

2016 Income Tax Returns

JOBSOHIO PUBLIC INSPECTION COPY

Form	9	9	0	
Departm		ftha	Tropeur	

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs. gov/form990



Inter	nal Reve	nue Service	.,	Information about Form 990 and its instructions is	s at <i>www.irs</i>	s.gov/fo	orm990.		Inspection	
A F	or th	e 2016 c	alen	ar year, or tax year beginning 07/01, 2016,	and endin	g		00	6/30, 20 17	
_			Name	of organization			D Employe	r identif	ication number	
Bc	heck if ap	oplicable:	JOB	SOHIO						
	Addre		Doing	Business As			45-27	9868	7	
			Numb	r and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephor	e numb	er	
	Initial	return	41	. HIGH ST STE 1500			(614)	224-	6446	
	Termi	inated	City o	town, state or province, country, and ZIP or foreign postal code						
	Amer	ided	COL	JMBUS, OH 43215-6104			G Gross re	ceipts \$	184,754,26	5.
	Applie	cation F	Name	and address of principal officer: JOHN MINOR			H(a) Is this a		turn for Yes X	No
	pendi		41	HIGH ST STE 1500 COLUMBUS, OH 43215			subordin H(b) Are all su		included? Yes	No
ī	Tax-ex	empt status		501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) o	or 52				st. (see instructions)	-
J				DBS-OHIO.COM			H(c) Group e	xemption	number	
		of organizati			L Year of					ЭН
	art I	Summ								—
				the organization's mission or most significant activities: TO PRO	MOTE EC	ONOMI	C DEVE	LOPME	ENT,	
Ð	.			ION, JOB RETENTION, JOB TRAINING, WORKFO					<u>`</u>	
anc				ETENTION OF CURRENT AND RECRUITMENT OF N				0.		
Governance	2			▶ if the organization discontinued its operations or disposed						
õ				mg members of the governing body (Part VI, line 1a)						9.
	4			pendent voting members of the governing body (Fart VI, line 1a)						8.
Activities &	-			f individuals employed in calendar year 2016 (Part V, line 2a)						3.
ivit										8.
Act	72	Total upr		f volunteers (estimate if necessary) business revenue from Part VIII, column (C), line 12		• • • •	• • • • •	. 7a		0
										0
		ivel unie	aleu	usiness taxable income from Form 990-T, line 34		<u></u>	Prior Yea		Current Year	_
	•	Contribut	tiona	ad grapta (Port)/III line 1h)		1	50,000,		180,000,00	00
nue		Drogrom		nd grants (Part VIII, line 1h)	FOR		1,695,		2,914,873	
Revenue	9	Program	Servi	e revenue (Part VIII, line 2g) PUBLIC INS	SPECTION		4,496,		1,837,1	
В		investine						393.	2,2	
	11			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1	<u>, 194</u>		184,754,20	
	12			add lines 8 through 11 (must equal Part VIII, column (A), line 12) .			31,763,		55,950,42	
	13			ilar amounts paid (Part IX, column (A), lines 1-3)			51,705,	025.	55,550,42	$\frac{21}{0}$
	14			o or for members (Part IX, column (A), line 4)			9,188,		11,037,38	
Expenses	15			compensation, employee benefits (Part IX, column (A), lines 5-10)			5,100,	0.	11,057,50	$\frac{1}{0}$
Sen	168			ndraising fees (Part IX, column (A), line 11e)				0.		
Ĕ				ng expenses (Part IX, column (D), line 25) ▶0	•		28,913,	035	29,260,08	07
				s (Part IX, column (A), lines 11a-11d, 11f-24e)			69,865,		96,247,89	
				Add lines 13-17 (must equal Part IX, column (A), line 25)			86,328,		88,506,3	
- s		Revenue	less	expenses. Subtract line 18 from line 12			ing of Curre		End of Year	
Net Assets or Fund Balances		T-4-1	- 4- 7				37,278,		537,853,72	21
Sse Bala	20		•	art X, line 16)			38,548,		50,617,2	
nd /	21			(Part X, line 26) und balances. Subtract line 21 from line 20.			98,730,		487,236,44	_
	22 rt II	Signa					50,750,	005.	407,230,4	
				declare that I have examined this return, including accompanying schedul	lee and staten	nonte ar	nd to the her	t of my	knowledge and helief	it ie
true	e, corre	ect, and com	nplete	Declaration of preparer (other than officer) is based on all information of which	h preparer ha	s any kno	owledge.	st of my	kilowiedge alld bellel,	11 15
							0.2	/27/2	2018	
Sig	n	Sig	nature	of officer			Date	12112	2010	
He					ENT & C	то				
		I D —		int name and title		10				
				arer's name Preparer's signature	Date		0.		PTIN	
Paid	ł		• •	BARTLETT Inter Standing	02/28	/201	Check Check	if	P01299075	
Pre	parer				02/20			. 1.0	-5565207	
Use	Only	Firm's nar		KPMG LLP	25.60		Firm's EIN		-5565207 4-249-2300	
Max	(tho !			▶ 191 WEST NATIONWIDE BLVD., STE. 500 COLUMBUS, OH 43215-2 return with the preparer shown above? (see instructions)	2008		Phone no.	014		
ivia	, uie I	NO UISCUS	ss uns	return with the preparer shown above? (see instructions)		<u></u>			X Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

	JOBSC	OHIO	45-2798	687
For	m 990 (2016)			Page 2
Pa	art III Statement of Program Service	e Accomplishments		
	Check if Schedule O contains	a response or note to any line in this Part	<u>III</u>	<u> </u>
1	Briefly describe the organization's missi			
		PMENT, JOB CREATION, JOB RET		
		PMENT, AND THE RETENTION OF	CURRENT AND	
	RECRUITMENT OF NEW BUSINESS	S TO THE STATE OF OHIO.		
2	Did the organization undertake any sic	nificant program services during the ye	ar which were not listed on the	
				Yes X No
	If "Yes," describe these new services on	n Schedule O.		
3	Did the organization cease conducti	ng, or make significant changes in h	now it conducts, any program	
				Yes X No
	If "Yes," describe these changes on Sch			
4		service accomplishments for each of i		
		c)(4) organizations are required to rep	ort the amount of grants and alloca	ations to others,
	the total expenses, and revenue, if any,	for each program service reported.		
40	(Code:) (Expenses \$ 9	0,141,215. including grants of \$ 55		7 100
τa		MIC DEVELOPMENT FOCUSED ON		/,100.)
		ND NEW CAPITAL INVESTMENT FR		
		RACTION OF NEW COMPANIES TO		
		MENT PROGRAM WILL INCREASE I		
	IN FISCAL YEAR 2018 AS JOBS	SOHIO PROMOTES NEW ECONOMIC	DEVELOPMENT	
	PROGRAMS WHILE CONTINUING 7	TO LEVERAGE EXISTING PROGRAM	S.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$))
40		including grants of \$		
40	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Sc	hedule O.)		
		grants of \$) (Revenue)	
_	Total program service expenses >	90,141,215.		
JSA 6E1	020 1.000			Form 990 (2016)
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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		
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			
Ŭ	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
5	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	- 5		
5	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			
10	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,"			
ŭ	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	х	
h	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
5	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.14		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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 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 (see instructions).	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х

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Form 990 (2016)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			Х
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		Λ
b	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 hands?	24c		
d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
ц 25а	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
25a	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	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		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," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
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? If "Yes," complete			
	Schedule L, Part IV.	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		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			37
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	0.1		Х
	Part I.	31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		Х
22	<i>complete Schedule N, Part II</i>	32		
33	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,			
34	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	x	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
			990	

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Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
2a	Statements, filed for the calendar year ending with or within the year covered by this return.			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
D		2.0		
0	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	30		
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	4.		х
	account)?	4a		
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).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organization meterious maintaining donor advised funds. Did a donor advised fund maintained by the			
0		8		_
•	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
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			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA 6E104	0 1.000	Form		(2016)
	8398GJ 1802 V 16-7.16 2959579		PA	AGE 5

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI	• • •		X
Sect	ion 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. Enter the number of voting members included in line 1a, above, who are independent 1b	2		
b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	х	
•	any other officer, director, trustee, or key employee?			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	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?	7a	Х	
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	-)	Х
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	; Coae	<i>f.)</i> Yes	No
40-		10a		X
	Did the organization have local chapters, branches, or affiliates?	104		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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	10-		х
	with a 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		
Secti	on C. Disclosure	100		L
<u>17</u>	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(:)(3)s	only)
	<u>available for public inspection. Indicate how you made these available. Check all that apply.</u>		.,,0	<i>(</i> ,,)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	erest	policy	, and
	financial statements available to the public during the tax year.		. ,	
20	State the name, address, and telephone number of the person who possesses the organization's books and record KEVIN A. GIANGOLA 41 S HIGH STREET SUITE 1500 COLUMBUS, OH 43215 614-224-6446	ls:►		
10.4	KLVIN A. GIANGULA 41 5 HIGH STREET SUITE ISUU CULUMBUS, UH 43215 614-224-6446		000	
JSA		Form	990	(2016)

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

						•		,	, ,	
(A)	(B)			(C Posi				(D)	(E)	(F)
Name and Title	Average	(do r				e than c	one	Reportable	Reportable	Estimated
Nume and The	hours per					is both		compensation	compensation from	amount of
	week (list any	office	r and	l a d	irect	or/trust	tee)	from	related	other
	hours for	or In	lŋ	ç	Ke	Hig en	Fo	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	lual	tion	7	nplo	st cc yee	Ĩ	(00-2/1099-00000)		and related
	line)	, trus	al tr		yee	omp				organizations
		tee	Jste			ensa				
			e			ated				
(1) JAMES BOLAND	1.00									
CHAIRMAN OF THE BOARD	1.00	x		x				0.	0.	(
(2)JOHN MINOR	40.00									
BOARD MEMBER PRESIDENT AND CIO	1.00	x		x				502,203.	0.	26,742
(3)GARY HEMINGER	1.00									
BOARD MEMBER	0.	x						0.	0.	(
(4) STEPHEN MARKOVICH	1.00									
BOARD MEMBER	0.	x						0.	0.	(
(5)LAWRENCE KIDD	1.00									
BOARD MEMBER, SEC-TREAS	0.	x		х				0.	0.	(
(6)TOM WILLIAMS	1.00									
BOARD MEMBER	0.	x						0.	0.	(
(7)JOHN BISHOP	1.00									
BOARD MEMBER	0.	X						0.	0.	(
(8)BARBARA SNYDER	1.00									
BOARD MEMBER	0.	X						0.	0.	(
(9)BRAD LINDNER	1.00									
BOARD MEMBER TERMED 7/5/16	0.	Х						0.	0.	(
(10)STEPHEN PERRY	1.00									
BOARD MEMBER	0.	Х						0.	0.	(
(11)KEVIN A. GIANGOLA	40.00									
CHIEF FINANCIAL OFFICER	1.00			Х				227,930.	0.	14,636
(12) ^{TED} GRIFFITH	40.00									
MANAGING DIRECTOR	0.				Х			256,034.	0.	24,575
(13)DANA SAUCIER	40.00									
MANAGING DIRECTOR	0.				Х			252,314.	0.	6,178
(14)CHARLES MUSTINE	40.00									
SENIOR ADVISOR	0.				Х			297,147.	0.	27,270

