

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

2014

Open to Public Inspection

A For the **2014** calendar year, or tax year beginning **07/01, 2014**, and ending **06/30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JOBSOHIO			D Employer identification number 45-2798687		
	Doing Business As			E Telephone number (614) 224-6446		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 41 SOUTH HIGH STREET, SUITE 1500			City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43215-6104		
	F Name and address of principal officer: JOHN MINOR 41 S. HIGH STREET, STE 1500, COLUMBUS, OH 43215			G Gross receipts \$ 121,735,886.		
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(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
J Website: ▶ WWW.JOBS-OHIO.COM			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2011 M State of legal domicile: OH			
H(c) Group exemption number ▶			If "No," attach a list. (see instructions)			

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	8.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7.
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	67.
	6 Total number of volunteers (estimate if necessary)	6	7.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	100,000,000.	120,000,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	551,874.	1,043,868.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,455.	663,017.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	13,944.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100,610,329.	121,720,829.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,862,966.	46,551,991.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,648,610.	7,496,975.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,062,805.	18,350,874.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,574,381.	72,399,840.	
19 Revenue less expenses. Subtract line 18 from line 12	80,035,948.	49,320,989.	
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)	269,021,082.	343,503,787.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,940,530.	31,102,246.
		263,080,552.	312,401,541.

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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		Date
	JOHN MINOR Type or print name and title		PRESIDENT
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	PHILIP B BARTLETT		2/15/2016
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 191 WEST NATIONWIDE BLVD., STE. 500 COLUMBUS, OH 43215-2568	Phone no. 614-249-2300	PTIN P01299075

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** (2014)

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 \$ 67,704,477. including grants of \$ 46,551,991.) (Revenue \$ 1,057,812.)
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 2016 AS JOB SOHIO IMPLEMENTS 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 ▶ 67,704,477.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c 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	
35b 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 number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, 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 4 columns: Question, Line Number, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

KEVIN A. GIANGOLA 41 S HIGH STREET SUITE 1500 COLUMBUS, OH 43215

614-224-6446

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES BOLAND CHAIRMAN OF THE BOARD	1.00 1.00	X		X			0	0	0	
(2) JOHN MINOR BOARD MEMBER PRESIDENT AND CIO	40.00 1.00	X		X			322,402.	0	23,857.	
(3) GARY HEMINGER BOARD MEMBER	1.00 0	X					0	0	0	
(4) MARTIN HARRIS MD TERMED 7/2015 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			164,516.	0	12,274.	
(11) MARK PATTON MANAGING DIRECTOR	40.00 0				X		220,270.	0	20,451.	
(12) CHARLES MUSTINE MANAGING DIRECTOR	40.00 0				X		258,026.	0	21,790.	
(13) KRISTI TANNER MANAGING DIRECTOR	40.00 0				X		220,270.	0	1,281.	
(14) DONELL GRUBBS GENERAL COUNSEL	40.00 0				X		177,786.	0	25,261.	

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) KRISTINA CLOUSE EXECUTIVE DIR OF OPERATIONS	40.00 0				X			161,676.	0	23,369.
(16) AARON PITTS MANAGING DIRECTOR	40.00 0				X			231,297.	0	27,685.
(17) GLENN RICHARDSON MANAGING DIRECTOR	40.00 0				X			152,519.	0	9,779.
(18) LEE CRUME DIRECTOR OF SALES	40.00 0					X		147,489.	0	7,613.
(19) MATTHEW CYBULSKI DIRECTOR OF PROJECT MGMT	40.00 0					X		142,129.	0	11,499.
(20) TRACY ALLEN DIRECTOR, PROJECT FINANCE	40.00 0					X		127,508.	0	5,728.
(21) SCOTT HANLEY DIRECTOR OF MARKETING	40.00 0					X		121,931.	0	3,696.
(22) MATTHEW WALDO SENIOR RESEARCH MANAGER	40.00 0					X		129,871.	0	22,260.
1b Sub-total								1,363,270.	0	104,914.
c Total from continuation sheets to Part VII, Section A								1,214,420.	0	111,629.
d Total (add lines 1b and 1c)								2,577,690.	0	216,543.

