



2016 Income Tax Returns

JOBSOHIO
PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2016

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JOBSOHIO Doing Business As		D Employer identification number 45-2798687
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 41 S. HIGH ST STE 1500		E Telephone number (614) 224-6446
	City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43215-6104		G Gross receipts \$ 184,754,265.
	F Name and address of principal officer: JOHN MINOR 41 S HIGH ST STE 1500 COLUMBUS, OH 43215		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.JOBS-OHIO.COM	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2011 M State of legal domicile: OH

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROMOTE ECONOMIC DEVELOPMENT, JOB CREATION, JOB RETENTION, JOB TRAINING, WORKFORCE DEVELOPMENT, AND THE RETENTION OF CURRENT AND RECRUITMENT OF NEW BUSINESS TO OHIO.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8.
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	83.
	6	Total number of volunteers (estimate if necessary)	6	8.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	150,000,000.	180,000,000.
	9	Program service revenue (Part VIII, line 2g)	1,695,870.	2,914,873.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,496,901.	1,837,159.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,393.	2,233.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	156,194,164.	184,754,265.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,763,625.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,188,976.	11,037,384.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16b		Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,913,035.	29,260,087.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	69,865,636.	96,247,892.	
19	Revenue less expenses. Subtract line 18 from line 12	86,328,528.	88,506,373.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	437,278,573.	537,853,721.
	21	Total liabilities (Part X, line 26)	38,548,504.	50,617,279.
	22	Net assets or fund balances. Subtract line 21 from line 20	398,730,069.	487,236,442.

Part II Signature Block

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

Sign Here	Signature of officer JOHN MINOR Type or print name and title	Date 02/27/2018 PRESIDENT & CIO
	Signature of preparer PHILIP B BARTLETT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name PHILIP B BARTLETT	Preparer's signature <i>Philip B Bartlett</i>	Date 02/28/2018	Check <input type="checkbox"/> if self-employed	PTIN P01299075
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		Phone no. 614-249-2300	
	Firm's address ▶ 191 WEST NATIONWIDE BLVD., STE. 500 COLUMBUS, OH 43215-2568				

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 90,141,215. including grants of \$ 55,950,421.) (Revenue \$ 2,917,106.)
JOB SOHIO'S PROGRAM OF ECONOMIC DEVELOPMENT FOCUSED ON JOB CREATION, JOB RETENTION, AND NEW CAPITAL INVESTMENT FROM EXISTING BUSINESS EXPANSION AND ATTRACTION OF NEW COMPANIES TO THE STATE OF OHIO. THE ECONOMIC DEVELOPMENT PROGRAM WILL INCREASE IN INTENSITY IN FISCAL YEAR 2018 AS JOB SOHIO PROMOTES NEW ECONOMIC DEVELOPMENT PROGRAMS WHILE CONTINUING TO LEVERAGE EXISTING PROGRAMS.

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

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

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

4e Total program service expenses **90,141,215.**

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 with various questions about organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable trusts.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► _____
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 KEVIN A. GIANGOLA 41 S HIGH STREET SUITE 1500 COLUMBUS, OH 43215 614-224-6446

