



2015 Income Tax Returns

JOBSOHIO

Public Inspection Copy

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

A For the **2015** calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

| | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--|--|
| 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 <u>JOBSOHIO</u> | | | D Employer identification number <u>45-2798687</u> | | |
| | Doing Business As | | | E Telephone number <u>(614) 224-6446</u> | | |
| | Number and street (or P.O. box if mail is not delivered to street address) | | Room/suite | G Gross receipts \$ <u>156,194,164.</u> | | |
| | <u>41 S HIGH ST STE 1500</u> | | | | | |
| City or town, state or province, country, and ZIP or foreign postal code <u>COLUMBUS, OH 43215-6104</u> | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| F Name and address of principal officer: <u>JOHN MINOR</u> <u>41 S. HIGH STREET, STE 1500, COLUMBUS, OH 43215</u> | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | H(c) Group exemption number ▶ | | | |
| J Website: ▶ <u>WWW.JOBS-OHIO.COM</u> | | | | | | |
| 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: <u>2011</u> | | |
| M State of legal domicile: <u>OH</u> | | | | | | |

Part I Summary

| | | | |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE ECONOMIC DEVELOPMENT, JOB CREATION, JOB RETENTION, JOB TRAINING, WORKFORCE DEVELOPMENT, AND THE RETENTION OF CURRENT AND RECRUITMENT OF NEW BUSINESS TO OHIO.</u> | | |
| | 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 | <u>9.</u> |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | <u>8.</u> |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | <u>74.</u> |
| | 6 Total number of volunteers (estimate if necessary) | 6 | <u>8.</u> |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | <u>0.</u> |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | <u>0.</u> | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | <u>120,000,000.</u> | <u>150,000,000.</u> |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | <u>1,043,868.</u> | <u>1,695,870.</u> |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | <u>663,017.</u> | <u>4,496,901.</u> |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <u>13,944.</u> | <u>1,393.</u> |
| | | <u>121,720,829.</u> | <u>156,194,164.</u> |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <u>46,551,991.</u> | <u>31,763,625.</u> |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | <u>0.</u> | <u>0.</u> |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | <u>7,496,975.</u> | <u>9,188,976.</u> |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | <u>0.</u> | <u>0.</u> |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ | <u>0.</u> | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | <u>18,350,874.</u> | <u>28,913,035.</u> |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <u>72,399,840.</u> | <u>69,865,636.</u> | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | <u>49,320,989.</u> | <u>86,328,528.</u> | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | <u>343,503,787.</u> | <u>437,278,573.</u> |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | <u>31,102,246.</u> | <u>38,548,504.</u> |
| | <u>312,401,541.</u> | <u>398,730,069.</u> | |

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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 | <u>12/16/2016</u> | | |
| | <u>JOHN MINOR</u> Type or print name and title | Date | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed |
| | <u>PHILIP B BARTLETT</u> | <u>PRESIDENT & CIO</u> | <u>12/21/2016</u> | PTIN <u>P01299075</u> |
| | Firm's name ▶ <u>KPMG LLP</u> | Firm's EIN ▶ <u>13-5565207</u> | Phone no. <u>614-249-2300</u> | |

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** (2015)

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 \$ 64,331,388. including grants of \$ 31,763,625.) (Revenue \$ 1,697,263.)
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 2017 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 ▶ 64,331,388.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 with various questions regarding organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (reserved decisions), 8 (documentation), 8a-8b (governing body and committees), 9 (unreachable officers).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-10b (local chapters), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15 (compensation review), 16a-16b (joint ventures).

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.
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 ST, 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 | | | 463,036. | 0. | 26,659. | |
| (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) BRAD LINDNER BOARD MEMBER | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (7) JOHN BISHOP BOARD MEMBER | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (8) STEPHEN PERRY BOARD MEMBER | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (9) BARBARA SNYDER BOARD MEMBER | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (10) KEVIN A. GIANGOLA CHIEF FINANCIAL OFFICER | 40.00 1.00 | | | X | | | 195,708. | 0. | 14,841. | |
| (11) CHARLES MUSTINE SENIOR ADVISOR | 40.00 0. | | | | X | | 290,363. | 0. | 26,390. | |
| (12) AARON PITTS SENIOR MANAGING DIRECTOR | 40.00 0. | | | | X | | 274,075. | 0. | 28,903. | |
| (13) KRISTI TANNER SENIOR MANAGING DIRECTOR | 40.00 0. | | | | X | | 269,126. | 0. | 2,105. | |
| (14) GLENN RICHARDSON MANAGING DIRECTOR | 40.00 0. | | | | X | | 234,943. | 0. | 30,362. | |