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 ► 18

	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 ► 14

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	120,000,000.					
	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 ▶			120,000,000.				
Program Service Revenue	2a <u>MANAGEMENT FEES</u>			Business Code				
			900099	814,452.	814,452.			
	b <u>LOAN FEES</u>		900099	89,325.	89,325.			
	c <u>LOAN INTEREST</u>		900099	140,091.	140,091.			
	d _____							
	e _____							
	f All other program service revenue							
g Total. Add lines 2a-2f ▶			1,043,868.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			678,074.			678,074.	
	4 Income from investment of tax-exempt bond proceeds ▶			0				
	5 Royalties ▶			0				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss) ▶			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses		15,057.				
		c Gain or (loss)		-15,057.				
		d Net gain or (loss) ▶			-15,057.			-15,057.
	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 <u>MISCELLANEOUS INCOME</u>		900099	13,944.	13,944.				
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶			13,944.					
12 Total revenue. See instructions ▶			121,720,829.	1,057,812.		663,017.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	46,551,991.	46,551,991.		
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	2,974,608.	2,786,827.	187,781.	
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	3,437,493.	2,229,296.	1,208,197.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	185,252.	150,885.	34,367.	
9 Other employee benefits	477,170.	373,285.	103,885.	
10 Payroll taxes	422,452.	330,480.	91,972.	
11 Fees for services (non-employees):				
a Management	233,650.	221,751.	11,899.	
b Legal	214,234.	123,721.	90,513.	
c Accounting	156,651.		156,651.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	119,658.		119,658.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,190,032.	938,701.	251,331.	
12 Advertising and promotion	3,529,667.	3,529,667.		
13 Office expenses	323,173.		323,173.	
14 Information technology	847,434.		847,434.	
15 Royalties	0			
16 Occupancy	550,163.		550,163.	
17 Travel	527,654.	527,654.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	11,626.	11,626.		
19 Conferences, conventions, and meetings	208,100.	203,650.	4,450.	
20 Interest	207.		207.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	482,372.		482,372.	
23 Insurance	182,360.		182,360.	
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	9,320,511.	9,320,511.		
b RESEARCH AND MATERIALS	278,313.	278,313.		
c DUES	53,437.	53,437.		
d TRAINING	50,580.	50,580.		
e All other expenses	71,052.	22,102.	48,950.	
25 Total functional expenses. Add lines 1 through 24e	72,399,840.	67,704,477.	4,695,363.	
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	159,442,756.	1	58,832,996.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	27,802.	4	145,691.
	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	398,665.	9	426,795.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,868,075.		
	b Less: accumulated depreciation	10b 1,057,333.	1,736,437.	10c 1,810,742.
	11 Investments - publicly traded securities	101,985,000.	11	270,271,988.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	381,926.	13	7,117,633.
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	5,048,496.	15	4,897,942.
16 Total assets. Add lines 1 through 15 (must equal line 34)	269,021,082.	16	343,503,787.	
Liabilities	17 Accounts payable and accrued expenses	3,625,187.	17	1,547,964.
	18 Grants payable	2,304,966.	18	29,554,282.
	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	10,377.	25	0
	26 Total liabilities. Add lines 17 through 25	5,940,530.	26	31,102,246.
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	263,080,552.	32	312,401,541.
33 Total net assets or fund balances	263,080,552.	33	312,401,541.	
34 Total liabilities and net assets/fund balances	269,021,082.	34	343,503,787.	

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	121,720,829.
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,399,840.
3	Revenue less expenses. Subtract line 2 from line 1	3	49,320,989.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	263,080,552.
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	312,401,541.