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES BOLAND CHAIRMAN OF THE BOARD	1.00 1.00	X		X			0.	0.	0.	
(2) JOHN MINOR BOARD MEMBER PRESIDENT AND CIO	40.00 1.00	X		X			502,203.	0.	26,742.	
(3) GARY HEMINGER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(4) STEPHEN MARKOVICH BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(5) LAWRENCE KIDD BOARD MEMBER, SEC-TREAS	1.00 0.	X		X			0.	0.	0.	
(6) TOM WILLIAMS BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(7) JOHN BISHOP BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(8) BARBARA SNYDER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(9) BRAD LINDNER BOARD MEMBER TERMED 7/5/16	1.00 0.	X					0.	0.	0.	
(10) STEPHEN PERRY BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(11) KEVIN A. GIANGOLA CHIEF FINANCIAL OFFICER	40.00 1.00			X			227,930.	0.	14,636.	
(12) TED GRIFFITH MANAGING DIRECTOR	40.00 0.				X		256,034.	0.	24,575.	
(13) DANA SAUCIER MANAGING DIRECTOR	40.00 0.				X		252,314.	0.	6,178.	
(14) CHARLES MUSTINE SENIOR ADVISOR	40.00 0.				X		297,147.	0.	27,270.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KRISTI TANNER ----- SENIOR MANAGING DIRECTOR	40.00 0.				X			300,333.	0.	2,566.
(16) DONELL GRUBBS ----- GENERAL COUNSEL	40.00 0.				X			209,334.	0.	28,892.
(17) KRISTINA CLOUSE ----- EXECUTIVE DIR OF OPERATIONS	40.00 0.				X			230,160.	0.	27,675.
(18) VALENTINA ISAKINA ----- MANAGING DIRECTOR	40.00 0.				X			174,807.	0.	20,136.
(19) AARON PITTS ----- SENIOR MANAGING DIRECTOR	40.00 0.				X			292,498.	0.	28,649.
(20) GLENN RICHARDSON ----- MANAGING DIRECTOR	40.00 0.				X			255,329.	0.	30,987.
(21) ANDREW DEYE ----- DIRECTOR, STRATEGY	40.00 0.				X			176,983.	0.	13,649.
(22) LEE CRUME ----- DIRECTOR OF SALES	40.00 0.					X		180,358.	0.	17,786.
(23) MATTHEW CYBULSKI ----- SECTOR DIRECTOR	40.00 0.					X		162,266.	0.	14,464.
(24) CHERYL HAY ----- DIRECTOR, TALENT ACQUISITION	40.00 0.					X		147,330.	0.	14,676.
(25) TIMOTHY SWEENEY ----- SECTOR DIRECTOR	40.00 0.					X		145,999.	0.	10,168.
1b Sub-total								1,535,628.	0.	99,401.
c Total from continuation sheets to Part VII, Section 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 limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 32

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 34

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for ANDREW LANGE, DIRECTOR, INTERNATIONAL SALES.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 32

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	180,000,000.					
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			180,000,000.				
Program Service Revenue			Business Code					
	2a MANAGEMENT FEES		900099	731,113.	731,113.			
	b LOAN FEES		900099	475,630.	475,630.			
	c LOAN INTEREST		900099	1,708,130.	1,708,130.			
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f			2,914,873.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			1,837,159.			1,837,159.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents	(i) Real	(ii) Personal					
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)				0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
	b Less: cost or other basis and sales expenses							
	c Gain or (loss)							
	d Net gain or (loss)				0.			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			0.			
		b Less: direct expenses	b		0.			
c Net income or (loss) from fundraising events				0.				
9a Gross income from gaming activities. See Part IV, line 19	a			0.				
	b Less: direct expenses	b		0.				
	c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a			0.				
	b Less: cost of goods sold	b		0.				
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue		Business Code						
11a MISCELLANEOUS INCOME		900099	2,233.	2,233.				
b								
c								
d All other revenue								
e Total. Add lines 11a-11d			2,233.					
12 Total revenue. See instructions.			184,754,265.	2,917,106.		1,837,159.		

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.	
10 Payroll taxes	638,829.	506,868.	131,961.	
11 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.	
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,855,067.	2,596,923.	258,144.	
12 Advertising and promotion	8,020,528.	8,020,528.		
13 Office expenses	318,278.		318,278.	
14 Information technology	1,268,520.		1,268,520.	
15 Royalties	0.			
16 Occupancy	629,486.		629,486.	
17 Travel	986,121.	986,121.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	55,419.	55,419.		
19 Conferences, conventions, and meetings	965,376.	918,851.	46,525.	
20 Interest	828.		828.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	502,739.		502,739.	
23 Insurance	204,052.		204,052.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a NETWORK PARTNER SERVICE FEES	10,735,492.	10,735,492.		
b RESEARCH AND MATERIALS	289,773.	289,773.		
c BAD DEBT EXPENSE	998,316.	998,316.		
d TRAINING	277,396.	277,396.		
e All other expenses _____	246,292.	225,955.	20,337.	
25 Total functional expenses. Add lines 1 through 24e	96,247,892.	90,141,215.	6,106,677.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

Table with columns for (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-34). Includes sub-rows for land/equipment (10a, 10b) and depreciation (10c).

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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	88,506,373.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	398,730,069.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	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.