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) DONELL GRUBBS ----- GENERAL COUNSEL | 40.00 0. | | | | X | | 207,859. | 0. | 29,074. | |
| (16) KRISTINA CLOUSE ----- EXECUTIVE DIR OF OPERATIONS | 40.00 0. | | | | X | | 208,569. | 0. | 27,837. | |
| (17) SCOTT HANLEY ----- DIRECTOR OF MARKETING | 40.00 0. | | | | X | | 204,890. | 0. | 20,104. | |
| (18) DANA SAUCIER ----- MANAGING DIRECTOR | 40.00 0. | | | | X | | 205,113. | 0. | 6,008. | |
| (19) TED GRIFFITH ----- MANAGING DIRECTOR | 40.00 0. | | | | X | | 181,589. | 0. | 20,799. | |
| (20) CLAUDIA HERRINGTON ----- DIRECTOR OF COMPLIANCE | 40.00 0. | | | | | X | 132,647. | 0. | 11,744. | |
| (21) LEE CRUME ----- DIRECTOR OF SALES | 40.00 0. | | | | | X | 147,240. | 0. | 18,391. | |
| (22) MATTHEW CYBULSKI ----- SECTOR DIRECTOR | 40.00 0. | | | | | X | 148,005. | 0. | 13,321. | |
| (23) ANDREW LANGE ----- DIRECTOR, INTERNATIONAL SALES | 40.00 0. | | | | | X | 142,761. | 0. | 7,426. | |
| (24) TRACY ALLEN ----- DIRECTOR, PROJECT FINANCE | 40.00 0. | | | | | X | 131,048. | 0. | 6,648. | |
| 1b Sub-total | | | | | | | 1,727,251. | 0. | 129,260. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 1,709,721. | 0. | 161,352. | |
| d Total (add lines 1b and 1c) | | | | | | | 3,436,972. | 0. | 290,612. | |

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 ► 23

| | 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 ► 25

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 | 150,000,000. | | | | |
| | 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 | | | 150,000,000. | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a MANAGEMENT FEES | | 900099 | 602,804. | 602,804. | | |
| | b LOAN FEES | | 900099 | 263,334. | 263,334. | | |
| | c LOAN INTEREST | | 900099 | 829,732. | 829,732. | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 1,695,870. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). | | | 4,496,901. | | | 4,496,901. |
| | 4 Income from investment of tax-exempt bond proceeds | | | 0. | | | |
| | 5 Royalties | | | 0. | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | | | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | 0. | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | b Less: cost or other basis and sales expenses | | | | | | |
| | c Gain or (loss) | | | | | | |
| | d Net gain or (loss) | | | | 0. | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| c Net income or (loss) from fundraising events | | | | 0. | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b Less: direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | | 0. | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less: cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | 0. | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11a MISCELLANEOUS INCOME | | 900099 | | 1,393. | 1,393. | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | 1,393. | | | |
| 12 Total revenue. See instructions. | | | | 156,194,164. | 1,697,263. | | 4,496,901. |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 31,763,625. | 31,763,625. | | |
| 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 | 3,703,882. | 3,484,382. | 219,500. | |
| 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 | 4,186,492. | 2,719,807. | 1,466,685. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 213,010. | 173,590. | 39,420. | |
| 9 Other employee benefits | 582,156. | 457,749. | 124,407. | |
| 10 Payroll taxes | 503,436. | 395,851. | 107,585. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 405,550. | 389,299. | 16,251. | |
| b Legal | 309,591. | 237,455. | 72,136. | |
| c Accounting | 191,613. | | 191,613. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17. | 0. | | | |
| f Investment management fees | 211,962. | | 211,962. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 3,839,356. | 3,561,633. | 277,723. | |
| 12 Advertising and promotion | 5,253,863. | 5,253,863. | | |
| 13 Office expenses | 347,768. | | 347,768. | |
| 14 Information technology | 1,115,956. | | 1,115,956. | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 610,050. | | 610,050. | |
| 17 Travel | 867,505. | 867,505. | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 33,283. | 33,283. | | |
| 19 Conferences, conventions, and meetings | 662,767. | 642,496. | 20,271. | |
| 20 Interest | 828. | | 828. | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 495,209. | | 495,209. | |
| 23 Insurance | 200,389. | | 200,389. | |
| 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 ----- | 10,242,937. | 10,242,937. | | |
| b RESEARCH AND MATERIALS ----- | 319,796. | 319,796. | | |
| c BAD DEBT EXPENSE ----- | 3,585,495. | 3,585,495. | | |
| d TRAINING ----- | 48,969. | 48,969. | | |
| e All other expenses ----- | 170,148. | 153,653. | 16,495. | |
| 25 Total functional expenses. Add lines 1 through 24e | 69,865,636. | 64,331,388. | 5,534,248. | |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0. | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | 58,832,996. | 1 | 80,212,951. |
| | 2 Savings and temporary cash investments | 0. | 2 | 0. |
| | 3 Pledges and grants receivable, net | 0. | 3 | 0. |
| | 4 Accounts receivable, net | 145,691. | 4 | 693,742. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0. | 5 | 0. |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | 0. |
| | 7 Notes and loans receivable, net | 0. | 7 | 0. |
| | 8 Inventories for sale or use | 0. | 8 | 0. |
| | 9 Prepaid expenses and deferred charges | 426,795. | 9 | 3,374,821. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2,929,867. | | |
| | b Less: accumulated depreciation | 10b 1,552,542. | 1,810,742. | 10c 1,377,325. |
| | 11 Investments - publicly traded securities | 270,271,988. | 11 | 324,253,683. |
| | 12 Investments - other securities. See Part IV, line 11 | 0. | 12 | 0. |
| | 13 Investments - program-related. See Part IV, line 11 | 7,117,633. | 13 | 27,348,099. |
| | 14 Intangible assets | 0. | 14 | 0. |
| | 15 Other assets. See Part IV, line 11 | 4,897,942. | 15 | 17,952. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 343,503,787. | 16 | 437,278,573. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,547,964. | 17 | 5,366,290. |
| | 18 Grants payable | 29,554,282. | 18 | 33,182,214. |
| | 19 Deferred revenue | 0. | 19 | 0. |
| | 20 Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 0. | 25 | 0. |
| | 26 Total liabilities. Add lines 17 through 25 | 31,102,246. | 26 | 38,548,504. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | | 27 | |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | 0. | 30 | 0. |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | 0. | 31 | 0. |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 312,401,541. | 32 | 398,730,069. |
| | 33 Total net assets or fund balances | 312,401,541. | 33 | 398,730,069. |
| | 34 Total liabilities and net assets/fund balances | 343,503,787. | 34 | 437,278,573. |

