D Employer identification number

(Employees' trust, see instructions)

1906

2018

Open to Public Inspection for

501(c)(3) Organizations Only

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

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

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

Check box if name changed and see instructions )

For calendar year 2018 or other tax year beginning 07/01/18, and ending 06/30/19

Tri-County Jobs for Ohio's

Name of organization

&Form 990-T

R

29

30

31

32

Total deductions. Add lines 14 through 28

Unrelated business taxable income Subtract line 31 from line 30

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Department of the Treasury

Check box if

Exempt under section

address changed

Internal Revenue Service

CG

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Form 990-T (2018)

Form	990-T (2018) Tri-County Jobs for Ohio's	31-1204720	_	Page <b>2</b>
Pa	rt III Total Unrelated Business Taxable income			<del>,</del>
33	Total of unrelated business taxable income computed from all unrelated trades or busin	esses (see		
	instructions)		33	
34	Amounts paid for disallowed fringes		34	15,899
35	Deductions for net operating loss ansing in tax years beginning before January 1, 2018	(see		
	instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 fi	rom the sum		
	of lines 33 and 34		36	15,899
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38	3 137	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater	r than line 36,	اہا اد	
	enter the smaller of zero or line 36	30	1 138	14,899
	rt IV Tax Computation		1 -	2 100
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	40	29	3,129
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	1044)	40	
	the amount on line 38 from Tax rate schedule or Schedule D (Form	40		
41	Proxy tax. See instructions	_		
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions	40	43	3,129
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		)   144	5,125
	rt V Tax and Payments	45-	Т	
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a	┪	
b	Other credits (see instructions)	45b	-f	
С.	General business credit Attach Form 3800 (see instructions)	45c	-	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	450	
e	Total credits. Add lines 45a through 45d		45e 46	3,129
46	Subtract line 45e from line 44 Other taxes		47	5,129
47	Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att. s	scn)		3,129
48	Total tax. Add lines 46 and 47 (see instructions)	•	49	3,129
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2		49	
50a	Payments A 2017 overpayment credited to 2018 2018 estimated tax payments 516	50a 2,500	┪ !	
b	- · · · · · · · · · · · · · · · · · · ·		4	
С	Tax deposited with Form 8868	50c	-	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	-	
e	Backup withholding (see instructions)	50e	$\dashv$	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	-	
g	Other credits, adjustments, and payments Form 2439	50g		
F.4		500	51	2,500
51	Total payments. Add lines 50a through 50g	► IX	1 2 5 b	44
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached		775	673
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<del>) 54</del>	0,3
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount ov		55	
<u>55</u>	Enter the amount of line 54 you want Credited to 2019 estimated tax	Refunded >	] 33	
	rt VI Statements Regarding Certain Activities and Other Inforn			Yes No
56	At any time during the 2018 calendar year, did the organization have an interest in or a over a financial account (bank, securities, or other) in a foreign country? If "YES," the or	signature or other authority canization may have to file		Tes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the	name of the foreign country		,,
	here >			<u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the granton	r of, or transferor to, a foreign tn	ıst?	X
58	If "YES," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year  \$ \$			
<u> </u>				<del></del>
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statemen true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	nts, and to the best of my knowledge and be r has any knowledge	iet, it is	M
Sig	n  // /1	. nee on, memorge		May the IRS discuss this return with the preparer shown below
Her	e	irector		(see instructions)?  X Yes No
	Signal fre of officer C Date Title	····		
	Pnnt/Type preparer's name Preparer's signature	Date	Check	If PTIN
Paid	1,000 miles	05/01/20	) self-em	
Prep		s EIN 🕨	34-1897853	
Use	Only 1640 Akron Peninsula Rd Ste 102	2		
	Firm's address > Akron, OH 44313	Pho	ne no	330-867-1222
				Form <b>990-T</b> (2018)