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

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

Form **990** (2016)

Schedule of Contributors

2016

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ 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 45-2798687
---	---

Organization type (check one):

Filers of:

Section:

- | | |
|--------------------|---|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(4) (enter number) organization

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation

<input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation

<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation

<input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 180,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **JOBSOHIO**

Employer identification number
45-2798687

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

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

Name of organization **JOBSOHIO**

Employer identification number

45-2798687

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

JOBSOHIO

45-2798687

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a-2 regarding collections of art and historical treasures.

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

Schedule D (Form 990) 2016

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) ECONOMIC DEVELOPMENT LOANS	48,277,812.	FMV
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	184,754,265.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
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.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	184,754,265.

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

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

1	Total expenses and losses per audited financial statements		1	96,247,892.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	96,247,892.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	96,247,892.

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.

Part XIII Supplemental Information *(continued)*

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
JOBSSOHIO

Employer identification number
45-2798687

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE		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)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		3.			1,672,951.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		3.			1,672,951.

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

Schedule F (Form 990) 2016

Part III

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

(1)	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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 total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.
- 3 Enter total number of other organizations or entities.

Schedule F (Form 990) 2016

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471).* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990).* Yes No

Part V Supplemental Information

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

PART I, LINE 3

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

PART I, LINE 3, COLUMN (F)

ACCOUNTING METHOD IS ACCRUAL. ALL AMOUNTS ARE FOR EXPENDITURES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

Name of the organization
JOBSOHIO

Employer identification number
45-2798687

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 1250 OLD RIVER ROAD LLC 1010 EUCLID AVENUE CLEVELAND, OH 44115-1503	81-2604289		300,000.				ECONOMIC DEVELOPMENT
(2) A. B. B. LEASING CO. 302 STATE STREET ZANESVILLE, OH 43702	31-0996012		25,000.				ECONOMIC DEVELOPMENT
(3) A.J.M. PACKAGING CORPORATION 102 HIRT DRIVE BELLEVUE, OH 44881	38-1556263		75,000.				ECONOMIC DEVELOPMENT
(4) ACE FORWEL, INC 630 ALBERT ROAD BROOKVILLE, OH 45309	46-3270421		146,286.				ECONOMIC DEVELOPMENT
(5) ADS ALLIANCE DATA SYSTEMS, INC. 3100 EASTON SQUARE PLACE COLUMBUS, OH 43219	13-3163498		2,000,000.				ECONOMIC DEVELOPMENT
(6) AL. NEYER, LLC 302 WEST 3RD STREET CINCINNATI, OH 45202	20-4718296		190,021.				ECONOMIC DEVELOPMENT
(7) ALCOTT HOLDINGS LLC 460 EAST HIGH STREET LONDON, OH 43140-9303	81-3538518		140,816.				ECONOMIC DEVELOPMENT
(8) ALEX PRODUCTS, INC. 19911 COUNTY RD RIDGVILLE CORNERS, OH 43555	34-1117191		250,000.				ECONOMIC DEVELOPMENT
(9) ALKERMES, INC. 265 OLINGER CIRCLE WILMINGTON, OH 45177	23-2472830		100,000.				ECONOMIC DEVELOPMENT
(10) ALTVIVA PETROCHEMICALS, LLC 1019 FURNACE ROAD HAVERHILL, OH 45636	47-4927987		773,554.				ECONOMIC DEVELOPMENT
(11) AMCOR RIGID PLASTICS USA, LLC 975 WEST MAIN STREET BELLEVUE, OH 44811	95-4260108		400,000.				ECONOMIC DEVELOPMENT
(12) ARCONIC 425 SIXTH AVE PITTSBURGH, PA 44105	25-0317820		200,000.				ECONOMIC DEVELOPMENT

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
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OMB No. 1545-0047
2016
**Open to Public
Inspection**