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		

Schedule of Contributors

2014

▶ **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
JOB SOHIO

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 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		\$ 120,000,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="width:5%; text-align:center;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
		\$ -----	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="width:5%; text-align:center;"><input type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
		\$ -----	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="width:5%; text-align:center;"><input type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
		\$ -----	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="width:5%; text-align:center;"><input type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
		\$ -----	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="width:5%; text-align:center;"><input type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
		\$ -----	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="width:5%; text-align:center;"><input type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											

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

Name of organization **JOBSOHIO**

Employer identification number

45-2798687

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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" to 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" to 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, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) 2014

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" to 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 in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 in 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" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to 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 10(c).)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Part XIII Supplemental Information *(continued)*

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

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	89,321.
(2) EAST ASIA AND THE PACIFIC		1.	PROGRAM SERVICES	ECONOMIC DEVELOPMENT	366,405.
(3) NORTH AMERICA		1.	PROGRAM SERVICES	ECONOMIC DEVELOPMENT	610.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		3.			456,336.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		3.			456,336.

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

Schedule F (Form 990) 2014

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.

Schedule F (Form 990) 2014

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

PART I, LINE 3, COLUMN (F)

ACCOUNTING METHOD IS ACCRUAL. ALL AMOUNTS ARE FOR EXPENDITURES.

**SCHEDULE I
(Form 990)**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047
2014
**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

JOBSOHOIO

Employer identification number

45-2798687

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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 HARDWARE CORPORATION 2200 KENSINGTON COURT, OAK BROOK, IL 60523	36-0700810		75,000.		COST		ECONOMIC DEVELOPMENT
(2) ADALET/SCOTT FETZER COMPANY 4801 W 150TH STREET CLEVELAND, OH 44135	47-0691259		100,000.		COST		ECONOMIC DEVELOPMENT
(3) APEVTON, INC. PO BOX 1872 APPLETON, WI 54912-1872	36-2556469		10,000.		COST		ECONOMIC DEVELOPMENT
(4) BASF CORPORATION 100 PARK AVENUE FLORHAM PARK, NJ 07932-1049	16-1090809		50,000.		COST		ECONOMIC DEVELOPMENT
(5) BELLEVUE ECONOMIC DEVELOPMENT CORPORATION 110 W MAIN STREET BELLEVUE, OH 44811-1328	34-1397769	501(C)(3)	38,647.		COST		ECONOMIC DEVELOPMENT
(6) BELLISIO FOODS INC. 525 LAKE AVE DULUTH, MN 55802	59-3015985		82,931.		COST		ECONOMIC DEVELOPMENT
(7) BRAUN INDUSTRIES, INC. 1170 PRODUCTION DRIVE, VAN WERT, OH 45891	31-0792103		30,000.		COST		ECONOMIC DEVELOPMENT
(8) CITY OF DAYTON, DEPARTMENT OF AVIATION 101 WEST THIRD STREET DAYTON, OH 45402	31-6000175		100,000.		COST		ECONOMIC DEVELOPMENT
(9) COMMUNITY IMPROVEMENT CORP. OF FAIRBORN, OH 44 W. HEBBLE AVENUE FAIRBORN, OH 45324	31-1628973	501(C)(3)	8,550.		COST		ECONOMIC DEVELOPMENT
(10) CONSOLIDATED METCO, INC. 5701 SE COLUMBIA WAY, VANCOUVER, WA 98661	93-0518680		50,000.		COST		ECONOMIC DEVELOPMENT
(11) CONTACTUS, LLC 3700 FISHER BLVD., COLUMBUS OH 43026	45-4001073		135,000.		COST		ECONOMIC DEVELOPMENT
(12) FCX PERFORMANCE, INC. 3000 E 14TH AVENUE COLUMBUS, OH 43219-2355	31-1644350		25,000.		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) (2014)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2014
**Open to Public
Inspection**