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 | 156,194,164. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 69,865,636. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 86,328,528. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 312,401,541. |
| 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 | 398,730,069. |

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** (2015)

Schedule of Contributors

2015

▶ **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 501(c)(4) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not 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 | <hr/> <hr/> <hr/> | \$ 150,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | 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 | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2015

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?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Row 1: ECONOMIC DEVELOPMENT LOANS, 27,348,099, FMV.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows 1-9.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1: Federal income taxes.

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 | 156,194,164. |
| 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 | 156,194,164. |
| 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 | 156,194,164. |

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 | 69,865,636. |
| 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 | 69,865,636. |
| 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 | 69,865,636. |

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

2015

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

Employer identification number

JOBSOHIO

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 region | (d) Activities conducted in region (by type) (e.g., 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 region | (f) Total expenditures for and investments in region |
|-------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| (1) EUROPE | | 1. | PROGRAM SERVICES | ECONOMIC DEVELOPMENT | 130,002. |
| (2) EAST ASIA AND THE PACIFIC | | 1. | PROGRAM SERVICES | ECONOMIC DEVELOPMENT | 1,048,720. |
| (3) NORTH AMERICA | | 1. | PROGRAM SERVICES | ECONOMIC DEVELOPMENT | 122,887. |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | | 3. | | | 1,301,609. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | 3. | | | 1,301,609. |

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

Schedule F (Form 990) 2015

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

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

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

3 Enter total number of other organizations or entities. ▶ _____

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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

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

PART I, LINE 3

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

PART I, LINE 3, COLUMN (F)

