Return of Organization Exempt From Income Tax

orm 990

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

OMB No. 1545-0047
2014

Open to Public Inspection

Form **990** (2014)

▶ 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.

A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 20 15 D Employer identification number C Name of organization **B** Check if applicable: **JOBSOHIO** Doing Business As 45-2798687 Number and street (or P.O. box if mail is not delivered to street address) Ε Telephone number Room/suite Name change 41 SOUTH HIGH STREET, SUITE 1500 (614) 224-6446 Initial return City or town, state or province, country, and ZIP or foreign postal code Amended COLUMBUS, OH 43215-6104 G Gross receipts \$ 121,735,886. return Application **F** Name and address of principal officer: JOHN MINOR Is this a group return for Yes Nο Х subordinates' 41 S. HIGH STREET, STE 1500, COLUMBUS, OH 43215 No Yes H(b) Are all subordinates included? 501(c)(3) X 501(c) (4 If "No," attach a list. (see instructions) Website: ▶ WWW.JOBS-OHIO.COM H(c) Group exemption number Form of organization: X | Corporation L Year of formation: 2011 M State of legal domicile: Association Other > OH Summary 1 Briefly describe the organization's mission or most significant activities: TO PROMOTE ECONOMIC DEVELOPMENT, JOB CREATION, JOB RETENTION, JOB TRAINING, WORKFORCE DEVELOPMENT, Governance AND THE RETENTION OF CURRENT AND RECRUITMENT OF NEW BUSINESS TO OHIO. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 8. Activities & Number of independent voting members of the governing body (Part VI, line 1b) 7. Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 67. Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 120,000,000. 100,000,000. **COPY FOR** Program service revenue (Part VIII, line 2g) 1,043,868. 551,874. **PUBLIC INSPECTION** Investment income (Part VIII, column (A), lines 3, 4, and 7d) 58,455. 663,017. 10 13,944. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 121,720,829. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 100,610,329. 12 3,862,966. 46,551,991. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,648,610. 7,496,975. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ ______ 12,062,805. 18,350,874. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 20,574,381. 72,399,840. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 80,035,948. 49,320,989. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** 269,021,082. 343,503,787. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 5,940,530. 21 31,102,246. 263,080,552. 312,401,541 22 Net assets or fund balances. Subtract line 21 from line 20. 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 Signature of officer Here JOHN MINOR PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid PHILIP B BARTLETT self-employed P01299075 2/15/2016 Preparer Firm's name ► KPMG LLP Firm's EIN ▶ 13-5565207 Use Only 614-249-2300 Firm's address ▶ 191 WEST NATIONWIDE BLVD., STE. 500 COLUMBUS, OH 43215-2568 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

JSA 4E1065 1.000

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	Statement of Program Service Accomplishments	_
_	Check if Schedule O contains a response or note to any line in this Part III	
1	riefly describe the organization's mission:	
	O PROMOTE ECONOMIC DEVELOPMENT, JOB CREATION, JOB RETENTION, JOB	
	RAINING, WORKFORCE DEVELOPMENT, AND THE RETENTION OF CURRENT AND ECRUITMENT OF NEW BUSINESS TO THE STATE OF OHIO.	
	ECROTIMENT OF NEW BUSINESS TO THE STATE OF OHIO.	
_	tid the examination undertake any cignificant program consider during the year which were not listed on the	
2	rior Form 990 or 990-EZ? "Yes," describe these new services on Schedule O.	No
3	ries, describe triese new services on scriedule of vid the organization cease conducting, or make significant changes in how it conducts, any program ervices?	Nο
	"Yes," describe these changes on Schedule O.	
4	rescribe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe 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.) OBSOHIO'S PROGRAM OF ECONOMIC DEVELOPMENT FOCUSED ON JOB	
	REATION, JOB RETENTION, AND NEW CAPITAL INVESTMENT FROM EXISTING	
	USINESS EXPANSION AND ATTRACTION OF NEW COMPANIES TO THE STATE OF	
	HIO. THE ECONOMIC DEVELOPMENT PROGRAM WILL INCREASE IN INTENSITY	
	N FISCAL YEAR 2016 AS JOBSOHIO IMPLEMENTS NEW ECONOMIC	
	EVELOPMENT PROGRAMS WHILE CONTINUING TO LEVERAGE EXISTING	
	ROGRAMS.	
4b	Code:	
_	Order (Company)	
4C	Code:	
4d	other program services (Describe in Schedule O.)	_
	Expenses \$ including grants of \$) (Revenue \$)	
4e	otal program service expenses ► 67,704,477.	