JOBSOHOIO

Employer identification number
45-2798687

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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) FUYAO GLASS AMERICA INC. 315 W SILVERBELL ROAD LAKE ORION, MI 48359	38-3928174		4,600,000.			COST	ECONOMIC DEVELOPMENT
(2) HARBOR CASTINGS, INC. 4321 STRAUSSER ST., NORTH CANTON, OH 44720	34-1697384		24,382.			COST	ECONOMIC DEVELOPMENT
(3) HONDA OF AMERICA MFG., INC. 2400 HONDA PARKWAY, MARYSVILLE, OH 43040	31-0925242		1,000,000.			COST	ECONOMIC DEVELOPMENT
(4) HYNES INDUSTRIES, INC. 3760 OAKWOOD AVENUE AUSTINTOWN, OH 44515	34-0971763		150,000.			COST	ECONOMIC DEVELOPMENT
(5) IMFLUX, INC. 8611 BECKETT ROAD WEST CHESTER, OH 45069	90-0928520		350,000.			COST	ECONOMIC DEVELOPMENT
(6) LAKEVIEW FARMS, LLC 229 E. 2ND STREET DELPHOS, OH 45833	90-0751535		200,000.			COST	ECONOMIC DEVELOPMENT
(7) LEGACY MEASUREMENT SOLUTIONS, INC. 16415 ADDISON ROAD ADDISON, TX 75001-3267	75-2781858		300,000.			COST	ECONOMIC DEVELOPMENT
(8) LUBRIZOL ADVANCED MATERIALS, INC. 29400 LAKELAND BLVD., WICKLIFFE, OH 44092	13-4143915		250,000.			COST	ECONOMIC DEVELOPMENT
(9) LUDJEMON ATHLETICA 2200 SPIEGEL DRIVE GROVEPORT, OH 43125	75-3060494		100,000.			COST	ECONOMIC DEVELOPMENT
(10) MACA PLASTICS, INC. 3455 CROSS ROAD WINCHESTER, OH 45697-9477	31-1435433		24,308.			COST	ECONOMIC DEVELOPMENT
(11) MASSILLON ENERGY & TECHNOLOGY PARK, LLC PO BOX 35427 CANTON, OH 44735	35-2487208		465,500.			COST	ECONOMIC DEVELOPMENT
(12) MAVALCO REALTY, INC. 5120 TOD AVENUE LORDSTOWN, OH 44481	47-1392335		500,000.			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) (2014)

**SCHEDULE I
(Form 990)**

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2014
**Open to Public
Inspection**

JOBSOHHO

Employer identification number
45-2798687

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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) MEDIVENT, LLC 1841 BUEKLE ROAD WHITE BEAR LAKE, MI 55110	26-2489108		40,000.				ECONOMIC DEVELOPMENT
(2) METJER STORES LIMITED PARTNERSHIP PO BOX 2281 GRAND RAPIDS, MI 49501-2281	38-3496076		150,000.				ECONOMIC DEVELOPMENT
(3) NEXT GENERATION FILMS, INC. 230 INDUSTRIAL DR., LEXINGTON, OH 44904	20-8333491		100,000.				ECONOMIC DEVELOPMENT
(4) OHIO-WEST VIRGINIA EXCAVATING CO. PO BOX 128 POMHATAN POINT, OH 43942	34-1421920		222,600.				ECONOMIC DEVELOPMENT
(5) OPRONA, INC. 14120 INTERDRIVE EAST HOUSTON, TX 77032	20-8040748		26,287.				ECONOMIC DEVELOPMENT
(6) PERHAM EGG OHIO LLC 60 SOUTH SIXTH STREET MINNEAPOLIS, MN 55402	38-3914676		40,000.				ECONOMIC DEVELOPMENT
(7) RIDGE CORPORATION 1201 ETNA PARKWAY ETNA, OH 43062-8041	31-1399268		50,000.				ECONOMIC DEVELOPMENT
(8) SANDUSKY COUNTY ECONOMIC DEVELOPMENT CORPOR 2511 COUNTRYSIDE DR., FREMONT, OH 43420	34-1424666	501(C)(3)	90,000.				ECONOMIC DEVELOPMENT
(9) SAUDER WOODWORKING CO. 502 MIDDLE STREET ARCHBOLD, OH 43502-1559	34-4346145		100,000.				ECONOMIC DEVELOPMENT
(10) SCRANTON DEVELOPMENT COMPANY 3301 TERMINAL TOWER CLEVELAND, OH 44113	34-1616556		200,000.				ECONOMIC DEVELOPMENT
(11) STOLLE MACHINERY COMPANY, LLC 6948 S. POTOMAC ST., CENTENNIAL, CO 80112	77-0616243		350,000.				ECONOMIC DEVELOPMENT
(12) DIAMOND MANUFACTURING OF BLUFFTON, LTD 505 E. JEFFERSON STREET BLUFFTON, OH 45817	27-2450190		80,000.				ECONOMIC DEVELOPMENT