Name of the organization
JOBSOHIO

Employer identification number
45-2798687

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARHAUS, LLC 7700 NORTHELD ROAD WALTON HILLS, OH 44146	34-1185757		200,000.		COST		ECONOMIC DEVELOPMENT
(2) BARCLAYS SERVICES OHIO 101 KNIGHTSBRIDGE DRIVE HAMILTON, OH 45011	51-0407971		252,869.		COST		ECONOMIC DEVELOPMENT
(3) BIBBO PROPERTIES, LTD. 6001 TOWPATH DRIVE VALLEY VIEW, OH 44125	34-1929504		100,000.		COST		ECONOMIC DEVELOPMENT
(4) BORBERS OHIO, INC. 400 INDUSTRIAL PARKWAY NORWALK, OH 44857	30-0841962		150,000.		COST		ECONOMIC DEVELOPMENT
(5) CAMPBELL SOUP SUPPLY COMPANY L.L.C. 12773 STATE ROUTE 110 NARPOLEON, OH 43545	51-0389504		100,000.		COST		ECONOMIC DEVELOPMENT
(6) CANDLE-LITE COMPANY, LLC 250 EASTERN AVE LEBERSBURG, OH 45135-9783	46-3867245		200,000.		COST		ECONOMIC DEVELOPMENT
(7) CARDINALCOMMERCE CORPORATION 6119 HEISLEY ROAD MENTOR, OH 44060	34-1888626		600,000.		COST		ECONOMIC DEVELOPMENT
(8) CHESTNUT COMMERCE CENTER, LLC 2480 BARTLETT ROAD MANTUA, OH 44255	47-5586394		281,994.		COST		ECONOMIC DEVELOPMENT
(9) CITY OF TORONTO 416 CLARK STREET TORONTO, OH 43964	34-6002813		153,071.		COST		ECONOMIC DEVELOPMENT
(10) CLARKWESTERN DIERFICH BUILDING SYSTEMS LLC 1455 RIDGE ROAD VIENNA, OH 44473-9702	27-5010387		300,000.		COST		ECONOMIC DEVELOPMENT
(11) CLASSIC WAREHOUSING, INC. 160 INDUSTRIAL PARKWAY VERSAILLES, OH 45380	31-1809959		39,996.		COST		ECONOMIC DEVELOPMENT
(12) CORVAC COMPOSITES, LLC 4450 36TH STREET KENTWOOD, MI 49512	20-2485456		381,446.		COST		ECONOMIC DEVELOPMENT

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(1) COVERMYMEDS LLC TWO MIRANOVA PLACE COLUMBUS, OH 43215-5078	26-3446223		150,000.		COST		ECONOMIC DEVELOPMENT
(2) DMAX, LTD. 3100 DRYDEN ROAD MORAIN, OH 45439-1622	31-1624971		250,000.		COST		ECONOMIC DEVELOPMENT
(3) DRURY SOUTHWEST, INC. 721 EMERSON ROAD SAINT LOUIS, MO 63141-6770	61-1728225		500,000.		COST		ECONOMIC DEVELOPMENT
(4) ELECTROCRAPF OHIO, INC. 250 MCCORMICK ROAD GALLIPOLIS, OH 45631	20-4410794		90,000.		COST		ECONOMIC DEVELOPMENT
(5) ERNST METAL TECHNOLOGIES LLC 2920 KREITZER ROAD MORAIN, OH 45439-1644	20-3246696		150,000.		COST		ECONOMIC DEVELOPMENT
(6) EUNOSTAMPA NORTH AMERICA INC. 1440 SEYMOUR AVENUE CINCINNATI, OH 45237	20-8588211		24,295.		COST		ECONOMIC DEVELOPMENT
(7) EVANSTON INVESTMENTS LLC 1400 NORTH MAIN STREET DELPHOS, OH 45833	26-4715674		180,000.		COST		ECONOMIC DEVELOPMENT
(8) FIRSTENERGY GENERATION, LLC 76 SOUTH MAIN STREET AKRON, OH 44308	34-1940561		12,408,019.		COST		ECONOMIC DEVELOPMENT
(9) FLIGHTSAFETY INTERNATIONAL INC. 4010 BRIDGEWAY AVENUE COLUMBUS, OH 43219	13-3916524		100,000.		COST		ECONOMIC DEVELOPMENT
(10) FORTNER UPHOLSTERING, INC. 2050 SOUTH HIGH STREET COLUMBUS, OH 43206	31-0789412		11,500.		COST		ECONOMIC DEVELOPMENT
(11) FUYAO GLASS AMERICA INC. 2801 WEST STROOP ROAD MORAIN, OH 45439	38-3928174		3,000,000.		COST		ECONOMIC DEVELOPMENT
(12) HDI LANDING GEAR USA, INC. 663 MONTGOMERY AVENUE SPRINGFIELD, OH 45506	27-2252732		37,740.		COST		ECONOMIC DEVELOPMENT