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Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	37	Х
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			37
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		v
6	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		Х
7	"Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		Λ
′	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	- '-		Λ
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	-		Λ
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
-	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part I	V 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? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
22				
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		х	
	employees? If "Yes," complete Schedule J	23	Λ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		71
28				
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		Х
_	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
50	19? Note . All Form 990 filers are required to complete Schedule O	38	Х	
	10. 140.0.7 Mil 1 Olim 1000 micro die required to complete deficulte O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 67			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		v
	account)?	4a		Х
D	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5a	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
A	required to file Form 8282?	7c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	11-		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a 14b		Λ

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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.

Sect	tion A. Governing Body and Management			Λ
Seci	tion A. Governing body and management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year		163	140
1a	Enter the number of voting members of the governing body at the end of the tax year 1111			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	,		
b	Enter the number of voting members included in line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		37	
	any other officer, director, trustee, or key employee?	2	X	-
3	Did the organization delegate control over management duties customarily performed by or under the direct			17
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ion 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	າ 501(ດ	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply. A pathod a water to be a value of the complete			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record KEVIN A. GIANGOLA 41 S HIGH STREET SUITE 1500 COLUMBUS, OH 43215 614-224-6446	ds:▶		

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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)	box,	not ch unles	Pos neck s pe	erson	e than of the is both tor/trust employee	an	(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
(1)JAMES BOLAND	1.00									
CHAIRMAN OF THE BOARD	1.00	Х		Х					0	C
(2)JOHN MINOR	40.00									
BOARD MEMBER PRESIDENT AND CIO	1.00	Х		Х				322,402.	0	23,857.
(3)GARY HEMINGER	1.00									
BOARD MEMBER	0	Х						C	0	C
(4)MARTIN HARRIS MD TERMED 7/2015	1.00									
BOARD MEMBER	0	Х						C	0	C
_(5)LAWRENCE_KIDD	1.00									
BOARD MEMBER, SEC-TREAS	0	X		Х				C	0	
_(6)BRAD_LINDNER	1.00									
BOARD MEMBER	0	Х						C	0	C
_(7)JOHN_BISHOP	1.00									_
BOARD MEMBER	0	Х						С	0	C
(8)STEPHEN_PERRY	1.00									
BOARD MEMBER	0	Х						C	0	C
(9)BARBARA SNYDER	1.00									
BOARD MEMBER	0	Х						C	0	C
(10)KEVIN A. GIANGOLA	40.00			37				164 516		12 274
CHIEF FINANCIAL OFFICER	1.00			Х				164,516.	0	12,274.
(11)MARK_PATTON_ MANAGING DIRECTOR	40.00				Х			220,270.	0	20,451.
(12)CHARLES MUSTINE	40.00				^			220,270.	0	20,431.
MANAGING DIRECTOR	40.00				Х			258,026.	0	21,790.
(13)KRISTI TANNER	40.00							233,320.		21,,50.
MANAGING DIRECTOR	10.00				х			220,270.	0	1,281.
(14)DONELL GRUBBS	40.00							===,=,=		
								1	1	

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JSA

(A)	(B)			(C)			(D)	(E)		(F)
Name and title	Average hours per week (list any hours for related	box,	unles r and	Posi neck i ss per	ition more rson irect	e than or is both or/truste	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	ar	stimated mount of other npensation rom the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	ficer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 271000 mice)	an	ganization nd related anizations
5) KRISTINA CLOUSE	40.00										
EXECUTIVE DIR OF OPERATIONS	0				Х			161,676.	0		23,36
6) AARON PITTS	40.00										
MANAGING DIRECTOR	0				X			231,297.	0		27,68
7) GLENN RICHARDSON	40.00										
MANAGING DIRECTOR	0				X			152,519.	0		9,7
8) LEE CRUME	40.00										
DIRECTOR OF SALES	0					Х		147,489.	0		7,6
9) MATTHEW CYBULSKI	40.00										
DIRECTOR OF PROJECT MGMT	0					Х		142,129.	0		11,49
0) TRACY ALLEN	40.00										
DIRECTOR, PROJECT FINANCE	0					Х		127,508.	0		5,72
1) SCOTT HANLEY	40.00										
DIRECTOR OF MARKETING	0					Х		121,931.	0		3,69
2) MATTHEW WALDO	40.00										
SENIOR RESEARCH MANAGER	0					Х		129,871.	0		22,20
Ib Sub-total								1,363,270.	0	1	104,91
c Total from continuation sheets to Part VII, Se	ection A						•	1,214,420.	0	1	111,62
d Total (add lines 1b and 1c)							\blacktriangleright	2,577,690.	0	2	216,54
2 Total number of individuals (including but not I reportable compensation from the organization		nose 18		d ab	oove	e) who	re	ceived more than	\$100,000 of		
B Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Yes
For any individual listed on line 1a, is the sorganization and related organizations greindividual	ater than	\$15	0,0	00?	lf	"Yes	," (complete Schedu	le J for such	4	X
										4	41
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye Section B. Independent Contractors										5	