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

Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2014
**Open to Public
Inspection**

Name of the organization: **JOBSOHO** Employer identification number: **45-2798687**

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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) TEKNI-PLEX, INC. 1150 FIRST AVENUE KING OF PRUSSIA, PA 19406	22-3286312		40,000.			COST	ECONOMIC DEVELOPMENT
(2) THE BON-TON DEPARTMENT STORES, INC. 2801 E MARKET STREET YORK, PA 17402-2406	23-1269309		100,000.			COST	ECONOMIC DEVELOPMENT
(3) THE MEDINA PLATING CORP. 940 IAFAYETTE ROAD MEDINA, OH 44256-2415	34-0903894		50,000.			COST	ECONOMIC DEVELOPMENT
(4) THE NEW CARLISLE, LLC 9639 KINSMAN ROAD MATERIALS PARK, OH 44073	45-5425231		175,470.			COST	ECONOMIC DEVELOPMENT
(5) THE PROCTER & GAMBLE DISTRIBUTING LLC 1 P&G PLAZA, CINCINNATI, OH 45202	31-0411981		1,000,000.			COST	ECONOMIC DEVELOPMENT
(6) TRANS-FOAM, INC. 281 SOUTHWEST AVE., TALLMADGE, OH 44278	34-1918788		100,000.			COST	ECONOMIC DEVELOPMENT
(7) TRI-COUNTY RURAL WATER AND SEWER DISTRICT 20 ANDERSON LANE WATERFORD, OH 45786-5327	31-1269601		169,000.			COST	ECONOMIC DEVELOPMENT
(8) UNVERPERTH MANUFACTURING COMPANY INC PO BOX 357 KALIDA, OH 45853	34-0936989		50,000.			COST	ECONOMIC DEVELOPMENT
(9) WHIRLPOOL CORPORATION 2000 NORTH M63 BENTON HARBOR, MI 49022	38-1490038		600,000.			COST	ECONOMIC DEVELOPMENT
(10) XPERTON E & E USA LLC 1475 JAMES PARKWAY HEATH, OH 43056	46-3761164		100,000.			COST	ECONOMIC DEVELOPMENT
(11) ZULLIY, INC. 2601 ELLIOT SEATTLE, WA 98121	27-1202150		250,000.			COST	ECONOMIC DEVELOPMENT
(12) GWYNITE BEE, INC. 4301 22ND STREET LONG ISLAND CITY, NY 11105	45-3507457		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) (2014)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2014
**Open to Public
Inspection**

JOBSOHHO

Employer identification number
45-2798687

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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) CLEVELAND 2016 HOST COMMITTEE INC 2400 ORANGE AVENUE CLEVELAND, OH 44101	47-1304221	501(C)(3)	6,000,000.		COST		ECONOMIC DEVELOPMENT
(2) CELINA CITY BOARD OF EDUCATION 585 EAST LIVINGSTON STREET CELINA, OH 45822	34-6400269		250,000.		COST		EQUIPMENT IMPROVEMENT
(3) DOWNTOWN CLEVELAND ALLIANCE 1010 EUCLID AVENUE CLEVELAND, OH 44115	34-1775903	501(C)(3)	50,000.		COST		CONFERENCE EXPENSE SUPPORT
(4) COLUMBUS 2020 SOUTH FRONT STREET COLUMBUS, OH 43215	27-1509190	501(C)(6)	150,000.		COST		CONFERENCE EXPENSE SUPPORT
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**