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

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(1) HOMAGE, LLC 4480 BRIDGEWAY AVENUE COLUMBUS, OH 43219	20-88826851		30,000.				ECONOMIC DEVELOPMENT
(2) HSN1, LLC 1 HSN DRIVE ST. PETERSBURG, FL 33729	26-2590893		150,000.				ECONOMIC DEVELOPMENT
(3) HUNTOWN PATTERN COMPANY 120 INDUSTRY STREET LEFTONIA, OH 44431-8707	34-1193031		25,000.				ECONOMIC DEVELOPMENT
(4) INTERNATIONAL BUSINESS MACHINES CORPORATION NORTH CASTLE DRIVE ARMONK, NY 10504	13-0871985		500,000.				ECONOMIC DEVELOPMENT
(5) KING'S COMMAND FOODS, LLC 770 N CENTER STREET VERSAILLES, OH 45380	27-4718303		250,000.				ECONOMIC DEVELOPMENT
(6) KLARNA INC. 274 MARCONI BOULEVARD COLUMBUS, OH 43215	99-0365994		125,000.				ECONOMIC DEVELOPMENT
(7) MADTREE HOUSE, LLC 5164 KENNEDY AVENUE CINCINNATI, OH 45209	45-1257111		500,000.				ECONOMIC DEVELOPMENT
(8) MANUFACTURING BUSINESS DEVELOPMENT SOLUTION 1950 INDUSTRIAL DRIVE FINDLAY, OH 45840	32-0071821		36,664.				ECONOMIC DEVELOPMENT
(9) MAR-BAL, INC. 787 RENAISSANCE PKWY PAINSVILLE, OH 44407	34-1059601		500,000.				ECONOMIC DEVELOPMENT
(10) MASTERS PHARMACEUTICAL, INC. 11930 KEMPER SPRINGS DR CINTT, OH 45240	31-1752403		200,000.				ECONOMIC DEVELOPMENT
(11) MIDA ENERGY HOLDING LLC 5037 STATE RTE 60 MCCONNELSVILLE, OH 43756	38-3825650		100,000.				ECONOMIC DEVELOPMENT
(12) MONROE COUNTY PORT AUTHORITY 101 NORTH MAIN STREET WOODSFIELD, OH 43793	47-1636712		146,469.				ECONOMIC DEVELOPMENT

- 3 Enter total number of other organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2016)

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(1) MPW INDUSTRIAL SERVICES, INC. 9711 LANCASTER ROAD HEBRON, OH 43025-9764	31-1014212		100,000.		COST		ECONOMIC DEVELOPMENT
(2) NICKEL PLATE STATTON, LLC 2001 EUCLID AVENUE EUCLID, OH 44117	46-4196165		233,433.		COST		ECONOMIC DEVELOPMENT
(3) NPW-USA, INC. 1101 SAINT GREGORY ST CINCINNATI, OH 45202	45-4498851		40,000.		COST		ECONOMIC DEVELOPMENT
(4) OHIO-WEST VIRGINIA EXCAVATING CO. 56461 FERRY LANDING RD SHADYSIDE, OH 43947	34-1421920		857,781.		COST		ECONOMIC DEVELOPMENT
(5) P. GRAHAM DUNN, INC. 630 HENRY STREET DALTON, OH 44618-9280	34-1667697		190,000.		COST		ECONOMIC DEVELOPMENT
(6) PCS NITROGEN OHIO L. P. 2200 FORT AMANDA ROAD LIMA, OH 45804	13-3934027		137,500.		COST		ECONOMIC DEVELOPMENT
(7) PEERLESS-WINSMITH, INC. 1401 WEST MARKET STREET WARREN, OH 44485	25-1487618		119,863.		COST		ECONOMIC DEVELOPMENT
(8) PERSISTENT SYSTEMS, INC. 2055 LAURELWOOD ROAD SANTA CLARA, CA 95054	77-0584954		30,000.		COST		ECONOMIC DEVELOPMENT
(9) PETER CREMER NORTH AMERICA, L.P. 3117 SOUTHSIDE AVENUE CINCINNATI, OH 45204	31-1635680		250,000.		COST		ECONOMIC DEVELOPMENT
(10) PISON STREAM SOLUTIONS, LLC 6101 W SNOWVILLE RD BRECKSVILLE, OH 44141	27-4453719		9,653.		COST		ECONOMIC DEVELOPMENT
(11) POLYCHEM CORPORATION 6277 HEISLEY ROAD MENTOR, OH 44060-1858	34-1570807		50,000.		COST		ECONOMIC DEVELOPMENT
(12) PORT OF GREATER CINCINNATI DEVELOPMENT AUTH 3 EAST 4TH STREET CINCINNATI, OH 45202-3745	31-1752368		1,749,893.		COST		ECONOMIC DEVELOPMENT