	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	Pos heck ss pe	more rson irect	e than o is both or/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
15) KRISTI TANNER SENIOR MANAGING DIRECTOR	40.00	-			x			300,333.	0.	2,566
16) DONELL GRUBBS	40.00				~			300,333.	0.	2,500
	GENERAL COUNSEL	0.				x			209,334.	0.	28,892
17) KRISTINA CLOUSE	40.00							,		
_	EXECUTIVE DIR OF OPERATIONS	0.				х			230,160.	0.	27,675
18) VALENTINA ISAKINA	40.00									
	MANAGING DIRECTOR	0.				X			174,807.	0.	20,136
L 9) AARON PITTS	40.00	-			v			202 400		20 640
20	SENIOR MANAGING DIRECTOR) GLENN RICHARDSON	0. 40.00				X			292,498.	0.	28,649
	MANAGING DIRECTOR	40.00				x			255,329.	0.	30,987
21) ANDREW DEYE	40.00							2337323.		30,901
	DIRECTOR, STRATEGY	0.	-			х			176,983.	0.	13,649
2) LEE CRUME	40.00									•
	DIRECTOR OF SALES	0.					Х		180,358.	0.	17,786
23) MATTHEW CYBULSKI	40.00									
	SECTOR DIRECTOR	0.					Х		162,266.	0.	14,464
24) CHERYL HAY	40.00	-								
<u>) </u>	DIRECTOR, TALENT ACQUISITION	0.					X		147,330.	0.	14,676
25) TIMOTHY SWEENEY SECTOR DIRECTOR	40.00	-				x		145,999.	0.	10,168
1							Λ	<u> </u>	1,535,628.	0.	99,401
	b Sub-total c Total from continuation sheets to Part VII, S	ection A			• • •	• • •	• • •		2,438,282.	0.	216,939
	d Total (add lines 1b and 1c)	-			•••	•••		•	3,973,910.	0.	316,340
2	Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i>	n ► er, directo	32 or, or	tru	uste	e, I	key e	mp	loyee, or highes	t compensated	Yes N 3
4	For any individual listed on line 1a, is the source organization and related organizations grain dividual .	eater than	\$15	0,0	00?	lf	"Yes	," (• •	complete Schedu	le J for such	4 X
5 S	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye ection B. Independent Contractors										5 2
1	Complete this table for your five highest com compensation from the organization. Report c year.										
	(A) Name and business add	lress							(B) Description of se	rvices Co	(C) ompensation
A	TTACHMENT 1										
A	TTACHMENT 1										

more than \$100,000 in compensation from the organization >	Total hamber of macpendent o	ontraotoro (morading bat not r
	more than \$100,000 in compense	sation from the organization 🕨

(A) Name and title	(B) Average hours per week (list any hours for	er (do not check more than any box, unless person is bot or officer and a director/tru					an ee)	(D) Reportable compensation from the	(E) Reportable compensation f related organization		(F) Estimated amount o other compensati	of tion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from the organizatic and relate organizatio	on ed
5) ANDREW LANGE DIRECTOR, INTERNATIONAL SALES	40.00	-				x		162,885.		0.	7,2	2.0
						<u> </u>						
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A		 	•								
2 Total number of individuals (including but not reportable compensation from the organization		hose 32		d at	ove	e) whc	re	ceived more than	\$100,000 of			
B Did the organization list any former offic employee on line 1a? If "Yes," complete Sched.											Yes 3	1
For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	0,00)0?	If	"Yes	," (complete Schedu	le J for suc	e h	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y Section B. Independent Contractors											5	
Complete this table for your five highest com compensation from the organization. Report o year.												·
(A) Name and business add	lress							(B) Description of se	rvices	Co	(C) ompensation	
							+					

	VIII						_
		Check if Schedule O contains a res	ponse or note to any	y line in this Part VII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512-514
	f g	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1c Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f. \$ Total. Add lines 1a-1f) : : : : :	180,000,000.			
			Business Code				
	2a	MANAGEMENT FEES	900099	731,113.	731,113.		
	b	LOAN FEES LOAN INTEREST	900099	475,630.	475,630.		
	c d		-	1,700,130.	1,700,130.		+
	d e		-				
,	f	All other program service revenue					
\perp	g	Total. Add lines 2a-2f	<u> </u>	2,914,873.			
;	3	Investment income (including divid					
		and other similar amounts).		1,837,159.			1,837,
	4 5	Income from investment of tax-exempt bo		0.			
1	5	Royalties	(ii) Personal	0.			
	c d	Gross rents		0.			
		Less: cost or other basis and sales expenses Gain or (loss)					
	d	Net gain or (loss)	▶	0.			
1	b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising even	b 0.	0.			
,		Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses Net income or (loss) from gaming activitie	b 0.	0.			
10	0a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold Net income or (loss) from sales of inventory	<u> ▶ </u>	0.			
\vdash		Miscellaneous Revenue	Business Code	2.000	0.000		
11	1a b c	MISCELLANEOUS INCOME	900099	2,233.	2,233.		
	d	All other revenue		2 022			
12		Total. Add lines 11a-11d Total revenue. See instructions.		2,233.	2,917,106.		1,837,1

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations	FF 0F0 401	FF 0F0 401		
and domestic governments. See Part IV, line 21	55,950,421.	55,950,421.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,275,109.	4,039,801.	235,308.	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,052,779.	3,361,244.	1,691,535.	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	257,597.	195,948.	61,649.	
9 Other employee benefits	813,070.	645,116.	167,954.	
0 Payroll taxes	638,829.	506,868.	131,961.	
1 Fees for services (non-employees):				
a Management	6,854.	6,854.		
b Legal	410,833.	330,189.	80,644.	
c Accounting	217,201.		217,201.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	271,516.		271,516.	
g Other. (If line 11g amount exceeds 10% of line 25, column	· ·		-	
	2,855,067.	2,596,923.	258,144.	
(A) amount, list line 11g expenses on Schedule O.)	8,020,528.	8,020,528.		
3 Office expenses	318,278.		318,278.	
4 Information technology	1,268,520.		1,268,520.	
	0.			
,	629,486.		629,486.	
	986,121.	986,121.	,	
7 Travel 8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	55,419.	55,419.		
	965,376.	918,851.	46,525.	
9 Conferences, conventions, and meetings	828.	, 10, 0011	828.	
0 Interest	0.			
Payments to affiliates	502,739.		502,739.	
2 Depreciation, depletion, and amortization	204,052.		204,052.	
3 Insurance	2017052.		2017052.	
4 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.)				
aNETWORK PARTNER SERVICE FEES	10,735,492.	10,735,492.		
bRESEARCH AND MATERIALS	289,773.	289,773.		
cBAD DEBT EXPENSE	998,316.	998,316.		
dTRAINING	277,396.	277,396.		
•			20,337.	
e All other expenses	246,292.	225,955.		
 25 Total functional expenses. Add lines 1 through 24e 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 	96,247,892.	90,141,215.	6,106,677.	
following SOP 98-2 (ASC 958-720)	0.			

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Page **11**

	1990 (.	,					Page II
Pa	rt X	Balance Sheet Check if Schedule O contains a response of	n note	to any line in this De	art X		
					(A)	• •	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	6,000,000.
	2	Savings and temporary cash investments				2	87,301,443.
	3	Pledges and grants receivable, net				3	0.
	4	Accounts receivable, net			693,742.	4	1,136,298.
	5	Loans and other receivables from current and	former	officers, directors,			
		trustees, key employees, and highest co	ompen	sated employees.			
		Complete Part II of Schedule L			0.	5	0.
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)	, and c	ontributing employers			
		and sponsoring organizations of section 501(c)(9) volu			0.	6	0.
its	7	organizations (see instructions). Complete Part II of Sche				7	0.
Assets	8	Notes and loans receivable, net				8	0
Ä	9	Inventories for sale or use Prepaid expenses and deferred charges	• • • •	•••••		9	580,168.
	-	Land, buildings, and equipment: cost or	i · · ·		5757175211	9	50071001
	IUa		10a	3,242,872.			
	h	Less: accumulated depreciation		2,055,280.	1,377,325.1	00	1,187,592.
	11	Investments - publicly traded securities				11	393,331,326.
	12	Investments - other securities. See Part IV, line 11				12	0.
	13	Investments - program-related. See Part IV, line 11				13	48,277,812.
	14	Intangible assets				14	0.
	15	Other assets. See Part IV, line 11				15	39,082.
	16	Total assets. Add lines 1 through 15 (must equal	line 34	.)		16	537,853,721.
	17	Accounts payable and accrued expenses			5,366,290.	17	3,789,142.
	18	Grants payable			33,182,214.	18	46,828,137.
	19	Deferred revenue			0.	19	0.
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa	art IV o	f Schedule D	0.	21	0.
ŝ	22	Loans and other payables to current and for					
litie		trustees, key employees, highest compen					
Liabilities		disqualified persons. Complete Part II of Schedule	L		0.	22	0.
	23	Secured mortgages and notes payable to unrelate	ed thirc	parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated	third pa	irties	0.	24	0.
	25	Other liabilities (including federal income tax,	payabl	es to related third			
		parties, and other liabilities not included on lines					
		of Schedule D				25	0.
	26	Total liabilities. Add lines 17 through 25			38,548,504.	26	50,617,279.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	here and			
anc	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets				28	
b	29	Permanently restricted net assets		<u></u>		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.), check	here • X and			
ts	30	Capital stock or trust principal, or current funds			0.	30	0.
sse	31	Paid-in or capital surplus, or land, building, or equ	uipmen	fund		31	0.
ţĂ	32	Retained earnings, endowment, accumulated inc	ome, c	r other funds	398,730,069.	32	487,236,442.
Nei	33	Total net assets or fund balances			398,730,069.	33	487,236,442.
	34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	437,278,573.	34	537,853,721.