3 Enter total number of other organizations listed in the line 1 table **47.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2014)

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

JOBSOHIO GRANTEEES RECEIVE GRANT FUNDS ONLY ON A REIMBURSEMENT BASIS.

GRANTEEES MUST SUBMIT A REQUEST FOR REIMBURSEMENT AND SUPPORTING

DOCUMENTATION FOR REVIEW AND APPROVAL BY JOBSOHIO.

GRANTEEES MUST MAINTAIN RECORDS SUPPORTING CLAIMED COSTS AND ALL REQUESTS

FOR REIMBURSEMENT ARE SUBJECT TO AUDIT BY JOBSOHIO.

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 JOBSONHIO.

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

Part III Grants and Other Assistance to 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 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

2014

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 in 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 in 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 in 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 in 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" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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
1a		
1b		
2		
3		
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) 2014

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 in 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 in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN MINOR BOARD MEMBER PRESIDENT AND CIO	(i) 322,402. (ii) 0 (iii) 0	0	0	10,292. 0	13,565. 0	346,259. 0	0
2 KEVIN A. GIANGOLA CHIEF FINANCIAL OFFICER	(i) 148,516. (ii) 0 (iii) 0	16,000. 0	0	5,250. 0	7,024. 0	176,790. 0	0
3 MARK PATTON MANAGING DIRECTOR	(i) 191,270. (ii) 0 (iii) 0	29,000. 0	0	7,385. 0	13,066. 0	240,721. 0	0
4 CHARLES MUSTINE MANAGING DIRECTOR	(i) 233,026. (ii) 0 (iii) 0	25,000. 0	0	8,225. 0	13,565. 0	279,816. 0	0
5 KRISTI TANNER MANAGING DIRECTOR	(i) 200,270. (ii) 0 (iii) 0	20,000. 0	0	0 0	1,281. 0	221,551. 0	0
6 LEE CRUME DIRECTOR OF SALES	(i) 147,489. (ii) 0 (iii) 0	0 0	0	5,000. 0	2,613. 0	155,102. 0	0
7 MATTHEW CYBULSKI DIRECTOR OF PROJECT MGMT	(i) 127,629. (ii) 0 (iii) 0	14,500. 0	0	4,528. 0	6,971. 0	153,628. 0	0
8 DONELL GRUBBS GENERAL COUNSEL	(i) 155,286. (ii) 0 (iii) 0	22,500. 0	0	5,600. 0	19,661. 0	203,047. 0	0
9 KRISTINA CLOUSE EXECUTIVE DIR OF OPERATIONS	(i) 143,676. (ii) 0 (iii) 0	18,000. 0	0	3,743. 0	19,626. 0	185,045. 0	0
10 AARON PITTS MANAGING DIRECTOR	(i) 220,297. (ii) 0 (iii) 0	11,000. 0	0	7,875. 0	19,810. 0	258,982. 0	0
11 GLENN RICHARDSON MANAGING DIRECTOR	(i) 152,519. (ii) 0 (iii) 0	0 0	0	4,033. 0	5,746. 0	162,298. 0	0
12 MATTHEW WALIDO SENIOR RESEARCH MANAGER	(i) 129,871. (ii) 0 (iii) 0	0 0	0	2,677. 0	19,583. 0	152,131. 0	0
13	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	0
14	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	0
15	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	0
16	(i) 0 (ii) 0 (iii) 0	0	0	0	0	0	0

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.