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(1) PRECISION PRODUCTS GROUP, INC. 339 MILL STREET APPLE CREEK, OH 44606-9573	46-2903016		100,000.		COST		ECONOMIC DEVELOPMENT
(2) PTTGC AMERICA LLC 2800 POST OAK BOULEVARD HOUSTON, TX 77056	47-4510612		1,451,981.		COST		ECONOMIC DEVELOPMENT
(3) REPACORP, INC. 31 INDUSTRY PARK COURT TIPP CITY, OH 45371	31-1144772		40,000.		COST		ECONOMIC DEVELOPMENT
(4) SAUDER WOODWORKING CO. 502 MIDDLE STREET ARCHBOLD, OH 43502-1559	34-4346145		100,000.		COST		ECONOMIC DEVELOPMENT
(5) SCANNELL PROPERTIES #277, LLC 8801 RIVER CROSSING BLVD INDY, IN 46240	81-2288733		100,000.		COST		ECONOMIC DEVELOPMENT
(6) LUK USA LLC 3401 OLD AIRPORT ROAD WOOSTER, OH 44691	84-1651449		1,500,000.		COST		ECONOMIC DEVELOPMENT
(7) SETEX, INC. 1111 MCKINLEY ROAD SAINT MARYS, OH 45885	34-1570556		30,000.		COST		ECONOMIC DEVELOPMENT
(8) STANDARDAERO COMPONENT SERVICES, INC. 11550 MOSTELLER ROAD CINCINNATI, OH 45241	31-1813317		120,000.		COST		ECONOMIC DEVELOPMENT
(9) STANLEY ELECTRIC US CO INC 420 EAST HIGH STREET LONDON, OH 43140	43-1192063		750,000.		COST		ECONOMIC DEVELOPMENT
(10) SUPERIOR DAIRY, INC. 4719 NAVARRE ROAD CANTON, OH 44706-2338	34-0564691		100,000.		COST		ECONOMIC DEVELOPMENT
(11) T.N.T. EQUIPMENT COMPANY 7070 STATE ROUTE 13 SOMERSET, OH 43783	31-1119067		30,000.		COST		ECONOMIC DEVELOPMENT
(12) TALIS CLINICAL, LLC 650 MONDIAL PARKWAY, STREETSHORO, OH 44241	46-1515066		50,000.		COST		ECONOMIC DEVELOPMENT