Form **990** (2016)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI. 1 Total expenses (must equal Part VII, column (A), line 12) 1 184,754,265. 2 Total expenses (must equal Part IX, column (A), line 25) 2 96,247,892. 3 Revenue less expenses. Subtract line 2 from line 1 3 8,506,373. 4 398,730,069. 3 8,506,373. 5 Net unrealized gains (losses) on investments 5 0. 6 Donated services and use of facilities 7 0. 7 Investment expenses. 7 0. 8 0. 8 0. 9 Other changes in net assets or fund balances (explain in Schedule 0). 8 0. 33. column (B). Check if Schedule Contains a response or note to any line in this Part XII. 10 487,236,442. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 10 487,236,442. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 487,236,442. 2 Were the organization's financial statements compiled	Form 99	00 (2016)				Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 184, 754, 265. 2 Total expenses (must equal Part IX, column (A), line 25) 2 96, 247, 892. 3 Revenue less expenses. Subtract line 2 from line 1. 3 88, 730, 069. 4 398, 730, 069. 4 398, 730, 069. 5 Net unrealized gains (losses) on investments 5 0. 6 0. 6 0. 7 0. 7 0. 8 Prior period adjustments 8 0. 9 0. 0. 1 487, 236, 442. PartXIII Financial Statements and Peporting 9 0. 10 487, 236, 442. 10 487, 236, 442. PartXIII Financial Statements and Reporting 10 487, 236, 442. Check if Schedule O contains a response or note to any line in this Part XII 10 487, 236, 442. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X	Part						
1 Total expenses (must equal Part IX, column (k), line 25) 2 96, 247, 892. 3 Revenue less expenses. Subtract line 2 from line 1. 3 88,506,373. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 398,730,069. 5 O 5 0. 6 Donated services and use of facilities 7 0. 7 Investment expenses 7 0. 8 0. 9 0. 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3, column (B)) 10 487,236,442. 9 O. 0. 10 487,236,442. 10 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 12 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 14 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 2a X 2a X		Check if Schedule O contains a response or note to any line in this Part XI					
a 88 , 506, 373. a 88 , 506, 373. b a 38 , 506, 373. c a 398, 730, 069. c a 398, 730, 069. c b a a 398, 730, 069. c b a a a 398, 730, 069. c b a	1	Total revenue (must equal Part VIII, column (A), line 12)	1	1			
 A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) B Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 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 More the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. Sa As a result of a federal award, was the organization required to undergo an audit or audits, exeli	2		2				
 Inter labels of hand balances at each originating of year (need equal bark, in a solution (v)) Net labels of hand balances of originating of year (need equal bark, in a solution (v)) Donated services and use of facilities Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis (Consolidated basis, or both: Separate basis (Consolidated basis, or both: Separate basis (Consolidated basis) X Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization hanged either its oversight process or selection process during the tax year, explain in Schedule 0. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the o	3	Revenue less expenses. Subtract line 2 from line 1	3	-			
a) Net differing digits (bit investments) b) b) Contact services and use of facilities c) 7 investment expenses 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 33, column (B)) 10 487,236,442. PartXII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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: C) Separate basis Consolidated basis 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 Separate basis Con	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	98,7	30,0	
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				-	3b		

Form 990 (2016)

Sche	edu	le E	3
(Form	990.	990-	EZ.

Schedule of Contributors

OMB No. 1545-0047

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or 990-PF) Department of the Treasury Internal Revenue Service

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

b Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization JOBSOHIO		Employer identification number
50B50H10		45-2798687
Organization type (check of	one):	·
Filers of:	Section:	
Form 990 or 990-EZ	\fbox{X} 501(c)(4) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a priv	vate 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, 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).

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

Schedule B (Form 990,	990-EZ, or 990-PF) (201	16
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Name of organization JOBSOHIO

Employer identification number 45-2798687

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$180,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)			
Name of organization JOBSOHIO	Employer identification number		
	45-2798687		

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B	(Form 990, 990-EZ, or 990-PF) (2016)			Page 4
Name of or	rganization JOBSOHIO			Employer identification number 45-2798687
Part III		the year from any ons completing Par e year. (Enter this in	one contributor. t III, enter the tota formation once. S	Complete columns (a) through (e) and l of <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
	Transferee's name, address, an	(e) Transi	-	onship 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, and ZIP + 4 Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
		(e) Transi		
	Transferee's name, address, an	d ZIP + 4	Relation	onship 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, and ZIP + 4 Rela			onship of transferor to transferee
				Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

SCHEDULE D (Form 990)

Department of the Treasury

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.

	OMB No. 1545-0047
	2016
	Open to Public
1	Inspection

JOBS Part	Organizat			Employer identification number
Part	Organizat			45 0300003
1 T				45-2798687
	○		sed Funds or Other Similar Funds or	Accounts.
	Complete	if the organization answered	"Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
2 4	otal number at er	nd of year		
-	ggregate value o	of contributions to (during year)		
3 A	ggregate value o	of grants from (during year)		
4 A	ggregate value a	t end of year		
5 D	id the organizati	on inform all donors and donor	advisors in writing that the assets held	in donor advised
fı	unds are the orga	nization's property, subject to the	organization's exclusive legal control?	Yes 🛄 No
6 D	oid the organization	on inform all grantees, donors, a	nd donor advisors in writing that grant fu	unds can be used
0	only for charitable	purposes and not for the benef	it of the donor or donor advisor, or for a	ny other purpose
C	onferring imperm	issible private benefit?		Yes No
Part	Conserva	tion Easements.		
	Complete	if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1 P	urpose(s) of con	servation easements held by the	organization (check all that apply).	
	Preservation	n of land for public use (e.g., reci	eation or education) Preservation	of a historically important land area
	Protection o	of natural habitat	Preservation	of a certified historic structure
	Preservation	n of open space		
2 C	Complete lines 2a	through 2d if the organization he	eld a qualified conservation contribution in	the form of a conservation
е	asement on the la	ast day of the tax year.		Held at the End of the Tax Year
a T	otal number of co	onservation easements		2a
b T	otal acreage rest	tricted by conservation easements		2b
c N	lumber of conser	vation easements on a certified l	nistoric structure included in (a)	2c
dΝ	lumber of conser	rvation easements included in (c)	acquired after 8/17/06, and not on a	
h	istoric structure li	isted in the National Register		2d
3 N	lumber of conser	rvation easements modified, tran	sferred, released, extinguished, or termin	nated by the organization during the
ta	ax year 🕨			
4 N	lumber of states	where property subject to conse	rvation easement is located 🕨	
5 D	oes the organization	ation have a written policy reg	arding the periodic monitoring, inspecti	ion, handling of
V	iolations, and enfo	orcement of the conservation eas	sements it holds?	Yes 📖 No
6 S	staff and volunteer l	hours devoted to monitoring, inspec	ting, handling of violations, and enforcing con	servation easements during the year
	•			
7 A	mount of expense	es incurred in monitoring, inspect	ing, handling of violations, and enforcing co	onservation easements during the year
	►\$			
8 D	oes each conserv	vation easement reported on line 2	(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
а	nd section 170(h))(4)(B)(ii)?		Ves 📖 No
		a 1	conservation easements in its revenue and	•
			f the footnote to the organization's financi	ial statements that describes the
	0	ounting for conservation easement		
Part			of Art, Historical Treasures, or Other	r Similar Assets.
	•	v	"Yes" on Form 990, Part IV, line 8.	
1a If	the organization	elected, as permitted under SF	AS 116 (ASC 958), not to report in its in assets held for public exhibition, educed	revenue statement and balance sheet
w g	oublic service, pro	vide, in Part XIII, the text of the fo	potnote to its financial statements that des	cribes these items.
	•		SFAS 116 (ASC 958), to report in its re	
			r assets held for public exhibition, edu	
		vide the following amounts relati		
	-		t, historical treasures, or other similar a	
			FAS 116 (ASC 958) relating to these items	
b A	ssets included in	Form 990, Part X		
<u> </u>		Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2016

	JOBSOHIO			45	-2798687
Sche	dule D (Form 990) 2016				Page 2
Par	t III Organizations Maintaining Colle	ections of Art, Hist	orical Treasures,	or Other Similar	Assets (continued)
3	Using the organization's acquisition, acces				
	collection items (check all that apply):	,	, ,	9	
а	Public exhibition	d	Loan or exchange	programs	
b	Scholarly research	e	Other	P 3	
c	Preservation for future generations	•			
4	Provide a description of the organization's	collections and expla	ain how they further	the organization's ex	xempt purpose in Part
•	XIII.				
5	During the year, did the organization solicit	or receive donations o	f art historical treasu	res or other similar	
5	assets to be sold to raise funds rather than t				Yes No
Dai	t IV Escrow and Custodial Arrangem		int of the organization		
I al	Complete if the organization answ		n 990, Part IV, line	9, or reported an an	nount on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custo				
	included on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XI	III and complete the fo	lowing table:	I	
				Amo	unt
С	Beginning balance		lc		
d	Additions during the year		1d		
е	Distributions during the year		1e		
f	Ending balance				
2a	Did the organization include an amount on				
	If "Yes," explain the arrangement in Part XI	III. Check here if the e	xplanation has been p	rovided on Part XIII	<u> </u>
Par					
	Complete if the organization answ	wered "Yes" on Form	n 990, Part IV, line	10.	
	(a) Cu	urrent year (b) Price	r year (c) Two yea	rs back (d) Three years	back (e) Four years back
1a	Beginning of year balance				
b	Contributions				
с	Net investment earnings, gains,				
	and losses				
d	Grants or scholarships				
	Other expenditures for facilities				
•	and programs				
f	Administrative expenses				
a.	End of year balance				
2	Provide the estimated percentage of the cu	irrent year end balance	e (line 1a, column (a))	held as:	I
a	Board designated or quasi-endowment	%			
b	Permanent endowment %				
c	Temporarily restricted endowment	%			
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%			
3a	Are there endowment funds not in the poss	•	tion that are held an	d administered for the	
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organ				
4	Describe in Part XIII the intended uses of the				
- ui	Complete if the organization ans		n 990, Part IV, line	11a. See Form 990	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements		884,376.	409,670.	474,706.
d	Equipment		656,948.	412,062.	244,886.
	Other		1,701,548.	1,233,548.	468,000.
	I. Add lines 1a through 1e. (Column (d) mus				1,187,592.
1018		. oquar i 0111 330, Fall			1,107,352.