ACCOUNTING METHOD IS ACCRUAL. ALL AMOUNTS ARE FOR EXPENDITURES.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

JOBSONIO

Employer identification number

45-2798687

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) ACE TORWEL, INC 630 ALBERT ROAD BROOKVILLE, OH 45309 | 46-3270421 | | 153,714. | | COST | | ECONOMIC DEVELOPMENT |
| (2) ACUMEN SOLUTIONS, INC. 1660 INTERNATIONAL DRIVE MC LEAN, VA 22102 | 54-1923952 | | 100,000. | | COST | | ECONOMIC DEVELOPMENT |
| (3) AIRSTREAM, INC. 419 W PIKE STR JACKSON CENTER OH 45334 | 93-0768561 | | 100,000. | | COST | | ECONOMIC DEVELOPMENT |
| (4) ALTERNATE SOLUTIONS HEALTHCARE SYSTEM, INC. 1251 E. DOROTHY LANE KETTERING, OH 45419 | 26-1643545 | | 285,000. | | COST | | ECONOMIC DEVELOPMENT |
| (5) APPALACHIAN WOOD FLOORS, INC. 838 CAMPBELL AVENUE PORTSMOUTH, OH 45662 | 31-1588140 | | 150,000. | | COST | | ECONOMIC DEVELOPMENT |
| (6) ARKAY PROPERTIES, LLC 1701 S FRONT STR CUYAHOGA FALLS OH 44221 | | | 65,000. | | COST | | ECONOMIC DEVELOPMENT |
| (7) ARTIFLEX MANUFACTURING, LLC 1425 E BOWMAN STREET WOOSTER, OH 44691-3185 | 45-1759535 | | 200,000. | | COST | | ECONOMIC DEVELOPMENT |
| (8) ASSUREX HEALTH, INC. 6030 S. MASON-MONTGOMERY RD MASON OH 45040 | 27-1453375 | | 1,000,000. | | COST | | ECONOMIC DEVELOPMENT |
| (9) BARIUM & CHEMICALS INC. 515 KINGSDALE RD STEUBENVILLE OH 43952 | 34-0084595 | | 450,000. | | COST | | ECONOMIC DEVELOPMENT |
| (10) BELLEVUE ECONOMIC DEVELOPMENT CORPORATION 110 W MAIN STREET BELLEVUE, OH 44811-1328 | 34-1397769 | 501(C)(3) | 231,728. | | COST | | ECONOMIC DEVELOPMENT |
| (11) BORGERS OHIO, INC. 400 INDUSTRIAL PARKWAY NORWALK, OH 44857 | 30-0841962 | | 150,000. | | COST | | ECONOMIC DEVELOPMENT |
| (12) CIRCLEVILLE-PICKAWAY COMMUNITY IMPROVEMENT 114 W. FRANKLIN ST. CIRCLEVILLE OH 43113 | 31-1195864 | 501(C)(3) | 12,390. | | COST | | ECONOMIC DEVELOPMENT |

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

JOBSONIO

Employer identification number

45-2798687

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) CITY OF CLEVELAND CLEVELAND CITY HALL 601 LAKESIDE AVENUE | 34-6000646 | | 116,954. | | COST | | ECONOMIC DEVELOPMENT |
| (2) CITY OF YOUNGSTOWN OFFICE OF ECON DEVELOP 20 FEDERAL PL. | 34-6003189 | | 154,783. | | COST | | ECONOMIC DEVELOPMENT |
| (3) COLUMBUS STEEL CASTINGS COMPANY 2211 PARSONS AVENUE COLUMBUS, OH 43207-2448 | 06-1678153 | | 500,000. | | COST | | ECONOMIC DEVELOPMENT |
| (4) DOUGHERTY REDEVELOPMENT PARTNERS LLC 4564 E. 71ST ST. CUYAHOGA HEIGHTS, OH 44105 | 47-3922900 | | 99,774. | | COST | | ECONOMIC DEVELOPMENT |
| (5) DYNAMIT TECHNOLOGIES, LLC 274 MARCONI BOULEVARD COLUMBUS, OH 43215 | 20-2018667 | | 30,000. | | COST | | ECONOMIC DEVELOPMENT |
| (6) EDELHOF CONTROLS CORP. 2010 BRENT DRIVE TOLEDO, OH 43611 | 31-1734210 | | 150,000. | | COST | | ECONOMIC DEVELOPMENT |
| (7) ENCORE INDUSTRIES, INC. 725 WATER STREET CAMBRIDGE, OH 43725-1241 | 34-1919610 | | 200,000. | | COST | | ECONOMIC DEVELOPMENT |
| (8) EXPRESS, INC. 1 EXPRESS DRIVE COLUMBUS, OH 43230-1496 | 26-2828128 | | 100,000. | | COST | | ECONOMIC DEVELOPMENT |
| (9) FIRST SOLAR, INC. 28101 CEDAR PARK BLVD PERRYSBURG OH 43551 | 86-0941329 | | 300,000. | | COST | | ECONOMIC DEVELOPMENT |
| (10) FIRSTMERIT CORPORATION 3 CASCADE PLAZA AKRON, OH 44308-1124 | 34-1339938 | | 500,000. | | COST | | ECONOMIC DEVELOPMENT |
| (11) GARRETT DAY LLC 163 KENTUCKY AVE LEXINGTON KY 40502 | 27-2573145 | | 524,223. | | COST | | ECONOMIC DEVELOPMENT |
| (12) GEIGER EXCAVATING, INC. 1041 ENTERPRISE DRIVE GAHANNA, OH 43230 | 31-1398219 | | 192,393. | | COST | | ECONOMIC DEVELOPMENT |