JSA

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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

2014

**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 9

MARK PATTON

250 BURNHAM SQUARE, UNIT 604

COLUMBUS, OH 43215

C. MARTIN HARRIS, MD

17282 BITTERSWEET TRAIL

CHAGRIN FALLS, OH 44023

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

Name of the organization JOB SOHIO	Employer identification number 45-2798687
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GUIDANCE IN IDENTIFYING ERRORS IN THE RETURN SUBMISSION AND FEEDBACK ON QUANTITATIVE AND QUALITATIVE RESPONSES.

FORM 990 PART VI LINE 12C

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

UNDER JOB SOHIO'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

Name of the organization

JOB SOHIO

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MATERIAL GIFTS OR FAVORS.

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

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

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

IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY AVAILABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD MUST DETERMINE BY A MAJORITY VOTE OF THE

Name of the organization

JOBOSHIO

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DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER THE TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE.

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

- (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

Name of the organization JOB SOHIO	Employer identification number 45-2798687
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DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH.

IN ADDITION TO THE FOREGOING, ANY OFFICER OR EMPLOYEE OF THE CORPORATION WHOSE RESPONSIBILITY INCLUDES COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION DIRECTLY OR INDIRECTLY FROM THE CORPORATION IS PRECLUDED FROM VOTING OR PROVIDING INFORMATION TO ANY COMPENSATION COMMITTEE ON MATTERS PERTAINING TO THAT INDIVIDUAL'S COMPENSATION.

DIRECTORS MAY NOT SOLICIT OR ACCEPT EMPLOYMENT WITH ANY PERSON THAT RECEIVES OR HAS RECEIVED AN INCENTIVE OR OTHER ASSISTANCE AS A RESULT OF A DECISION THAT SUCH DIRECTOR PARTICIPATED IN AS A DIRECTOR OF THE CORPORATION.

EACH DIRECTOR, OFFICER AND EMPLOYEE IS REQUIRED TO ANNUALLY SIGN A STATEMENT AFFIRMING THAT SUCH INDIVIDUAL:

- (A) HAS RECEIVED A COPY OF THE POLICY;
- (B) HAS READ AND UNDERSTANDS THE POLICY;
- (C) HAS AGREED TO COMPLY WITH THE POLICY; AND
- (D) UNDERSTANDS THE CORPORATION'S STATUTORY PURPOSE AND THAT IT IS A NONPROFIT CORPORATION.

TO ENSURE THAT THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH ITS STATUTORY AND CHARITABLE PURPOSES OR CONTRACTUAL OBLIGATIONS AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE THE STATUS OF THE

Name of the organization

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CORPORATION AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX, PERIODIC REVIEWS OF ITS OPERATIONS ARE PERFORMED. THE PERIODIC REVIEWS, AT A MINIMUM, DETERMINE ALL OF THE FOLLOWING:

(A) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED UPON COMPETENT SURVEY INFORMATION, AND ARE THE RESULT OF ARM'S LENGTH BARGAINING;

(B) WHETHER THE CORPORATION'S OPERATIONS ARE CONSISTENT WITH THE ARTICLES, THIS CODE OF REGULATIONS AND CONTRACTUAL OBLIGATIONS, AND ARE PROPERLY DOCUMENTED; AND

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

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

Name of the organization JOBSOHIO	Employer identification number 45-2798687
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DISINTERESTED DIRECTORS HAVE SOLE AUTHORITY TO DETERMINE WHETHER A DIRECTOR SHOULD BE REMOVED FROM OFFICE ON THE BASIS OF MISCONDUCT.

EFFECTIVE OCTOBER 1, 2013, JOBSOHIO'S BOARD OF DIRECTORS CREATED AN INDEPENDENT REVIEW PANEL TO, AMONG OTHER THINGS, ASSESS THE ADEQUACY OF JOBSOHIO'S REVIEW PROCESS REGARDING POTENTIAL CONFLICTS OF INTEREST.