Schedule D (Form 990) 2016

Schedule D	(Form	990) 2016
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives	Schedule D (Form 990) 2016		Page 3
(including name of security) Cost or end-dryear market value (1) Financial derivatives	Part VII Investments - Other Securities. Complete if the organization answered	I "Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
(2) Closely-held equity interests	(a) Description of security or category (including name of security)	(b) Book value	
(2) Closely-held equity interests	(1) Financial derivatives		
(A)	(2) Closely-held equity interests		
(B) (C) (C) (C) (D) (C) (E) (C) (F) (C) (G)	(3) Other		
(C)	(A)		
(D) (C) (F) (C) (G)	(B)		
(E) (F) (G) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (G) (G) (H) (H) (H)	(C)		
(F) (G) (G) (G) (G) (G) (H) (H) (H)	(D)		
(G) (H) Total. (Column (b) must equal Form 980, Part X, col. (B) line 12) ▶ Part VUI Part VUI Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) (b) Book value (c) Method valuation: Cost or end-d-year market value (1) ECONOMIC DEVELOPMENT LOANS 48, 277, 812 - PMV PMV (a) (b) Book value (c) Method valuation: Cost or end-d-year market value (f) (f) (f) (f) (g) (g) (g) (g)	(E)		
(H) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) ECONOMIC DEVELOPMENT LOANS 48, 277, 812. FMV (3) (a) (b) Book value (1) ECONOMIC DEVELOPMENT LOANS 48, 277, 812. FMV (3) (a) (b) (4) (c) (c) (6) (c) (c) (7) (c) (c) (8) (c) must equal Form 990, Part X, col. (f) line 13.) 48, 277, 812. Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (1) (a) (b) Book value (c) (3) (c) (c) (c) (4) (c) (c) (c) (5) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c)	(F)		
Total. Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment (b) Book value (c) Method of valuation: Cost ored-of-year market value (1) ECONOMIC DEVELOPMENT LOANS 48, 277, 812. PMV (2)			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) ECONOMIC DEVELOPMENT LOANS 48, 277, 812. FMV (c) (a)	(H)		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value Cost or end-of-gen market value (1) ECONOMIC DEVELOPMENT LOANS 48,277,812. FMV (3) - - (3) - - (4) - - (5) - - (6) - - (7) - - (8) - - (9) - - (10) - - (11) - - (12) - - (13) - - (14) - - (15) - - (16) - - (17) - - (18) - - (19) - - (10) - - (11) - - (12) -	Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Image: Cost or end-of-year market value (1) ECONOMIC DEVELOPMENT LOANS 48,277,812. (3)		"Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
(1) ECONOMIC DEVELOPMENT LOANS 48,277,812. FMV (2) 48,277,812. FMV (3) (4) (5) (6) (6) (7) (7) (7) (8) (9) (9) (9) (9) (1) (9) Description (9) Book value (9) Book value (1) (9) Description (9) Book value (9) (1) (9) (9) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.),	(a) Description of investment	(b) Book value	
(2) (3) (4) (3) (4) (5) (6) (7) (7) (8) (7) (7) (8) (7) (7) (9) (7) (7) (9) (8) (9) (1) (a) Description (b) Book value (7) (a) (b) Book value (7) (a) (b) Book value (9) (b) Description of liability (b) Book value (1) (a) Description of liability (b) Book value (1) (b) Book value (c) (1) (a) Description of liability (b) Book value (1) (b) Book value (c) (1) <td></td> <td>40.077.515</td> <td>-</td>		40.077.515	-
(3) (4) (4) (4) (4) (5) (5) (7) (6) (7) (7) (8) (9) (8) Total. (Column (b) must equal Form 980, Part X, col. (B) line 13.) ▶ 48, 277, 812. Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) (b) Book value (1) (b) Book value (2) (1) (3) (1) (4) (1) (5) (1) (6) (7) (7) (2) (8) (2) (9) (1) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.),		48,277,812.	FMV
(4)	(2)		
(6)	(3)		
(6) (7) (8) (7) (8) (8) (9) (9) (48, 277, 812) Part IX Other Assets. (9) (1) (9) (9) (2) (9) (9) (3) (9) (9) (4) (9) (9) (6) (7) (9) (7) (9) (1) (6) (7) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.),			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 48, 277, 812. PartIX Other Assets. (b) Book value (1) (a) Description (b) Book value (1) (a) Description (b) Book value (2) (a) (b) Book value (3) (c) (c) (4) (c) (c) (6) (c) (c) (7) (c) (c) (9) (c) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.),	(5)		
(8) 48,277,812. Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (a) (2) (b) Book value (3) (c) (4) (c) (7) (a) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.),	(6)		
(9) 48,277,812. Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (a) Description (3) (b) Book value (4) (c) (6) (c) (7) (a) (8) (c) (9) (c) Data (Column (b) must equal Form 990, Part X, col. (B) line 15.),			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 48, 277, 812. Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	(8)		
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). > Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) (6) (c) (7) (c) (8) (c) (9) (c) (7) (c) (8) </td <td></td> <td></td> <td></td>			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). (c) (a) Description of liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (c) (3) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) (7) (c) (8) (c) (9) (c) (1) Federal income taxes (c) (2) (c) (3)		48,277,812.	
(a) Description (b) Book value (1) (2) (2) (3) (3) (4) (5) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.),			
(1)			
(2) (3) (4) (4) (5) (6) (7) (8) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		scription	(b) Book value
(3)			
(4)			
(5)			
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
(7) (8) (9) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (a) (2) (b) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (b) Book value (2) (3) (3) (4) (5) (6) (7) (8) (9) (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) (a) Description of liability (b) Book value (1) Federal income taxes (2) (a) (3) (b) (4) (c) (5) (c) (6) (c) (7) (a) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (b) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes		ine 15.)	<u></u>
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Complete if the organization answered	l "Yes" on Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	1. (a) Description of liability	(b) Book value	
(2) (3) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			
(3) (4) (4) (5) (5) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			
(4) (4) (5) (5) (6) (7) (7) (8) (9) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			
(5) (5) (6) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			
(6) (7) (7) (8) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			
(7) (7) (8) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 1 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		•	
			he organization's financial statements that reports the

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Schedu	ıle D (Form 990) 2016		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	184,754,265.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	184,754,265.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	184,754,265.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
		1	96,247,892.
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a			
b			
C.			
d		20	
е	Add lines 2a through 2d	2e 3	96,247,892.
3	Subtract line 2e from line 1	3	5072177052.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	4.	
_ c	Add lines 4a and 4b	4c	96,247,892.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	JU,24/,092.
Part	XIII Supplemental Information.		

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

JOBSOHIO Part XIII Supplemental Information (continued)

JSA 6E1226 1.000

2959579

Schedule D (Form 990) 2016

SCHEDULE F	Statement of Activities Outside the United Statement	ates	OMB No. 1545-0047	
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1		2016	
Department of the Treasury Internal Revenue Service	 Attach to Form 990. Information about Schedule F (Form 990) and its instructions is at www.irs.gov/h 	form990.	Open to Public Inspection	
Name of the organization		Employer ide	entification number	
JOBSOHIO		45-27	98687	
	nformation on Activities Outside the United States. Complete if the orgater Part IV, line 14b.	anization ar	nswered "Yes" on	
•	. Does the organization maintain records to substantiate the amount of its grants rantees' eligibility for the grants or assistance, and the selection criteria used to			

grants or assistance?

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1) EUROPE		1.	PROGRAM SERVICES	ECONOMIC DEVELOPMENT	770,648.
(2) EAST ASIA AND THE PACIFIC		1.	PROGRAM SERVICES	ECONOMIC DEVELOPMENT	770,648.
(3) NORTH AMERICA		1.	PROGRAM SERVICES	ECONOMIC DEVELOPMENT	131,655.
(4)					
(5)					
(6)					
_ (7)					
(8)					
_ (9)					
<u>(10)</u>					
<u>(11)</u>					
<u>(12)</u>					
<u>(13)</u>					
<u>(14)</u>					
<u>(15)</u>					
<u>(</u> 16)					
<u>(17)</u>					
 Sub-total Total from continuation sheets to Part I 		3.			1,672,951.
c Totals (add lines 3a and 3b)		3.			1,672,951.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 6E1274 1.000 8398GJ 1802

Schedule F (Form 990) 2016

Yes

No

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V 16-7.16 2959579

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016	orm 990) 2016								Page 2
Part II	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	pient who receive	d more than \$5,000. F	^p art II can be c	uplicated if additi	additional space is needed.	needed.		ששט,
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Enter	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ►	nizations listed abov	e that are recognized as o ded a section 501(c)(3) eo	charities by the puivalency letter	^r oreign country, rec	ognized as tax	-exempt		
3 Enter	Enter total number of other organizations or entities	ations or entities		- · ·			<u>∙</u>		

JOBSOHIO

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Schedule F (Form 990) 2016

(17)	(16)	(15)	(14)	(13)	(12)	(11)	(10)	(9)	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)		Part
																	(a) Type of grant or assistance	Part III can be duplicated if additional space is needed.
																	(b) Region	dditional space is needed
																	(c) Number of recipients	d.
																	(d) Amount of cash grant	iates. Complete
																	(e) Manner of cash disbursement	
																	(f) Amount of noncash assistance	uon answered te
																	(g) Description of noncash assistance	
																	(h) Method of valuation (book, FMV, appraisal, other)	Part IV, line ic

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JOBSOHIO

Page	4

Sched	ule F (Form 990) 2016		Page 4
Part	V 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; do not 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? <i>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)</i>	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; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Page 5

Schedule F (Form 990) 2016

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.

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PAGE 28	Schedule I (Form 990) (201	•

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220, המונדע, וווופ בד, וטר מווץ ופטוטיפוונ נוומנ ופטפעיפט וווטרפ נוומון 20,000: המונדו כמודטב מעטונסנפט	ופוור נוומר וכט		מון שט,טטט. רמונ וו	r can be duplica	ted ir additional space is needed	ce is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 1250 OLD RIVER ROAD LLC							
1010 EUCLID AVENUE CLEVELAND, OH 44115-1503	81-2604289		300,000.		COST		ECONOMIC DEVELOPMENT
(2) A. B. B. LEASING CO.							
302 STATE STREET ZANESVILLE, OH 43702	31-0996012		25,000.		COST		ECONOMIC DEVELOPMENT
(3) A.J.M. PACKAGING CORPORATION							
102 HIRT DRIVE BELLEVUE, OH 44881	38-1556263		75,000.		COST		ECONOMIC DEVELOPMENT
(4) ACE TORWEL, INC							
630 ALBERT ROAD BROOKVILLE, OH 45309	46-3270421		146,286.		COST		ECONOMIC DEVELOPMENT
(5) ADS ALLIANCE DATA SYSTEMS, INC.						_	
3100 EASTON SQUARE PLACE COLUMBUS, OH 43219	13-3163498		2,000,000.		COST		ECONOMIC DEVELOPMENT
(6) AL. NEYER, LLC	1					_	
302 WEST 3RD STREET CINCINNATI, OH 45202	20-4718296		190,021.		COST		ECONOMIC DEVELOPMENT
(7) ALCOTT HOLDINGS LLC							
460 EAST HIGH STREET LONDON, OH 43140-9303	81-3538518		140,816.		COST		ECONOMIC DEVELOPMENT
(8) ALEX PRODUCTS, INC.						_	
19911 COUNTY RD RIDGVILLE CORNERS, OH 43555	34-1117191		250,000.		COST		ECONOMIC DEVELOPMENT
(9) ALKERMES, INC.						_	
265 OLINGER CIRCLE WILMINGTON, OH 45177	23-2472830		100,000.		COST		ECONOMIC DEVELOPMENT
(10) ALTIVIA PETROCHEMICALS, LLC	1					_	
1019 FURNACE ROAD HAVERHILL, OH 45636	47-4927987		773,554.		COST		ECONOMIC DEVELOPMENT
(11) AMCOR RIGID PLASTICS USA, LLC							
975 WEST MAIN STREET BELLEVUE, OH 44811	95-4260108		400,000.		COST		ECONOMIC DEVELOPMENT
(12) ARCONIC							
425 SIXTH AVE PITTSBURGH, PA 44105	25-0317820		200,000.		COST		ECONOMIC DEVELOPMENT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government c	organizations lis	ted in the line 1 tat	ole		•	
3 Enter total number of other organizations listed in the line 1 table	ted in the line	1 table	- - - - -			•	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ions for Form 9	90.				Schu	Schedule I (Form 990) (2016)

Department of the Treasury Internal Revenue Service

Name of the organization JOBSOHIO

Part General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

X Yes

N 0

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

Employer identification number 45-2798687

Open to Public

Inspection

2016

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Attach to Form 990.