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

JOBSOHIO

Employer identification number

45-2798687

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) GENTRY HEALTH SERVICES, INC 1090 ENTERPRISE DRIVE MEDINA, OH 44256 | 35-2505708 | | 16,409. | | COST | | ECONOMIC DEVELOPMENT |
| (2) H.J. HEINZ COMPANY L.P. 1 PPG PLACE PITTSBURGH, PA 15222-5448 | 25-1872814 | | 750,000. | | COST | | ECONOMIC DEVELOPMENT |
| (3) HDI LANDING GEAR USA, INC. 15900 FOLTZ INDUSTRIAL PKWY STRONGSVILLE OH | 27-2252732 | | 112,260. | | COST | | ECONOMIC DEVELOPMENT |
| (4) HONDA OF AMERICA MFG., INC. 12500 MERANDA ROAD ANNA, OH 45302-9604 | 31-0925242 | | 4,000,000. | | COST | | ECONOMIC DEVELOPMENT |
| (5) HUNTER DEFENSE TECHNOLOGIES, INC. 30500 AURORA ROAD SOLON, OH 44139 | 13-4133473 | | 750,000. | | COST | | ECONOMIC DEVELOPMENT |
| (6) INTELLIGRATED SYSTEMS, LLC 7901 INNOVATION WAY MASON, OH 45040-9498 | 31-1815356 | | 1,500,000. | | COST | | ECONOMIC DEVELOPMENT |
| (7) INTERNATIONAL PAPER COMPANY 1300 S MAIN STREET KENTON, OH 43326-2298 | 13-0872805 | | 125,000. | | COST | | ECONOMIC DEVELOPMENT |
| (8) ISQFT, INC. 4500 LAKE FOREST DR CINCINNATI OH 45242 | 31-1652755 | | 500,000. | | COST | | ECONOMIC DEVELOPMENT |
| (9) JAFE DECORATING, INC. 1250 MARTIN ST GREENVILLE OH 45331 | 27-3409599 | | 21,684. | | COST | | ECONOMIC DEVELOPMENT |
| (10) KEYSTONE TAILORED MANUFACTURING, LLC 4600 TIEDEMAN ROAD BROOKLYN, OH 44144-2332 | 47-3900155 | | 420,000. | | COST | | ECONOMIC DEVELOPMENT |
| (11) LIQUI-BOX CORPORATION 1817 MASTERS AVENUE ASHLAND, OH 44805-1269 | 31-0628033 | | 40,000. | | COST | | ECONOMIC DEVELOPMENT |
| (12) MACA PLASTICS, INC 3455 CROSS ROAD WINCHESTER, OH 45697-9477 | 31-1435433 | | 27,692. | | COST | | ECONOMIC DEVELOPMENT |

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

JOBSOHIO

Employer identification number

45-2798687

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) MAJOR METALS COMPANY 844 KOCHHEISER RD MANSFIELD OH 44904 | 34-1134243 | | 100,000. | | COST | | ECONOMIC DEVELOPMENT |
| (2) MANUFACTURING BUSINESS DEVELOPMENT SOLUTION PO BOX 1811 FINDLAY, OH 45840 | 32-0071821 | | 13,336. | | COST | | ECONOMIC DEVELOPMENT |
| (3) MCGILL DEVELOPMENT CORPORATION ONE MISSION PARK GROVEPORT, OH 43125-1149 | 31-1186930 | | 47,800. | | COST | | ECONOMIC DEVELOPMENT |
| (4) MERCY HEALTH 615 ELSINORE PLACE CINCINNATI, OH 45202 | 31-1161086 | | 300,000. | | COST | | ECONOMIC DEVELOPMENT |
| (5) MIAMI VALLEY MANUFACTURING & ASSEMBLY, INC. 1889 RADIO ROAD DAYTON, OH 45431-1034 | 38-3697656 | | 145,907. | | COST | | ECONOMIC DEVELOPMENT |
| (6) MIDDLE WEST SPIRITS, LLC 1230 COURTLAND AVE COLUMBUS OH 43201 | 26-2908300 | | 100,000. | | COST | | ECONOMIC DEVELOPMENT |
| (7) MILACRON PLASTICS TECHNOLOGIES GROUP, LLC 4165 HALF ACRE ROAD BATAVIA, OH 45103-3247 | 27-0552823 | | 1,500,000. | | COST | | ECONOMIC DEVELOPMENT |
| (8) MOHAWK FINE PAPERS, INC. 6800 CENTER ROAD ASHTABULA, OH 44004-8947 | 14-6075575 | | 200,000. | | COST | | ECONOMIC DEVELOPMENT |
| (9) MULTI-COLOR CORPORATION 4053 CLOUGH WOODS DRIVE BATAVIA, OH 45103 | 31-1125853 | | 200,000. | | COST | | ECONOMIC DEVELOPMENT |
| (10) MUNICIPAL LIGHT PLANT LLC 1400 DUBLIN ROAD COLUMBUS, OH 43215 | 47-2373487 | | 180,931. | | COST | | ECONOMIC DEVELOPMENT |
| (11) NESTLE USA, INC. 800 N BRAND BLVD GLENDALE CA 91203 | 95-1572209 | | 150,000. | | COST | | ECONOMIC DEVELOPMENT |
| (12) NEXT GENERATION FILMS, INC. 230 INDUSTRIAL DR LEXINGTON OH 44904 | 20-8333491 | | 100,000. | | COST | | ECONOMIC DEVELOPMENT |