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(1) TE-CO MANUFACTURING LLC 109 QUINTER FARM ROAD UNION, OH 45322-9796	26-0349166		50,000.		COST		ECONOMIC DEVELOPMENT
(2) THE BLACK FAMILY LIMITED PARTNERSHIP 9711 LANCASTER ROAD HEBRON, OH 43025	31-1456357		250,000.		COST		ECONOMIC DEVELOPMENT
(3) THE BON-TON DEPARTMENT STORES, INC. 2801 EAST MARKET STREET YORK, PA 17402-2406	23-1269309		100,000.		COST		ECONOMIC DEVELOPMENT
(4) THE GENT MACHINE COMPANY 12315 KIRBY ROAD CLEVELAND, OH 44108-1616	34-0655810		423,228.		COST		ECONOMIC DEVELOPMENT
(5) THE IMPERIAL ELECTRIC COMPANY 345 SYCAMORE STREET MIDDLEPORT, OH 45760	20-5839715		200,000.		COST		ECONOMIC DEVELOPMENT
(6) THE LINCOLN ELECTRIC COMPANY 22801 ST CLAIR AVENUE EUGLID, OH 44117-1199	34-0359955		500,000.		COST		ECONOMIC DEVELOPMENT
(7) THE MENNELL MILLING COMPANY 319 VINE STREET FOSTORIA, OH 44830-2315	34-4302060		174,640.		COST		ECONOMIC DEVELOPMENT
(8) THE SANSON COMPANY 3716 CROTON AVENUE CLEVELAND, OH 44115-3417	34-0697598		100,000.		COST		ECONOMIC DEVELOPMENT
(9) THYSSENKRUPP BILSTEIN OF AMERICA INC. 8685 BILSTEIN BOULEVARD HAMILTON, OH 45015	95-2797355		50,000.		COST		ECONOMIC DEVELOPMENT
(10) TOWER PARTNERS LLC 40 NORTH MAIN STREET DAYTON, OH 45423-1020	80-0810911		300,000.		COST		ECONOMIC DEVELOPMENT
(11) UGN INC. 201 EXPLORATION DRIVE MONROE, OH 45050	36-3435795		850,000.		COST		ECONOMIC DEVELOPMENT
(12) UNICORE SPECIALTY MATERIALS RECYCLING, LLC 28960 LAKELAND BLVD WICKLIFFE, OH 44092	62-1551944		157,043.		COST		ECONOMIC DEVELOPMENT

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(1) UNI-GRIP INC. 9823 ST HWY 53 N UPPER SANDUSKY, OH 43351	34-1108705		100,000.		COST		ECONOMIC DEVELOPMENT
(2) VEJUSCEK AND HEBAN PROPERTIES 200 DIXIE HIGHWAY ROSSFORD, OH 43460	34-1776126		307,622.		COST		ECONOMIC DEVELOPMENT
(3) VENTURE PACKAGING MIDWEST, INC. 101 OAKLEY STREET EVANSVILLE, IN 47710	34-1809003		45,000.		COST		ECONOMIC DEVELOPMENT
(4) W&W DRY CLEANERS, LAUNDRY AND LINEN SERVICE 1440 JEFFERSON STREET GREENFIELD, OH 45123	46-5690691		50,000.		COST		ECONOMIC DEVELOPMENT
(5) WAVERLY 3PL, LLC 424 HOPEWELL ROAD WAVERLY, OH 45690	47-1846501		400,000.		COST		ECONOMIC DEVELOPMENT
(6) WEST CHESTER HOLDINGS, INC. 11500 CANAL ROAD SHARONVILLE, OH 45241	31-1440199		30,000.		COST		ECONOMIC DEVELOPMENT
(7) WESTERN RESERVE PORT AUTHORITY 1453 YOUNGSTOWN KINGSVLE RD VIENNA, OH 44473	34-1696662		199,478.		COST		ECONOMIC DEVELOPMENT
(8) WILBERT PLASTIC SERVICES 635 SOUTHWEST STREET BELLEVUE, OH 44811	36-1178800		200,000.		COST		ECONOMIC DEVELOPMENT
(9) WRAP N' SHIP, INC. 5055 ENTERPRISE BOULEVARD TOLEDO, OH 43612	34-1376029		55,075.		COST		ECONOMIC DEVELOPMENT
(10) ZANESVILLE MUSKINGUM COUNTY PORT AUTHORITY 205 NORTH 5TH STREET ZANESVILLE, OH 43701	31-6400080		775,976.		COST		ECONOMIC DEVELOPMENT
(11) ZUDILY INC 2601 ELLIOT SEATTLE, WA 98121	27-1202150		250,000.		COST		ECONOMIC DEVELOPMENT
(12) ATHENS MOLD AND MACHINE, INC. 180 R MILL STREET ATHENS, OH 45701	31-1145612		400,000.		COST		ECONOMIC DEVELOPMENT

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(1) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MARION TECHNICAL COLLEGE 1467 MOUNT VERNON AVENUE MARION, OH 43302	31-0798878	501(C)(3)	200,000.		COST		ECONOMIC DEVELOPMENT
(2) UNIVERSITY OF DAYTON RESEARCH INSTITUTE 300 COLLEGE PARK DAYTON, OH 45469	31-0536715	501(C)(3)	6,561.		COST		ECONOMIC DEVELOPMENT
(3) H2W CONSULTING LLC 172 EAST STATE STREET COLUMBUS, OH 43215	81-5322241		187,500.		COST		ECONOMIC DEVELOPMENT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table 97

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2016)

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

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

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

PART I LINE 2

JOBSONHIO GRANTEEES RECEIVE GRANT FUNDS ONLY ON A REIMBURSEMENT BASTS.