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

Part II N (Form 990) SCHEDULE I

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SCHEDULE I (Form 990)	comb CO	irants ar vernmer lete if the or	nd Other <i>⊭</i> nts, and Ir [.]	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.	to Organiza n the Unite orm 990, Part IV	tions, d States , line 21 or 22.		0MB No. 1545-0047 20 16 Obten to Public
Internal Revenue Service	► Informat	ion about Sc	chedule I (Form	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	ructions is at www	v.irs.gov/form990.		Inspection
Name of the organization							Employer identification number	ation number
JOBSOHIO	○ General Information on Grants and Assistance	Accietance	D				45-2798687	7
		Assistation	(1					
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' e	bstantiate th	e amount of the	grants or assista	nce, the grantees	eligibility for the grants or assistance, and	s or assistance, and	
		or assistance					•••••	
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ures for mon	itoring the use	of grant funds in th	e United States.			
Part I Grants and	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes"	omestic Org	ganizations ar	nd Domestic Gov	/ernments. Com	plete if the organiza	ition answered "Ye	es" on Form
990, Part I	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated	ent that rec	eived more tha	an \$5,000. Part II	l can be duplicat	ed if additional space is needed	e is needed.	
1 (a) Name and or g	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARHAUS, LLC								
7700 NORTHFIELD ROAD WALTON HILLS,	AD WALTON HILLS, OH 44146	34-1185757		200,000.		COST		ECONOMIC DEVELOPMENT
(2) BARCLAYS SERVICES OHIO	OHIO							
101 KNIGHTSBRIDGE	101 KNIGHTSBRIDGE DRIVE HAMILTON, OH 45011	51-0407971		252,869.		COST		ECONOMIC DEVELOPMENT
(3) BIBBO PROPERTIES,	LTD.							
6001 TOWPATH DRIVE VALLEY VIEW,	VALLEY VIEW, OH 44125	34-1929504		100,000.		COST		ECONOMIC DEVELOPMENT
(4) BORGERS OHIO, INC.								
400 INDUSTRIAL PARKWAY NORWALK,	KWAY NORWALK, OH 44857	30-0841962		150,000.		COST		ECONOMIC DEVELOPMENT
(5) CAMPBELL SOUP SUPPLY COMPANY L.L.C.	LY COMPANY L.L.C.							
12773 STATE ROUTE	12773 STATE ROUTE 110 NAPOLEON, OH 43545	51-0389504		100,000.		COST		ECONOMIC DEVELOPMENT
(6) CANDLE-LITE COMPANY, LLC	Y, LLC							
	250 EASTERN AVE LEESBURG, OH 45135-9783	46-3867345		200,000.		COST		ECONOMIC DEVELOPMENT
(7) CARDINALCOMMERCE CORPORATION	ORPORATION							
6119 HEISLEY ROAD MENTOR, OH 44060	MENTOR, OH 44060	34-1888626		600,000.		COST		ECONOMIC DEVELOPMENT
(8) CHESTNUT COMMERCE CENTER,	CENTER, LLC							
2480 BARTLETT ROAD MANTUA,	MANTUA, OH 44255	47-5586394		281,994.		COST		ECONOMIC DEVELOPMENT
(9) CITY OF TORONTO								
416 CLARK STREET TORONTO, OH 43964	ORONTO, OH 43964	34-6002813		153,071.		COST		ECONOMIC DEVELOPMENT
(10) CLARKWESTERN DIETRICH BUILDING SYSTEMS	ICH BUILDING SYSTEMS LLC							
1455 RIDGE ROAD VI	1455 RIDGE ROAD VIENNA, OH 44473-9702	27-5010387		300,000.		COST		ECONOMIC DEVELOPMENT
(11) CLASSIC WAREHOUSING, INC.	G, INC.							
160 INDUSTRIAL PARKWAY VERSAILLES,	KWAY VERSAILLES, OH 45380	31-1809959		39,996.		COST		ECONOMIC DEVELOPMENT
(12) CORVAC COMPOSITES, LLC	LTC							
4450 36TH STREET KENTWOOD, MI 49512	ENTWOOD, MI 49512	20-2485456		381,446.		COST		ECONOMIC DEVELOPMENT
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment c	organizations lis	ted in the line 1 tat			•	
	Enter total number of other organizations listed in the line 1 table .	ed in the line	1 table				•	
For Paperwork Reductio	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 9	90.				Sch	Schedule I (Form 990) (2016)
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Schedule I (Form 990) (2016)	Scht				90.	ons for Form 9	For Paperwork Reduction Act Notice, see the Instructions for Form 990
					1 table	ed in the line	3 Enter total number of other organizations listed in the line 1 table .
	•		ole	sted in the line 1 tat	organizations lis	government o	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
ECONOMIC DEVELOPMENT		COST		37,740.		27-2252732	663 MONTGOMERY AVENUE SPRINGFIELD, OH 45506
							(12) HDI LANDING GEAR USA, INC.
ECONOMIC DEVELOPMENT		COST		3,000,000.		38-3928174	2801 WEST STROOP ROAD MORAINE, OH 45439
						1	(11) FUYAO GLASS AMERICA INC.
ECONOMIC DEVELOPMENT		COST		11,500.		31-0789412	2050 SOUTH HIGH STREET COLUMBUS, OH 43206
							(10) FORTNER UPHOLSTERING, INC.
ECONOMIC DEVELOPMENT		COST		100,000.		13-3916524	4010 BRIDGEWAY AVENUE COLUMBUS, OH 43219
							(9) FLIGHTSAFETY INTERNATIONAL INC.
ECONOMIC DEVELOPMENT		COST		12,408,019.		34-1940561	76 SOUTH MAIN STREET AKRON, OH 44308
							(8) FIRSTENERGY GENERATION, LLC
ECONOMIC DEVELOPMENT		COST		180,000.		26-4715674	1400 NORTH MAIN STREET DELPHOS, OH 45833
							(7) EVANSTON INVESTMENTS LLC
ECONOMIC DEVELOPMENT		COST		24,295.		20-8588211	1440 SEYMOUR AVENUE CINCINNATI, OH 45237
							(6) EUROSTAMPA NORTH AMERICA INC.
ECONOMIC DEVELOPMENT		COST		150,000.		20-3246696	2920 KREITZER ROAD MORAINE, OH 45439-1644
							(5) ERNST METAL TECHNOLOGIES LLC
ECONOMIC DEVELOPMENT		COST		90,000.		20-4410794	250 MCCORMICK ROAD GALLIPOLIS, OH 45631
							(4) ELECTROCRAFT OHIO, INC.
ECONOMIC DEVELOPMENT		COST		500,000.		61-1728225	721 EMERSON ROAD SAINT LOUIS, MO 63141-6770
							(3) DRURY SOUTHWEST, INC.
ECONOMIC DEVELOPMENT		COST		250,000.		31-1624971	3100 DRYDEN ROAD MORAINE, OH 45439-1622
							(2) DMAX, LTD.
ECONOMIC DEVELOPMENT		COST		150,000.		26-3446223	TWO MIRANOVA PLACE COLUMBUS, OH 43215-5078
							(1) COVERMYMEDS LLC
(h) Purpose of grant or assistance	n (g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government
ss" on Form	lete if the organization answered "Yes" on Form d if additional space is needed.	nplete if the organi led if additional sp	<i>vernments.</i> Com can be duplicat	n d Domestic Go v an \$5,000. Part II	ganizations an eived more th	omestic Orgent that rec	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answer 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed
			e United States.	of grant funds in the	nitoring the use	ures for mor	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
X Yes No					ë?	s or assistanc	
]	eligibility for the grants or assistance, and		nce, the grantees	e grants or assista	e amount of the	lbstantiate th	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees'
					Ð	4 Assistance	Part General Information on Grants and Assistance

OMB No. 1545-0047 2016

Open to Public

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Attach to Form 990.

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

Employer identification number Inspection

45-2798687

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I

(Form 990)