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

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part VI	11		
				(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 b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	120,000,000.	120,000,000.			
_e	<u> </u>	Total Moo Ta II I I I I I I I I I I I I I I I I I	Business Code	120/000/0001			
eu							
ě	2a	MANAGEMENT FEES	900099	814,452.	814,452.		
<u>8</u>	b	LOAN FEES	900099	89,325.	89,325.		
Program Service Revenue	C	LOAN INTEREST	900099	140,091.	140,091.		
S L	d						
<u>ra</u>	е						
õ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,043,868.			
	3	Investment income (including divider and other similar amounts)	▶	678,074.			678,074.
	5	Royalties		0			
		(i) Real	(ii) Personal				
	_		("," " " " " " " " " " " " " " " " " " "				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u> </u>	0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
	-	and sales expenses	15,057.				
		Gain or (loss)	-15,057.				
	c d	Net gain or (loss)		-15,057.			15 057
4				-13,037.			-15,057.
Other Revenue	8a	Gross income from fundraising					
ē		events (not including \$					
ě		of contributions reported on line 1c).					
_		See Part IV, line 18 a					
Ę	b	Less: direct expenses b	,				
Ö	С	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					
	С	Net income or (loss) from gaming activities	. <u> </u>	0			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900099	13,944.	13,944.		
	b						
	c						
	d	All other revenue					
		Total. Add lines 11a-11d		13,944.			
	12	Total revenue. See instructions		121,720,829.	1,057,812.		663,017.
				1/20/02Je	1,001,012.		, 000,01/.

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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 respo				
	not include amounts reported on lines 6b, 7b, 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.	
	Pension plan accruals and contributions (include	0 / 10 / / 15 0 /		2/200/25/0	
3	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		422,452.	330,480.	91,972.	
11	Fees for services (non-employees):				
â	Management	233,650.	221,751.	11,899.	
t	Legal	214,234.	123,721.	90,513.	
	Accounting	156,651.		156,651.	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	119,658.		119,658.	
	I Other. (If line 11g amount exceeds 10% of line 25, column	113,030.		11570501	
٠	(A) amount, list 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.	505 654	550,163.	
17	Travel	527,654.	527,654.		
18	Payments of travel or entertainment expenses	11,626.	11,626.		
19	for any federal, state, or local public officials Conferences, conventions, and meetings	208,100.	203,650.	4,450.	
20	Interest	207.	200,0001	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.)	0 220 511	9,320,511.		
	NETWORK PARTNER SERVICE FEES	9,320,511.	278,313.		
_	DUES	53,437.	53,437.		
	TRAINING	50,580.	50,580.		
	All other expenses	71,052.	22,102.	48,950.	
	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				
JSA	following SOP 98-2 (ASC 958-720)	0			Form 990 (2014)