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

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

FORM 990 PART VI LINE 15A & 15B
PURSUANT TO ARTICLE 5.1 (A) OF THE JOBSOHIO ARTICLES OF INCORPORATION,

Name of the organization

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THE JOB SOHIO BOARD OF DIRECTORS (BOARD) IS TO APPROVE BY RESOLUTION THE COMPENSATION OF THE CHIEF INVESTMENT OFFICER. PURSUANT TO ARTICLE 5.1 (B) THEREOF, THE BOARD IS TO APPROVE A COMPENSATION PLAN FOR THE CORPORATION.

UNDER ARTICLE 6.4 OF THE JOB SOHIO ARTICLES OF INCORPORATION, A COMPENSATION COMMITTEE (COMMITTEE) IS ELECTED BY THE BOARD. THE COMMITTEE 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

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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 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, 2014 AUDITED FINANCIAL STATEMENTS, 2015 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 1990, 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	2,994,262.

Name of the organization JOB SOHIO	Employer identification number 45-2798687
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ATTACHMENT 1 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TEAM NEO 737 BOLIVAR ROAD, SUITE 2000 CLEVELAND, OH 44115	CONSULTANT	2,151,989.
COLUMBUS 2020 150 S FRONT STREET #200 COLUMBUS, OH 43215	CONSULTANT	1,455,267.
DEVELOPMENT PROJECTS INC. 900 KETTERING TOWER DAYTON, OH 45423	CONSULTANT	1,335,854.
REGIONAL GROWTH PARTNERSHIP INC. 300 MADISON AVENUE SUITE 270 TOLEDO, OH 43604	CONSULTANT	1,228,172.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

Open to Public Inspection

2014

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

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

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section (if section 501(c)(3))	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	JOBSOHIO BEVERAGE SYSTEM 41 S HIGH STREET, SUITE 1500 COLUMBUS, OH 43215 20-1255734	ECON DEVELOP	OH	501 (C) (3)	7	JOBSOHIO	X	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2014

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.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)	NONE												
(2)					N/A								
(3)													
(4)													
(5)													
(6)													
(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.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
									Yes
(1)	NONE								Yes No
(2)									
(3)									
(4)									
(5)									
(6)									
(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.

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. **1a** Yes No
 - b Gift, grant, or capital contribution to related organization(s) **1b** Yes No
 - c Gift, grant, or capital contribution from related organization(s) **1c** Yes No
 - d Loans or loan guarantees to or for related organization(s) **1d** Yes No
 - e Loans or loan guarantees by related organization(s) **1e** Yes No

- f Dividends from related organization(s) **1f** Yes No
 - g Sale of assets to related organization(s) **1g** Yes No
 - h Purchase of assets from related organization(s) **1h** Yes No
 - i Exchange of assets with related organization(s) **1i** Yes No
 - j Lease of facilities, equipment, or other assets to related organization(s) **1j** Yes No
 - k Lease of facilities, equipment, or other assets from related organization(s) **1k** Yes No
 - l Performance of services or membership or fundraising solicitations for related organization(s) **1l** Yes No
 - m Performance of services or membership or fundraising solicitations by related organization(s) **1m** Yes No
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) **1n** Yes No
 - o Sharing of paid employees with related organization(s) **1o** Yes No
 - p Reimbursement paid to related organization(s) for expenses. **1p** Yes No
 - q Reimbursement paid by related organization(s) for expenses **1q** Yes No
 - r Other transfer of cash or property to related organization(s) **1r** Yes No
 - s Other transfer of cash or property from related organization(s) **1s** Yes No
- 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)	JOBSOHIO BEVERAGE SYSTEM	C	120,000,000.	CASH
(2)	JOBSOHIO BEVERAGE SYSTEM	J,N	441,848.	COST
(3)	JOBSOHIO BEVERAGE SYSTEM	L,O	372,606.	COST
(4)	JOBSOHIO BEVERAGE SYSTEM	Q	323,474.	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.

(1)	(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).