JOBSOHIO

	Grants ar overnmer plete if the or	nd Other ∠ nts, and Ir ganization ans	Grants and Other Assistance to Organizati Governments, and Individuals in the United ^{Complete} if the organization answered "Yes" on Form 990, Part IV, II ► Attach to Form 990.	to Organiza n the Unite form 990, Part IV	d States, Ine 21 or 22.		00000000000000000000000000000000000000
Department of the Treasury Internal Revenue Service Inform	ation about Sc	hedule I (Forn	Information about Schedule I (Form 990) and its instructions is at www.	ructions is at ww	w.irs.gov/form990.		Inspection
						Employer identification number	ation number 7
Part General Information on Grants and Assistance	nd Assistance					000 <i>617</i> -Cħ	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' e	substantiate th	e amount of th	e grants or assista	ince, the grantees		ligibility for the grants or assistance, and	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for mon	itoring the use of	of grant funds in th	e United States.	- - - - - - - - - - - - - - - - - - -		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answer 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Domestic Org	yanizations a eived more th	nd Domestic Gov an \$5,000. Part I	vernments. Con l can be duplica	nplete if the organizated if additional space	ete if the organization answered "Yes" on Form t if additional space is needed.	∍s" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HOMAGE, LLC							
4480 BRIDGEWAY AVENUE COLUMBUS, OH 43219	20-8826851		30,000.		COST		ECONOMIC DEVELOPMENT
(2) HSNI, LLC							
1 HSN DRIVE ST. PETERSBURG, FL 33729	26-2590893		150,000.		COST		ECONOMIC DEVELOPMENT
(3) HUMIUWN FAITERN CUMFANI 120 INDIISTRY STREET LEETONIA, OH 44431-8707	34-1193031		25.000.		COST		FCONOMIC DEVELOPMENT
(4) INTERNATIONAL BUSINESS MACHINES CORPORATION							
NORTH CASTLE DRIVE ARMONK, NY 10504	13-0871985		500,000.		COST		ECONOMIC DEVELOPMENT
(5) KING'S COMMAND FOODS, LLC							
770 N CENTER STREET VERSAILLES, OH 45380	27-4718303		250,000.		COST		ECONOMIC DEVELOPMENT
274 MARCONI BOULEVARD COLUMBUS, OH 43215	99-0365994		125,000.		COST		ECONOMIC DEVELOPMENT
5164 ZENNEDV AVENUE CINCINNATI ON A5300	A5 1057111		500 000		0001		PCONOMIC DEVELODMENT
(8) MANUFACTURING BUSINESS DEVELOPMENT SOLUTION	TTT/ C7T_CF				CO 11		ECONOMIC DEVELOFMENT
1950 INDUSTRIAL DRIVE FINDLAY, OH 45840	32-0071821		36,664.		COST		ECONOMIC DEVELOPMENT
(9) MAR-BAL, INC.							
787 RENAISSANCE PKWY PAINSVILLE, OH 44407	34-1059601		500,000.		COST		ECONOMIC DEVELOPMENT
(10) MASTERS PHARMACEUTICAL, INC.							
11930 KEMPER SPRINGS DR CINTI, OH 45240	31-1752403		200,000.		COST		ECONOMIC DEVELOPMENT
5037 STATE RTE 60 MCCONNELSVILLE, OH 43756	38-3825650		100,000.		COST		ECONOMIC DEVELOPMENT
(12) MONROE COUNTY PORT AUTHORITY							
101 NORTH MAIN STREET WOODSFIELD, OH 43793	47-1636712		146,469.		COST		ECONOMIC DEVELOPMENT
	d government c	organizations li	sted in the line 1 tal	ble		•	
3 Enter total number of other organizations listed in the line 1 table	sted in the line	1 table					
For Paperwork Reduction Act Notice, see the Instructions for Form 990	tions for Form 9	90.				Sch	Schedule I (Form 990) (2016)
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Schedule I (Form 990) (2016)	Scht				90.	ons for Form 9	For Paperwork Reduction Act Notice, see the Instructions for Form 990
	•				1 table	ed in the line	3 Enter total number of other organizations listed in the line 1 table .
	•••••••••••••••••••••••••••••••••••••••		ole	sted in the line 1 tat	organizations lis	government o	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
ECONOMIC DEVELOPMENT		COST		1,749,893.		31-1752368	3 EAST 4TH STREET CINCINNAIL DEVELOPMENT AUTH
ECONOMIC DEVELOPMENT		COST		50,000.		34-1570807	
							(11) POLYCHEM CORPORATION
ECONOMIC DEVELOPMENT		COST		9,653.		27-4453719	6101 W SNOWVILLE RD BRECKSVILLE, OH 44141
						1	(10) PISON STREAM SOLUTIONS, LLC
ECONOMIC DEVELOPMENT		COST		250,000.		31-1635680	3117 SOUTHSIDE AVENUE CINCINNATI, OH 45204
						<u> </u>	(9) PETER CREMER NORTH AMERICA, L.P.
ECONOMIC DEVELOPMENT		COST		30,000.		77-0584954	2055 LAURELWOOD ROAD SANTA CLARA, CA 95054
						1	(8) PERSISTENT SYSTEMS, INC.
ECONOMIC DEVELOPMENT		COST		119,863.		25-1487618	1401 WEST MARKET STREET WARREN, OH 44485
						1	(7) PEERLESS-WINSMITH, INC.
ECONOMIC DEVELOPMENT		COST		137,500.		13-3934027	2200 FORT AMANDA ROAD LIMA, OH 45804
						1	(6) PCS NITROGEN OHIO L. P.
ECONOMIC DEVELOPMENT		COST		190,000.		34-1667697	630 HENRY STREET DALTON, OH 44618-9280
						1	(5) P. GRAHAM DUNN, INC.
ECONOMIC DEVELOPMENT		COST		857,781.		34-1421920	56461 FERRY LANDING RD SHADYSIDE, OH 43947
						1	(4) OHIO-WEST VIRGINIA EXCAVATING CO.
ECONOMIC DEVELOPMENT		COST		40,000.		45-4498851	1101 SAINT GREGORY ST CINCINNATI, OH 45202
							(3) NEW-USA, INC.
ECONOMIC DEVELOPMENT		COST		233,433.		46-4196165	20001 EUCLID AVENUE EUCLID, OH 44117
						1	(2) NICKEL PLATE STATION, LLC
ECONOMIC DEVELOPMENT		COST		100,000.		31-1014212	9711 LANCASTER ROAD HEBRON, OH 43025-9764
						1	(1) MPW INDUSTRIAL SERVICES, INC.
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government
s" on Form	lete if the organization answered "Yes" on Form d if additional space is needed.	nplete if the organiz ted if additional spa	<i>v</i> ernments. Corr I can be duplicat	n d Domestic Gov an \$5,000. Part II	ganizations ar eived more th	omestic Orgent that rec	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answere 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed
			e United States.	of grant funds in the	nitoring the use	dures for mor	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
X Yes No	•••••				ά?	s or assistanc	the selection criteria used to award the grants or assistance?
	s or assistance, and	s' eligibility for the grants or assistance, and	nce, the grantees	e grants or assista	e amount of the	ubstantiate th	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees'
					e	d Assistanc	Part General Information on Grants and Assistance

OMB No. 1545-0047 2016

Open to Public

Employer identification number 45-2798687 Inspection

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Attach to Form 990.

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I

(Form 990)

JOBSOHIO 0

PAGE 33			2959579	295	V 16-7.16		2	8398GJ 1802
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Schedule I (Form 990) (2016)	Sch				990.	ions for Form §	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	For Paperwork Reduction
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ECONOMIC DEVELOPMENT		COST		50,000.		46-1515066	650 MONDIAL PARKWAY, STREETSBORO, OH 44241	
							TC.	(12) TALIS CLINICAL, LLC
ECONOMIC DEVELOPMENT		COST		30,000.		31-1119067	7070 STATE ROUTE 13 SOMERSET, OH 43783	
							COMPANY	(11) T.N.T. EQUIPMENT COMPANY
ECONOMIC DEVELOPMENT		COST		100,000.		34-0564691	CANTON, OH 44706-2338	4719 NAVARRE ROAD CANTON,
							INC.	(10) SUPERIOR DAIRY, I
ECONOMIC DEVELOPMENT		COST		750,000.		43-1192063	EET LONDON, OH 43140	420 EAST HIGH STREET LONDON,
							US CO INC	(9) STANLEY ELECTRIC US CO INC
ECONOMIC DEVELOPMENT		COST		120,000.		31-1813317	11550 MOSTELLER ROAD CINCINNATI, OH 45241	
							ONENT SERVICES, INC.	(8) STANDARDAERO COMPONENT SERVICES,
ECONOMIC DEVELOPMENT		COST		30,000.		34-1570556	D SAINT MARYS, OH 45885	1111 MCKINLEY ROAD SAINT MARYS,
								(7) SETEX, INC.
ECONOMIC DEVELOPMENT		COST		1,500,000.		84-1651449	ROAD WOOSTER, OH 44691	3401 OLD AIRPORT ROAD WOOSTER,
								(6) LUK USA LLC
ECONOMIC DEVELOPMENT		COST		100,000.		81-2288733	NG BLVD INDY, IN 46240	8801 RIVER CROSSING BLVD INDY,
							ES #277, LLC	(5) SCANNELL PROPERTIES #277,
ECONOMIC DEVELOPMENT		COST		100,000.		34-4346145	ARCHBOLD, OH 43502-1559	502 MIDDLE STREET ARCHBOLD,
							G CO.	(4) SAUDER WOODWORKING CO.
ECONOMIC DEVELOPMENT		COST		40,000.		31-1144772	COURT TIPP CITY, OH 45371	31 INDUSTRY PARK COURT TIPP CITY,
								(3) REPACORP, INC.
ECONOMIC DEVELOPMENT		COST		1,451,981.		47-4510612	2800 POST OAK BOULEVARD HOUSTON, TX 77056	
						<u> </u>		(2) PTTGC AMERICA LLC
ECONOMIC DEVELOPMENT		COST		100,000.		46-2903016	PPLE CREEK, OH 44606-9573	339 MILL STREET APPLE CREEK,
						<u> </u>	S GROUP, INC.	(1) PRECISION PRODUCTS GROUP, INC.
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government	1 (a) Name an or
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tion number	Employer identification number							Name of the organization
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Schedule I (Form 990) (2016)

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

Schedule I (Form 990) (2016)	Sc				90.	ions for Form 9	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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ECONOMIC DEVELOPMENT		COST		157,043.		62-1551944	28960 LAKELAND BLVD WICKLIFFE, OH 44092
							(12) UMICORE SPECIALTY MATERIALS RECYCLING, LLC
ECONOMIC DEVELOPMENT		COST		850,000.		36-3435795	201 EXPLORATION DRIVE MONROE, OH 45050
							(11) UGN INC.
ECONOMIC DEVELOPMENT		COST		300,000.		80-0810911	40 NORTH MAIN STREET DAYTON, OH 45423-1020
							(10) TOWER PARTNERS LLC
ECONOMIC DEVELOPMENT		COST		50,000.		95-2797355	8685 BILSTEIN BOULEVARD HAMILTON, OH 45015
							(9) THYSSENKRUPP BILSTEIN OF AMERICA INC.
ECONOMIC DEVELOPMENT		COST		100,000.		34-0697598	3716 CROTON AVENUE CLEVELAND, OH 44115-3417
						I	(8) THE SANSON COMPANY
ECONOMIC DEVELOPMENT		COST		174,640.		34-4302060	319 VINE STREET FOSTORIA, OH 44830-2315
							(7) THE MENNEL MILLING COMPANY
ECONOMIC DEVELOPMENT		COST		500,000.		34-0359955	22801 ST CLAIR AVENUE EUCLID, OH 44117-1199
							(6) THE LINCOLN ELECTRIC COMPANY
ECONOMIC DEVELOPMENT		COST		200,000.		20-5839715	345 SYCAMORE STREET MIDDLEPORT, OH 45760
							(5) THE IMPERIAL ELECTRIC COMPANY
ECONOMIC DEVELOPMENT		COST		423,228.		34-0655810	12315 KIRBY ROAD CLEVELAND, OH 44108-1616
						1	(4) THE GENT MACHINE COMPANY
ECONOMIC DEVELOPMENT		COST		100,000.		23-1269309	2801 EAST MARKET STREET YORK, PA 17402-2406
							(3) THE BON-TON DEPARTMENT STORES, INC.
ECONOMIC DEVELOPMENT		COST		250,000.		31-1456357	9711 LANCASTER ROAD HEBRON, OH 43025
						I	(2) THE BLACK FAMILY LIMITED PARTNERSHIP
ECONOMIC DEVELOPMENT		COST		50,000.		26-0349166	109 QUINTER FARM ROAD UNION, OH 45322-9796
							(1) TE-CO MANUFACTURING LLC
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government
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OMB No. 1545-0047

Open to Public 2016

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Attach to Form 990.