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

JOBSOHIO

Employer identification number

45-2798687

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|-------------------------------------|
| (1) OHIO-WEST VIRGINIA EXCAVATING CO. PO BOX 128 POWHATAN POINT, OH 43942 | 34-1421920 | | 3,581,168. | | COST | | ECONOMIC DEVELOPMENT |
| (2) PACTIV LLC 2120 WESTBELT DR COLUMBUS, OH 43228-3820 | 36-2552989 | | 70,000. | | COST | | ECONOMIC DEVELOPMENT IMPROVEMENT |
| (3) PRIME AE GROUP, INC. 8415 PULSAR PLACE COLUMBUS, OH 43240 | 26-0546656 | | 54,212. | | COST | | ECONOMIC DEVELOPMENT SUPPORT |
| (4) PYROTEK INCORPORATED 355 CAMPUS DRIVE AURORA, OH 44202-6663 | 91-0699706 | | 600,000. | | COST | | ECONOMIC DEVELOPMENT SUPPORT |
| (5) REXAM BEVERAGE CAN COMPANY 2145 CEDAR STREET FREMONT, OH 43420-1007 | 36-2241181 | | 13,464. | | COST | | ECONOMIC DEVELOPMENT |
| (6) SEKISUI PLASTICS USA, INC. 110 CLIFTON WAY DR MOUNT PLEASANT TN 38474 | 20-4212631 | | 100,000. | | COST | | ECONOMIC DEVELOPMENT |
| (7) SPEEDWAY LLC 500 SPEEDWAY DRIVE ENON, OH 45323-1056 | 31-1551430 | | 300,000. | | COST | | ECONOMIC DEVELOPMENT |
| (8) SPEYSIDE BOURBON COOPERAGE, INC. 960 E MAIN STREET JACKSON, OH 45640 | 47-3309055 | | 150,000. | | COST | | ECONOMIC DEVELOPMENT |
| (9) SRI OHIO, INC. 991 MILL PARK DRIVE LANCASTER, OH 43130 | 42-1772220 | | 100,000. | | COST | | ECONOMIC DEVELOPMENT |
| (10) STERIS CORP 5960 HEISLEY ROAD MENTOR, OH 44060-1834 | 34-1482024 | | 250,000. | | COST | | ECONOMIC DEVELOPMENT |
| (11) SUGAR CREEK PACKING CO. 12021 SHERATON LANE CINCINNATI, OH 45246 | 31-1225301 | | 50,000. | | COST | | ECONOMIC DEVELOPMENT |
| (12) TERRASMART LLC 1000 BUCKEYE PARK ROAD COLUMBUS, OH 43207 | 27-2624327 | | 200,000. | | COST | | ECONOMIC DEVELOPMENT |

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

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

JOBSOHIO

Employer identification number

45-2798687

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) THE LASERFLEX CORPORATION 3649 PARKWAY LANE HILLIARD, OH 43026 | 61-1367211 | | 28,559. | | COST | | ECONOMIC DEVELOPMENT |
| (2) THE MALISH CORPORATION 4260 HAMANN PKWY WILLOUGHBY OH 44094 | 34-0690321 | | 9,640. | | COST | | ECONOMIC DEVELOPMENT |
| (3) THE NEW CARLISLE, LLC 9639 KINSMAN ROAD MATERIALS PARK, OH 44073 | 45-5425231 | | 324,530. | | COST | | ECONOMIC DEVELOPMENT |
| (4) THYSSENKRUPP BILSTEIN OF AMERICA 8685 BILSTEIN BLVD HAMILTON OH 45015 | 95-2797355 | | 150,000. | | COST | | ECONOMIC DEVELOPMENT |
| (5) TOWER AUTOMOTIVE OPERATIONS USA I, LLC 630 SW ST., BELLEVUE OH 44811 | 26-0440499 | | 250,000. | | COST | | ECONOMIC DEVELOPMENT |
| (6) TRAMEC SLOAN, L.L.C. 1310 FREESE WORKS PLACE GALION, OH 44833 | 80-0917230 | | 200,000. | | COST | | ECONOMIC DEVELOPMENT |
| (7) UNION TANK CAR COMPANY 939 HOLLAND ROAD MARION, OH 43302-9406 | 36-3104688 | | 225,000. | | COST | | ECONOMIC DEVELOPMENT |
| (8) VALEO NORTH AMERICA, INC. 12979 CR ROAD 153 EAST LIBERTY, OH 43319 | 13-3744485 | | 100,000. | | COST | | ECONOMIC DEVELOPMENT |
| (9) VALFILM, LLC 3441 N MAIN STREET FINDLAY, OH 45840 | 47-2420000 | | 300,000. | | COST | | ECONOMIC DEVELOPMENT |
| (10) VAM USA, LLC 1053 OHIO WORKS DRIVE YOUNGSTOWN, OH 44510 | 26-1520180 | | 145,217. | | COST | | ECONOMIC DEVELOPMENT |
| (11) VEGA AMERICAS, INC. 4241 ALLENDORF DR CINCINNATI OH 45209 | 31-0547954 | | 27,500. | | COST | | ECONOMIC DEVELOPMENT |
| (12) WALNUT CREEK FOODS PO BOX 240 WALNUT CREEK, OH 44687 | 34-1398298 | | 50,000. | | COST | | ECONOMIC DEVELOPMENT |

