FAUST The books are in the care of ▶ 41 S. HIGH STREET, STE. 1500 - COLUMBUS, OH 43215-6104 Telephone No. ▶ (614) 224-6446 Fax No.

• If	the organization does not have an office or place of business in the United States, check this box								
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	nis is fo	r the whole gr	•					
1	I request an automatic 6-month extension of time untilMAY_15, 2020, to file the organization named above. The extension is for the organization's return for: calendar year	e exen	npt organizatio	on return for					
	x tax year beginning JUL 1, 2018 , and ending JUN 30, 2019								
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period								
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less								
	any nonrefundable credits. See instructions.	3a	\$	C					
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
	estimated tax navments made. Include any prior year overnavment allowed as a credit	3h	\$	(

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)

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