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

Employer identification number 45-2798687

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE I

(Form 990)

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Schedule I (Form 990) (2016)				90.	ons for Form 9	For Paperwork Reduction Act Notice, see the Instructions for Form 990
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ECONOMIC DEVELOPMENT	COST		400,000.		31-1145612	180 R MILL STREET ATHENS, OH 45701
					1	(12) ATHENS MOLD AND MACHINE, INC.
ECONOMIC DEVELOPMENT	COST		250,000.		27-1202150	2601 ELLIOT SEATTLE, WA 98121
					1	(11) ZULILY INC
ECONOMIC DEVELOPMENT	COST		775,976.		31-6400080	205 NORTH 5TH STREET ZANESVILLE, OH 43701
					1	(10) ZANESVILLE MUSKINGUM COUNTY PORT AUTHORITY
ECONOMIC DEVELOPMENT	COST		55,075.		34-1376029	5055 ENTERPRISE BOULEVARD TOLEDO, OH 43612
						(9) WRAP N' SHIP, INC.
ECONOMIC DEVELOPMENT	COST		200,000.		36-1178800	635 SOUTHWEST STREET BELLEVUE, OH 44811
					1	(8) WILBERT PLASTIC SERVICES
ECONOMIC DEVELOPMENT	COST		199,478.		34-1696662	1453 YOUNGSTWN KINGSVLE RD VIENNA, OH 44473
						(7) WESTERN RESERVE PORT AUTHORITY
ECONOMIC DEVELOPMENT	COST		30,000.		31-1440199	11500 CANAL ROAD SHARONVILLE, OH 45241
					1	(6) WEST CHESTER HOLDINGS, INC.
ECONOMIC DEVELOPMENT	COST		400,000.		47-1846501	424 HOPEWELL ROAD WAVERLY, OH 45690
						(5) WAVERLY 3PL, LLC
ECONOMIC DEVELOPMENT	COST		50,000.		46-5690691	1440 JEFFERSON STREET GREENFIELD, OH 45123
					1	(4) W&W DRY CLEANERS, LAUNDRY AND LINEN SERVICE
ECONOMIC DEVELOPMENT	COST		45,000.		34-1809003	101 OAKLEY STREET EVANSVILLE, IN 47710
						(3) VENTURE PACKAGING MIDWEST, INC.
ECONOMIC DEVELOPMENT	COST		307,622.		34-1776126	200 DIXIE HIGHWAY ROSSFORD, OH 43460
					1	(2) VELUSCEK AND HEBAN PROPERTIES
ECONOMIC DEVELOPMENT	COST		100,000.		34-1108705	9823 ST HWY 53 N UPPER SANDUSKY, OH 43351
					1	(1) UNI-GRIP INC.
(g) Description of (h) Purpose of grant or assistance or assistance	(f) Method of valuation (book, FMV, appraisal, ononcas	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Attach to Form 990.

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

Name of the organization

JOBSOHIO

Department of the Treasury Internal Revenue Service

SCHEDULE I

(Form 990)

Open to Public Inspection

OMB No. 1545-0047

2016

45-2798687

Employer identification number

Part General Information on Grants and Assistance

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ECONOMIC DEVELOPMENT		COST		187,500.		81-5322241	172 EAST STATE STREET COLUMBUS, OH 43215	
								(3) H2W CONSULTING LLC
ECONOMIC DEVELOPMENT		COST		6,561.	501(C)(3)	31-0536715	(2) UNIVERSITY OF DAYTON RESEARCH INSTITUTE 300 COLLEGE PARK DAYTON, OH 45469	(2) UNIVERSITY OF DAYTON RESEARCH INS 300 COLLEGE PARK DAYTON, OH 45469
ECONOMIC DEVELOPMENT		COST		200,000.	501(C)(3)	31-0798878	MARION TECHNICAL COLLEGE 1467 MOUNT VERNON AVENUE MARION, OH 43302	(1) MARION TECHNICAL COLLEGE 1467 MOUNT VERNON AVENUE
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	(a) Name and address of organization or government	1 (a) Name and
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Part III Grants and Other Assistance to Domestic Individuals. Part III Part III can be duplicated if additional space is needed.	stic Individuals. ace is needed.	Complete if th	ie organization	answered "Yes" on Fo	Page 2 Complete if the organization answered "Yes" on Form 990, 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)	(1) Description of non-cash assistance
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7 Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column	information req	uired in Part I, I	line 2, Part III, c	column (b); and any other additional	her additional
PART I LINE 2					
JOBSOHIO GRANTEES RECEIVE GRANT FUNDS ONLY ON	A	REIMBURSEMENT	BASIS.		
			Ċ		
DOCUMENTATION FOR REVIEW AND APPROVAL BY JOBSOHIO.	BY JOBSOHIO.				
GRANTEES MUST MAINTAIN RECORDS SUPPOR	SUPPORTING CLAIMED COSTS		AND ALL REQUESTS	01	
FOR REIMBURSEMENT ARE SUBJECT TO AUDIT	BY JOBSOHIO.	•			
REQUESTS FOR REIMBURSEMENT MUST BE CEI	CERTIFIED BY AU	AUTHORIZED OF	OFFICERS OF		
GRANTEE. DOCUMENTATION IN SUPPORT OF (CLAIMED COSTS	3 MUST INCLUDE	JDE		
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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Schedule I (Form 990) (2016)

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b);	7	σ	5	4	3	2	1	(a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance
the information								(b) Number of recipients
								(d) Amount of non-cash assistance
								(e) Method of valuation (book, FMV, appraisal, other)
								(f) Description of non-cash assistance

PART II

THE STATEMENT OF FUNCTIONAL EXPENSES IS PREPARED ON THE ACCRUAL BASIS OF

ACCOUNTING AND SCHEDULE I IS PREPARED ON THE CASH BASIS OF ACCOUNTING, IN

ACCORDANCE WITH IRS REPORTING INSTRUCTIONS. ACCORDINGLY, A VARIANCE

EXISTS BETWEEN THE AMOUNTS REPORTED FOR GRANT EXPENSE ON EACH SCHEDULE.

Schedule I (Form 990) (2016)

(Form 990) For cartain Officers, Directors, Trustees, Key Employees, and Highest Compensate Employees. And Highest Compensate Employees. The State Employees and Highest Compensate Travel on Form 900. Part VI, Ine 23. Partials the Form 900. Part VI, Ine 23. Partials the Form 900. Part VI, Section A, Line 14. Complete Part III to provide any relevant information regarding the set instructions is at www.frs.gov/mm990. The part of the opperation and prose up payment of the opperation of the opperatin the opperation of the opperation of the	SCH	EDULE J	Compen	sation Information	ОМ	IB No. ⁻	1545-0	047
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Department Departm						\mathbb{Z}	10	
Internation Enformation about Schedule J (Form 960) and its instructions is at www.kr.g.g.vb/orw80. Inspection Name of the organization Employer distribution number 45–2798687 Part UI. Section A., line 1a. Complete Part III to provide any relevant information regarding these ferms. Image: Section 2008.000 Yes 900. Part VI. Section A., line 1a. Complete Part III to provide any relevant information regarding these ferms. Image: Section 2008.000 Yes 910. Part VI. Section A., line 1a. accomplete Part III to provide any relevant information regarding these ferms. Image: Section 2008.000 Yes 910. Part VI. Section A., line 1a. accomplete Part III to provide any relevant information regarding the section 2008.000 Yes No 910. Part VI. Section A., line 1a are checked, did the organization follow a written policy regarding the terms checked on line 1a? No 10 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustes, and officers, including the CEO/Executive Director, check any boxes for methods used by a releted organization or setablish compensation committee Written employment contract 2 3 Indicate which, if any, of the following the filing organization survey or study Indicate which, if any, of the following the filing organization survey or study 10 4 Compensation	Departn	nent of the Treasury	► A	ttach to Form 990.	Ο	oen to	o Puk	olic
JOBSOBITO 45-2798687 PartI Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 13 Check the appropriate box(es) if the organization provide any relevant information regarding these items. Tarvel for companions Tarvel for companions <th>Internal</th> <th>Revenue Service</th> <th>Information about Schedule J (For</th> <th></th> <th></th> <th></th> <th></th> <th>n</th>	Internal	Revenue Service	Information about Schedule J (For					n
Part 1 Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. Hirst-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Discretionary stepsend form, a supp		-		le l		numbe	r	
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b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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 X 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 4	а					5a		Х
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compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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 X 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9								
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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 X 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	6	For persons I	isted on Form 990, Part VII, Section A,	line 1a, did the organization pay or accrue a	iny			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 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 X 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9								
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. 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. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	The organizat	ion?			6a		
 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. 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. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 	b	•	•			6b		X
payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 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 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		If "Yes" on lin	e 6a or 6b, describe in Part III.					
 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 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 	7							17
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-					7		<u>X</u>
in Part III	8							
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9			-					v
Regulations section 53.4958-6(c)? 9	~					8		Λ
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Schedule J (Form 990) 2016