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

JOBSOHIO

Employer identification number

45-2798687

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) WEBSTER INDUSTRIES, INC. 325 HALL STREET TIFFIN, OH 44883-1419 | 34-1059179 | | 100,000. | | COST | | ECONOMIC DEVELOPMENT |
| (2) WINESBURG CHAIR COMPANY, LTD. 2871 US ROUTE 62 DUNDEE, OH 44624 | 02-0537099 | | 50,000. | | COST | | ECONOMIC DEVELOPMENT |
| (3) WURTEC, INCORPORATED 6200 BRENT DRIVE TOLEDO, OH 43611-1081 | 34-1478051 | | 20,000. | | COST | | ECONOMIC DEVELOPMENT |
| (4) BPI ASSOCIATES, LLC 600 STONEHENGE PARKWAY DUBLIN, OH 43017 | 27-2513416 | | 23,425. | | COST | | ECONOMIC DEVELOPMENT |
| (5) CLEVELAND 2016 HOST COMMITTEE INC 2400 ORANGE AVENUE CLEVELAND, OH 44101 | 47-1304221 | 501(C)(3) | 3,000,000. | | COST | | ECONOMIC DEVELOPMENT |
| (6) GARRETT WOOD LLC 163 KENTUCKY AVE LEXINGTON KY 40502 | 27-2573256 | | 196,000. | | COST | | ECONOMIC DEVELOPMENT |
| (7) PRATT (LEWISBURG CORRUGATING) LLC PO BOX 220 LEWISBURG, OH 45338 | 46-3221951 | | 150,000. | | COST | | ECONOMIC DEVELOPMENT |
| (8) FREUDENBERG NOK GENERAL PARTNERSHIP PO BOX 73229 CHICAGO, IL 60673 | 38-2858208 | | 250,000. | | COST | | ECONOMIC DEVELOPMENT |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

3 Enter total number of other organizations listed in the line 1 table ▶ 77.

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

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I LINE 2

JOB SOHIO GRANTEEES RECEIVE GRANT FUNDS ONLY ON A REIMBURSEMENT BASIS.

GRANTEEES MUST SUBMIT A REQUEST FOR REIMBURSEMENT AND SUPPORTING

DOCUMENTATION FOR REVIEW AND APPROVAL BY JOB SOHIO.

GRANTEEES MUST MAINTAIN RECORDS SUPPORTING CLAIMED COSTS AND ALL REQUESTS

FOR REIMBURSEMENT ARE SUBJECT TO AUDIT BY JOB SOHIO.

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 Individuals in the United States. 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. Complete this part to 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 JOB SOHIO.

GRANTEES ARE REQUIRED TO SUBMIT AN ANNUAL REPORT TO THE JOB SOHIO 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 JOB SOHIO COMPLIANCE TEAM, AND FINAL DETERMINATION BY THE JOB SOHIO PRESIDENT/CIO.

Part III Grants and Other Assistance to Individuals in the United States. 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 | | | | | |
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Part IV Supplemental Information. Complete this part to 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