GRANTEEES MUST SUBMIT A REQUEST FOR REIMBURSEMENT AND SUPPORTING

DOCUMENTATION FOR REVIEW AND APPROVAL BY JOBSONHIO.

GRANTEEES MUST MAINTAIN RECORDS SUPPORTING CLAIMED COSTS AND ALL REQUESTS

FOR REIMBURSEMENT ARE SUBJECT TO AUDIT BY JOBSONHIO.

REQUESTS FOR REIMBURSEMENT MUST BE CERTIFIED BY AUTHORIZED OFFICERS OF

GRANTEE. DOCUMENTATION IN SUPPORT OF CLAIMED COSTS MUST INCLUDE

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

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

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

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

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

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

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

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

PART II

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

JOBSOHIO

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

45-2798687

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

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

Schedule J (Form 990) 2016

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

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

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

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

Schedule J (Form 990) 2016

Page 2

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANDREW DEYE DIRECTOR, STRATEGY	(i) 165,870. (ii) 0. (iii) 113. (iv) 0.	(i) 11,000. (ii) 0. (iii) 113. (iv) 0.	(i) 6,159. (ii) 0. (iii) 7,490. (iv) 0.	(i) 190,632. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.	(i) 0. (ii) 0.
2	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)
3	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)
4	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)
5	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)
6	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)
7	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)
8	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)
9	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)
10	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)
11	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)
12	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)
13	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)
14	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)
15	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)
16	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)	(i) (ii) (iii) (iv)

Part III Supplemental Information

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

JOBSOHIO

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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,

Name of the organization JOBOSHIO	Employer identification number 45-2798687
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BUT DOES NOT REPLACE, OHIO LAWS GOVERNING CONFLICTS OF INTEREST
APPLICABLE TO THE CORPORATION.

UNDER JOBOSHIO'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

Name of the organization JOBOSHIO	Employer identification number 45-2798687
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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

Name of the organization JOB SOHIO	Employer identification number 45-2798687
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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.

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

THE DIRECTOR OF COMPLIANCE HAS COMPILED A LIST OF FINANCIAL AND FIDUCIARY

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

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

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

UNDER ARTICLE 6.4 OF THE JOB SOHIO 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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FINANCIAL STATEMENTS ARE FILED WITH THE OHIO DEVELOPMENT SERVICES AGENCY AND ARE PUBLIC RECORDS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

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

FORM 990 PART IX LINE 24A

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

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MCGANN MEDIA 61 JEFFERSON AVENUE COLUMBUS, OH 43215	CONSULTANT	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 R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

JOBSOHIO

Employer identification number
45-2798687

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

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

Schedule R (Form 990) 2016

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

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(1) NONE	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
									Yes

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

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to related organization(s)	1b	X
c	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
e	Loans or loan guarantees by related organization(s)	1e	X
f	Dividends from related organization(s)	1f	X
g	Sale of assets to related organization(s)	1g	X
h	Purchase of assets from related organization(s)	1h	X
i	Exchange of assets with related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o	Sharing of paid employees with related organization(s)	1o	X
p	Reimbursement paid to related organization(s) for expenses	1p	X
q	Reimbursement paid by related organization(s) for expenses	1q	X
r	Other transfer of cash or property to related organization(s)	1r	X
s	Other transfer of cash or property from related organization(s)	1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	JOBOSOHIO BEVERAGE SYSTEM	C	180,000,000.	CASH
(2)	JOBOSOHIO BEVERAGE SYSTEM	L, O	697,795.	COST
(3)	JOBOSOHIO BEVERAGE SYSTEM	Q	483,087.	COST
(4)				
(5)				
(6)				

Part VI

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

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

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

Part VII **Supplemental Information**

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