Schedule J (Form 990) 2016	Sche						
				0.	0.	0.	16 ^{DIRECTOR} , INTERNATIONAL SALES (ii)
0.	170,176.	7,291.	0.	276.	14,800.	147,809.	
0.	0.	0.	0.	0.	0.	0.	15 ^{MANAGING DIRECTOR} (ii)
0.	286,316.	20,587.	10,400.	877.	40,000.	214,452.	GLENN RICHARDSON (i)
0.	0.	0.	0.	0.	0.	0.	14 SENIOR MANAGING DIRECTOR (ii)
0.	321,147.	20,628.	8,021.	324.	64,100.	228,074.	AARON PITTS (i)
0.	0.	0.	0.	0.	0.	0.	13 ^{MANAGING DIRECTOR} (ii)
0.	194,943.	20,136.	0.	235.	0.	174,572.	VALENTINA ISAKINA (i)
0.	0.	0.	0.	0.	0.	0.	12 ^{SECTOR DIRECTOR} (ii)
0.	156,167.	7,164.	3,004.	181.	100.	145,718.	TIMOTHY SWEENEY (i)
0.	0.	0.	0.	0.	0.	0.	11 DIRECTOR, TALENT ACQUISITION (ii)
0.	162,006.	14,676.	0.	397.	100.	146,833.	
0.	0.	0.	0.	0.	0.	0.	10 ^{EXECUTIVE DIR OF OPERATIONS (ii)}
0.	257,835.	20,351.	7,324.	168.	46,400.	183,592.	KRISTINA CLOUSE (i)
0.	0.	0.	0.	0.	0.	0.	9 ^{GENERAL} COUNSEL (ii)
0.	238,226.	20,268.	8,624.	671.	35,600.	173,063.	DONELL GRUBBS (i)
0.	0.	0.	0.	0.	0.	0.	8 ^{SECTOR DIRECTOR} (ii)
0.	176,730.	7,841.	6,623.	102.	22,500.	139,664.	MATTHEW CYBULSKI (i)
0.	0.	0.	0.	0.	0.	0.	Trector of Sales (ii)
0.	198,144.	11,649.	6,137.	196.	25,000.	155,162.	LEE CRUME (i)
0.	0.	0.	0.	0.	0.	0.	6 ^{SENIOR MANAGING DIRECTOR} (ii)
0.	302,899.	2,566.	0.	333.	65,000.	235,000.	
0.	0.	0.	0.	0.	0.	0.	5 ^{SENIOR ADVISOR} (ii)
0.	324,417.	15,186.	12,084.	929.	57,100.	239,118.	CHARLES MUSTINE (i)
0.	0.	0.	0.	0.	0.	0.	4 MANAGING DIRECTOR (ii)
0.	258,492.	3,021.	3,157.	314.	27,000.	225,000.	DANA SAUCIER (i)
0.	0.	• 0	0.	0.	0.	0.	3 ^{CHIEF FINANCIAL OFFICER} (ii)
0.	242,566.	7,337.	7,299.	251.	39,500.	188,179.	A
0.	0.	0.	0.	0.	0.	0.	2 ^{MANAGING DIRECTOR} (ii)
0.	280,609.	19,729.	4,846.	315.	37,700.	218,019.	TED GRIFFITH (i)
0.	0.	0.	0.	0.	0.	0.	1 BOARD MEMBER PRESIDENT AND CIO
0.	528,945.	14,630.	12,112.	324.	180,000.	321,879.	JOHN MINOR (I)
in column (B) reported as deferred on prior Form 990	(B)(i)-(D)	benefits	other deferred compensation	(iii) Other reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Title
(F) Compensation	(E) Total of columns	(D) Nontaxable	(C) Retirement and	C compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown of	
amounts for that	∍ column (D) and (E)	, line 1a, applicable	0, Part VII, Section A	amount of Form 99	nust equal the total	ach listed individual r	Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Page 2

JOBSOHIO

Schedule J (Form 990) 2016

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

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

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individual.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Page 2

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that

	-	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2016

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Schedule J (Form 990) 2016

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 20**16** Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

JOBSOHIO

Employer identification number 45-2798687

FORM 990 PART VI LINE 2

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

FORM 990 PART VI LINE 7A

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

FORM 990 PART VI LINE 11B

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

FORM 990 PART VI LINE 12C

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

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

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

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

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST WITH RESPECT TO A SPECIFIC TRANSACTION OR ARRANGEMENT BETWEEN AN INTERESTED INDIVIDUAL AND THE CORPORATION, AN INTERESTED INDIVIDUAL MUST DISCLOSE THE EXISTENCE AND NATURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE DIRECTOR OF COMPLIANCE, BOARD, AND MEMBERS OF ANY COMMITTEES OR INDIVIDUALS WITH BOARD-DELEGATED POWERS THAT ARE CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

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

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

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

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

Schedule O (Form 990 or 990-EZ) 2016		Page 2
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JOBSOHIO	45-2798687	

DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE DIRECTOR OR OFFICER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD DETERMINES THAT THE DIRECTOR OR OFFICER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT MUST TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, INCLUDING, WITHOUT LIMITATION, INITIATING AN ACTION FOR BREACH OF FIDUCIARY DUTY. THE MINUTES OF THE BOARD MEETINGS CONSIDERING POSSIBLE OR ACTUAL CONFLICTS OF INTEREST SHALL BE KEPT AND SHALL CONTAIN BOTH OF THE FOLLOWING:

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

IN ADDITION TO THE FOREGOING, ANY OFFICER OR EMPLOYEE OF THE CORPORATION WHOSE RESPONSIBILITY INCLUDES COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION DIRECTLY OR INDIRECTLY FROM THE CORPORATION IS PRECLUDED FROM VOTING OR PROVIDING INFORMATION TO ANY COMPENSATION COMMITTEE ON MATTERS PERTAINING TO THAT INDIVIDUAL'S COMPENSATION. DIRECTORS MAY NOT SOLICIT OR ACCEPT EMPLOYMENT WITH ANY PERSON THAT RECEIVES OR HAS RECEIVED AN INCENTIVE OR OTHER ASSISTANCE AS A RESULT OF A DECISION THAT SUCH DIRECTOR PARTICIPATED IN AS A DIRECTOR OF THE CORPORATION.

EACH DIRECTOR, OFFICER AND EMPLOYEE IS REQUIRED TO ANNUALLY SIGN A STATEMENT AFFIRMING THAT SUCH INDIVIDUAL: (A) HAS RECEIVED A COPY OF THE POLICY; (B) HAS READ AND UNDERSTANDS THE POLICY; (C) HAS AGREED TO COMPLY WITH THE POLICY; AND (D) UNDERSTANDS THE CORPORATION'S STATUTORY PURPOSE AND THAT IT IS A NONPROFIT CORPORATION.

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

(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

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ARTICLES, THIS CODE OF REGULATIONS AND CONTRACTUAL OBLIGATIONS, AND ARE PROPERLY DOCUMENTED; AND

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

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

EFFECTIVE OCTOBER 1, 2013, 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

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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 LINE 15A & 15B 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

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IS RESPONSIBLE FOR REVIEWING ANY PLAN FOR THE COMPENSATION OF THE CORPORATION'S EMPLOYEES RECOMMENDED BY THE CHIEF INVESTMENT OFFICER AND FOR MAKING RECOMMENDATIONS REGARDING ANY SUCH PLAN OF COMPENSATION TO THE BOARD FOR THEIR ACTION. IN ADDITION, THE COMMITTEE IS TO REVIEW COMPENSATION ARRANGEMENTS WITH BOTH EMPLOYEES AND INDEPENDENT CONTRACTORS OF THE CORPORATION.

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

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

FORM 990 PART VI LINE 19

THE CORPORATION'S ARTICLES OF INCORPORATION ARE FILED WITH THE OFFICE OF THE OHIO SECRETARY OF STATE AND ARE A MATTER OF PUBLIC RECORD AVAILABLE ONLINE. THE CORPORATION'S CONFLICT OF INTEREST POLICY AND AUDITED

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JOBSOHIO	45-2798687	

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, 2016 AUDITED FINANCIAL STATEMENTS, 2017 AUDITED FINANCIAL STATEMENTS, AND IRS FORM 990.

FORM 990 PART IX LINE 24A

NETWORK PARTNER SERVICE FEES ARE AMOUNTS PAID TO 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.

ATTACHMENT 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MCGANN MEDIA 61 JEFFERSON AVENUE COLUMBUS, OH 43215	CONSULTANT	3,645,997.
TEAM NEO 737 BOLIVAR ROAD, SUITE 2000 CLEVELAND, OH 44115	CONSULTANT	2,486,058.
REDI CINCINNATI 3 EAST 4TH STREET, SUITE 301 CINCINNATI, OH 45202	CONSULTANT	2,216,627.
COLUMBUS 2020 150 S FRONT STREET #200 COLUMBUS, OH 43215	CONSULTANT	1,892,575.
DAYTON DEVELOPMENT COALITION 40 N MAIN STREET, SUITE 900 DAYTON, OH 45423	CONSULTANT	1,526,020.

Schedule O (Form 990 or 990-EZ) 2016

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

Employer identification number OMB No. 1545-0047 Open to Public 2016 Inspection

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Part I	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ntities. Complete if th	e organization an	swered "Yes" on F	orm 990, Part IV	, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	able) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)								
(2)								
(3)								
4								
(5)								
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	cempt Organizations. organizations during the transmission of transmission of the transmission of transmission	Complete if the c he tax year.	organization answe	ered "Yes" on Fo	rm 990, Part IV,	line 34 because i	t had
	(a) Name, address, and EIN of related organization	anization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
11 JOBSC	(1) JOBSOHIO BEVERAGE SYSTEM	20-1255734						Yes No
(1) 41 s	1500	ZU-1ZJJ/34 COLUMBUS, OH 43215	ECON DEVELOP	OH	501 (C) (3)	7	JOBSOHIO	×
(2)								
(3)								
(5)								
(6)								
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Schedule R (Form 990) 2016

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

		(5)	(4)	(3)	(2)	N/A	(1) NONE		(a) (b) (c) (d) (e) (f) Name, address, and EIN of related organization Primary activity Legal domicile Direct controlling Type of entity Share of total St (state or foreign entity (C corp, S corp, or income end-of-	-	Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV,		(6)		(4)			(1) NONE	Yes No	excluded from tax under sections 512.514)	(u) (v) (v) Direct controlling Predominant Share of total Share of end-of- Disproportanate entity unrelated, income year assets allocations?	
$\left \right $						N/A		_		tion or u	omplet					 _				4)	Ļ.	
										trust during	te if the org										(I) Share of total income	(n)
									(e) Type of entity (C corp, S corp, or trust)	g the tax year.	janization answ											(2)
									(f) Share of incom		ered "Y								Yes N			
									total le		es" oi	+		+		 _			6	9		-
									(g) Share of end-of-year assets		n Form 990,									(Form 1065)	Code V - UBI amount in box 20	
	 			_			_			-	Part IV			 -					Yes No		General or managing	
	 							Yes No	(h) (i) Percentage Section ownership controlled entity?	-	,`										Percentage ownership	E.

 e Loans or loan guarantees by related organization(s)	 Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following tr a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a contrc b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)
(s)	ed in Parts ation enga (iii) royaltie orelated or related organizati d organizati
Loans or loan guarantees by related organization(s)	:: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with one or more related or Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s)
9	r more related organizations lis
relationships and transfer 483,000,000	ganizations listed in Parts II-IV?
1e x 1f x 1h x 1i x	
1e 1f 1 1f 1 1f 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
00) 2016 2016	Yes X

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Schedule R (Form 990) 2016

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

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

ու ցուծչ լեռելուե) լուցք որը ց լելցեր ունցությունը։ Դեբ ությունըները ենցելությունը, որ որ որ որ որությունը։ Ինք						silips.						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro allo	(h) Disproportionate allocations?	() Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes No			Yes	No		Yes	8 No	
(1)												
(2)												
(3)												
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Schedule R (Form 990) 2016

Part VII

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

Schedule R (Form 990) 2016