2015

**Open to Public
Inspection**

Employer identification number

45-2798687

Part I Questions Regarding Compensation

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., 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 in 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 type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
 - b** Any related organization?
- If "Yes" to 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?
 - b** Any related organization?
- 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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| | | |
| 1b | | |
| 2 | | |
| | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| | | |
| 5a | | X |
| 5b | | X |
| | | |
| 6a | | X |
| 6b | | X |
| | | |
| 7 | | X |
| | | |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 JOHN MINOR BOARD MEMBER PRESIDENT AND CIO | (i) | 316,036. | 147,000. | 0. | 12,100. | 14,559. | 489,695. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 CHARLES MUSTINE SENIOR ADVISOR | (i) | 237,413. | 52,950. | 0. | 11,729. | 14,661. | 316,753. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 AARON PITTS SENIOR MANAGING DIRECTOR | (i) | 223,775. | 50,300. | 0. | 8,098. | 20,805. | 302,978. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 KRISTI TANNER SENIOR MANAGING DIRECTOR | (i) | 222,926. | 46,200. | 0. | 0. | 2,105. | 271,231. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 5 GLENN RICHARDSON MANAGING DIRECTOR | (i) | 210,943. | 24,000. | 0. | 9,591. | 20,771. | 265,305. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 DONELL GRUBBS GENERAL COUNSEL | (i) | 170,009. | 37,850. | 0. | 8,576. | 20,498. | 236,933. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 7 KRISTINA CLOUSE EXECUTIVE DIR OF OPERATIONS | (i) | 171,569. | 37,000. | 0. | 7,342. | 20,495. | 236,406. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 SCOTT HANLEY DIRECTOR OF MARKETING | (i) | 187,390. | 17,500. | 0. | 7,017. | 13,087. | 224,994. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 9 DANA SAUCIER MANAGING DIRECTOR | (i) | 192,613. | 12,500. | 0. | 3,187. | 2,821. | 211,121. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 10 KEVIN A. GIANGOLA CHIEF FINANCIAL OFFICER | (i) | 164,658. | 31,050. | 0. | 7,341. | 7,500. | 210,549. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 11 TED GRIFFITH MANAGING DIRECTOR | (i) | 181,589. | 0. | 0. | 5,250. | 15,549. | 202,388. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 12 LEE CRUME DIRECTOR OF SALES | (i) | 147,240. | 0. | 0. | 6,081. | 12,310. | 165,631. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 13 MATTHEW CYBULSKI SECTOR DIRECTOR | (i) | 131,005. | 17,000. | 0. | 5,976. | 7,345. | 161,326. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 14 ANDREW LANGE DIRECTOR, INTERNATIONAL SALES | (i) | 142,761. | 0. | 0. | 0. | 7,426. | 150,187. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Complete this part to 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.**

OMB No. 1545-0047

2015

**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 JOBSONHIO | Employer identification number 45-2798687 |
|---------------------------------------|----------------------------------------------|

BUT DOES NOT REPLACE, OHIO LAWS GOVERNING CONFLICTS OF INTEREST
APPLICABLE TO THE CORPORATION.

UNDER JOBSONHIO'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 JOB SOHIO | Employer identification number 45-2798687 |
|---------------------------------------|----------------------------------------------|

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 |
|---------------------------------------|----------------------------------------------|

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.

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

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

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| Name of the organization JOB SOHIO | Employer identification number 45-2798687 |
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COMMITTEE IS RESPONSIBLE FOR REVIEWING ANY PLAN FOR THE COMPENSATION OF THE CORPORATION'S EMPLOYEES RECOMMENDED BY THE CHIEF INVESTMENT OFFICER AND FOR MAKING RECOMMENDATIONS REGARDING ANY SUCH PLAN OF COMPENSATION TO THE BOARD FOR THEIR ACTION. IN ADDITION, THE COMMITTEE IS TO REVIEW COMPENSATION ARRANGEMENTS WITH BOTH EMPLOYEES AND INDEPENDENT CONTRACTORS OF THE CORPORATION.

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

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

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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| Name of the organization JOB SOHIO | Employer identification number 45-2798687 |
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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, 2015 AUDITED FINANCIAL STATEMENTS, 2016 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> |
|--------------------------------------------------------------------------------------|--------------------------------|---------------------|
| SBC ADVERTISING 333 WEST NATIONWIDE BOULEVARD COLUMBUS, OH 43215 | CONSULTANT | 3,287,967. |
| TEAM NEO 737 BOLIVAR ROAD, SUITE 2000 CLEVELAND, OH 44115 | CONSULTANT | 2,207,838. |
| COLUMBUS 2020 150 S FRONT STREET #200 COLUMBUS, OH 43215 | CONSULTANT | 1,885,558. |
| REDI CINCINNATI 3 EAST 4TH STREET, SUITE 301 CINCINNATI, OH 45202 | CONSULTANT | 1,600,458. |
| APPALACHIAN PARTNERSHIP FOR ECON GROWTH 35 PUBLIC SQUARE NELSONVILLE, OH 45764 | CONSULTANT | 1,528,357. |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

JOBSOHIO

45-2798687

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

Table with 6 columns: (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. Rows 1-6 are empty.

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.

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Row 1: JOB SOHIO BEVERAGE SYSTEM, 20-1255734, 41 S HIGH STREET, SUITE 1500, COLUMBUS, OH 43215, ECON DEVELOP, OH, 501 (C) (3), 7, JOB SOHIO, X.

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

Schedule R (Form 990) 2015

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.

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership. Includes rows (1) NONE through (7).

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.

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity?; (j) Yes/No. Includes rows (1) NONE through (7).

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 | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | X | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | 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) JOB SOHIO BEVERAGE SYSTEM | C | 150,000,000. | CASH |
| (2) JOB SOHIO BEVERAGE SYSTEM | J, N | 122,708. | COST |
| (3) JOB SOHIO BEVERAGE SYSTEM | L, O | 480,096. | COST |
| (4) JOB SOHIO BEVERAGE SYSTEM | Q | 388,491. | COST |
| (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**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