Forn	n 990-T (2018) Tri-C	ounty Jobs	for	Ohio's	5	31-1	204720		Page 3		
	nedule A - Cost of Go					_					
1	Inventory at beginning of ye			6		year		6			
2	Purchases	2		7	Cost of goods sol	d. Subtra	act				
3	Cost of labor	3			line 6 from line 5 E	nter here	and				
4a	Additional sec 263A costs				ın Part I, line 2			7	_		
	(attach schedule)	4a		8	Do the rules of sect	ion 263A	(with respect to		Yes No		
b	Other costs (attach schedule)	4b			property produced of	or acquire	ed for resale) apply				
5	Total. Add lines 1 through	4b 5			to the organization?						
	edule C - Rent Incon	ne (From Real	Proper	ty and Per	sonal Property L	eased	With Real Prope	erty)			
_(se	ee instructions)										
1 Des	cription of property										
(1)	N/A				<u> </u>				<u>-</u> .		
(2)							· · · · = ·				
(3)											
(4)											
		2 Rent receiv	ed or accn	ued							
	(a) From personal property (if the p	percentage of rent		(b) From real as	nd personal property (if the		3(a) Deductions d	ns directly connected with the income			
	for personal property is more that	an 10% but not	percentage of rent for personal property exceeds				in columns 2(a) and 2(b) (attach sched		chedule)		
more than 50%)				50% or if the rent	is based on profit or income)						
(1)											
(2)											
(3)											
(4)	<del></del>		ļ								
Total			Total				(b) Total deduction	s.			
	otal income. Add totals of c		) Enter				Enter here and on page 1,				
	and on page 1, Part I, line 6,		1		<u> </u>		Part I, line 6, column (	(B) <b>&gt;</b>			
<u>Scn</u>	edule E – Unrelated I	Debt-Financed	incom	<b>e</b> (see instru	ctions)	1					
		2 Gros	ss income from or	İ	3 Deductions directly connected with or allocable debt-financed property						
	1 Description of debt-financed property			allocabl	allocable to debt-financed property			<del></del>	(b) Other deductions		
							traight line depreciation (attach schedule)		deductions schedule)		
	N/A						(0.000)	1			
(1)	N/A					<del> </del>					
(2)	<del></del>					<b></b>		+			
(4)											
<u>\-</u> /	4 Amount of average	5 Average adjusted	basis		£ Caluma	<del> </del>		9 Allegabl	o doductions		
	acquisition debt on or	of or allocable to	,		6 Column 4 divided		ross income reportable		e deductions total of columns		
	allocable to debt-financed property (attach schedule)	debt-financed prop- (attach schedule		t	by column 5	(4	column 2 x column 6)	3(a) a	and 3(b))		
(1)		<u>-</u>			%						
(2)					%						
(3)					%						
(4)					%	1					
<del>1</del>						<del> </del>	here and on page 1,	Enter here a	nd on page 1,		
							l, line 7, column (A)		7, column (B)		
Total	s				•						
	dividends-received deduc	ctions included in c	8 nmulc			_	<b>•</b>				

Form **990-T** (2018)

Schedule F – Interest, Ann	uities, Royai	ues, and Rei		ot Controlled			(see instruc	tions)	
Name of controlled organization		2 Employer identification number		related income ee instructions)	4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross incom		6 Deductions directly connected with income in column 5
(1) <b>N/A</b>									
(2)									
(3)		-							_
(4)									
Nonexempt Controlled Organiza	ations						-		
7 Toyobla Income		8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made		10 Part of column 9 that included in the controlling organization's gross inco			Deductions directly sected with income in column 10
(1)									
(2)									
(3)									
(4)									
Totals	Totals				•	Add columns Enter here an Part I, line 8,	d on page 1, column (A)	Enter	d columns 6 and 11 r here and on page 1, I, line 8, column (B)
Schedule G - Investment In	ncome of a S	section 501(c	)(7), (9)	, or (17) Org	janizati	on (see ii	nstructions)		
1 Description of income	2 Amount of income		3 Deductions directly connected (attach schedule)		ı	4 Set-asides (attach schedulé)		5 Total deductions and set-asides (col 3 plus col 4)	
(1) <b>N/A</b>	-								
(2)									
(3)				<u> </u>					
(4)									
Totals	•	Enter here and o Part I, line 9, co		·					er here and on page 1, rt I, line 9, column (B)
Schedule I – Exploited Exe	mpt Activity	Income, Oth	er Than	Advertising	Incon	ne (see in	structions)	•	
1 Description of exploited activity	2 Gross unrelated		ses y with n of ed ncome	4 Net income (loss from unrelated trad or business (colum 2 minus column 3) If a gain, compute cols 5 through 7	e 5 n fro	Gross income om activity that not unrelated siness income	6 Expo attnbuta colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A					,	* *****			
(2)									-
(3)									
(4)									
Totals	on Enter here and on page 1, Part I, line 10, col (B)						Enter here and on page 1, Part II, line 26		
Schedule J – Advertising Ir	ncome (see in	structions)							
Part I Income From F			Consc	olidated Bas	is				
1 Name of penodical	2 Gross		costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income	6 Readership costs		7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1) N/A	-								
(2)									]
(3)									
(4)									<u>l</u> _
Totals (carry to Part II, line (5))	- "								

Total. Enter here and on page 1, Part II, line 14

31-1204720

10111 330-1 (2010) 111 000					<del></del>	<del></del>		
Part II Income From I	Periodicals Repo	rted on	a Sepa	rate Basis (For	each period	lical listed in F	Part II, fi	II in columns
2 through 7 on	a line-by-line basi	is)						
1 Name of penodical	2 Gross advertising income	l	Direct gain or (loss) (col 2 minus col 3) If a gain compute cols 5 through 7		5 Circulation income	6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A								
(2)								ļ
(3)								
(4)								
Totals from Part I				]	•			
	Enter here and on page 1, Part I, line 11, col (A)	Enter hei page 1 line 11,		•	,			Enter here and on page 1. Part II, line 27
Totals, Part II (lines 1-5)							ı	
Schedule K - Compensation	on of Officers, D	irectors	, and Ti	rustees (see instri	uctions)			
1 Name				2 Title time			3 Percent of me devoted to business 4 Compensation attribute unrelated business	
(1) N/A						%		
(2)						%	·	
(3)						%	•	

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