JSA 4E1052 1.000

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X		ILA	Daiance Sneet					
Cash - non-interest-bearing 159, 442, 755. 1 58, 832, 996.			Check if Schedule O contains a response or	note	to any line in this Pa	rt X		
2 Savings and temporary cash investments 0 2 0 0 3 0 0 4 Accounts receivable, net 0 3 0 0 3 0 0 0 0 0								
3 Pledges and grants receivable, net 0 3 0 0		1				159,442,756.	1	58,832,996.
3 Piedges and grants receivable, net 0 3 0 0		2	Savings and temporary cash investments			0	2	0
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualitied persons (as edined under section) 7 A comparison of the control of Section of Section (Section of Section of Sectio		3	Pledges and grants receivable, net	0	3	0		
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Losns and other receivables from other disqualitied persons (as efficied under section 4958(f)(78) in persons described in section 4958(f)(78), and contributing employers and sponsoring organizations of section 6916(6)9 voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D 10b Less: accumulated depreciation 10b Losns and other securities 10 Investments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Other assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 21 Earow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Other liabilities. Add lines 17 through 25 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 20 Permanently restricted net assets 20 Permanently restricted net assets 21 Permanently restricted net assets 22 Permanently restricted net assets 23 Total liabilities. Add lines 17 through 25 25 Temporarily restri		4	Accounts receivable, net			27,802.	4	145,691.
Complete Part II of Schedule L Complete Part II of Schedule I Complete Part II		5	Loans and other receivables from current and	forme	r officers, directors,			
Section Comparison Compa			trustees, key employees, and highest co					
## 4956(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		_	Complete Part II of Schedule L			0	5	0
and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 0, 7, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,		6						
7 Notes and loans receivable, net 0 7 0 0			and sponsoring organizations of section 501(c)(9) volu	ntary 6	employees' beneficiary			
9 Prepaid expenses and deferred charges 398,665. 9 426,795.	Ŋ		organizations (see instructions). Complete Part II of Sche	dule L		0		0
9 Prepaid expenses and deferred charges 398,665. 9 426,795.	set	7	Notes and loans receivable, net			0		
10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 a 2,868,075.	As		Inventories for sale or use			0		
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 11 Investments - publicly traded securities. 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liabilities 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 D 20 Secured mortgages and notes payable to unrelated third parties. 21 Escrow or custodial account liabilities not included on lines 17-24). Complete Part X of Schedule D 22 Unsecured notes and loans payable to unrelated third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 21 Total liabilities Add lines 17 through 25. 22 Total liabilities Add lines 17 through 25. 23 Temporarily restricted net assets 24 Unrestricted net assets 25 Permanently restricted net assets 26 Permanently restricted net assets 27 Total liabilities. Add lines 17 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow \$FAS 117 (ASC 958), check here I and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 33 3 12, 401, 541.			· · · · · · · · · · · · · · · · · · ·			398,665.	9	426,795.
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 11 381,926 13 7,117,633 14 Intangible assets 0 14 0 0 14 0 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 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 0 0 0 0 0 0 0 0		10 a			0.060.075			
11 Investments - publicly traded securities 101,985,000. 11 270,271,988. 12 Investments - other securities. See Part IV, line 11 381,926. 13 7,117,633. 13 Investments - program-related. See Part IV, line 11 381,926. 13 7,117,633. 14 Intangible assets 0 14 0 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. 16 343,503,782. 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 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 0 24 Unsecured notes and loans payable to unrelated third parties 0 23 0 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0 27 0 0 26 Total liabilities. Add lines 17 through 25 5,940,530 26 31,102,246. 27 Total liabilities. Other liabilities on the dot follow SFAS 117 (ASC 958), check here						1 726 427		1 010 740
12 Investments - other securities. See Part IV, line 11 3 Investments - program-related. See Part IV, line 11 381,926. 13 7,117,633.								
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. 17 Accounts payable and accrued expenses 3,625,187 17 1,547,964 18 Grants payable 0 19 0 20 Tax-exempt bond liabilities 0 20 0 20 Tax-exempt bond liabilities 0 20 0 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 0 21 0 22 Loans and other payables to unrelated third parties 23 0 23 Secured mortgages and notes payable to unrelated third parties 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. 27 Unrestricted net assets 28 29 Permanently restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here								2/0,2/1,988.
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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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here And complete lines 30 through 34. Capital stock or trust principal, or current funds Organizations crapital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Day 33 33 312,401,541.	ģ		Escrow or custodial account liability. Complete Pa	art IV c	of Schedule D			0
23 Secured mortgages and notes payable to unrelated third parties	Iŧie							
23 Secured mortgages and notes payable to unrelated third parties	abi		trustees, key employees, highest compen	sated	employees, and			
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25. Corganizations that follow SFAS 117 (ASC 958), check here 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), check here Corganizations that do not follow SFAS 117 (ASC 958), chec			disqualified persons. Complete Part II of Schedule	L		0	22	0
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		23	Secured mortgages and notes payable to unrelate	ed thire	d parties			0
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated	third p	arties	0	24	0
of Schedule D 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (ASC 958)		25						
Total liabilities. Add lines 17 through 25								
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here organizations that do not follow SFAS 117 (A			of Schedule D					
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	_	26				5,940,530.	26	31,102,246.
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 0 0 0 31 0 0 3	Ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	there 🕨 🔙 and			
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total net assets or fund balances 36 Capital stock or trust principal, or current funds 37 O 30 O 0 O 0 O 0 O 0 O 0 O O 0 O O O O	au						27	
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total net assets or fund balances 36 Source 1 Source 2 So	Bal							
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total net assets or fund balances 36 Source 1 Source 2 So	Б	29	Permanently restricted net assets				29	
	or E							
	şţs	30				0	30	0
	SSE	31					31	
	¥	32	Retained earnings, endowment, accumulated inco	ome, d	or other funds			
04 Tatal liabilities and not assets/found belongs	Š		Total net assets or fund balances				33	
34 Total liabilities and net assets/rund balances		34	Total liabilities and net assets/fund balances			269,021,082.	34	343,503,787.

Form **990** (2014)

Form 990 (2014) Page **12**

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		121,7	20,8	329.		
2	Potal expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3		49,3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	- 2	263,0	80,5	52.		
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	;	312,4	01,5	541.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII					Ш		
					Yes	No		
1	Accounting method used to prepare the Form 990: CashX Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," e	крlair	ı in					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	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?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a					
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or							
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in					
	the Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_	the	.				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization **JOBSOHIO** 45-2798687 Organization type (check one): Filers of: Section: X 501(c)(4 Form 990 or 990-EZ) (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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or 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

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).

General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

totaling \$5,000 or more during the year

▶ \$ ______

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization JOBSOHIO Employer identification number 45-2798687

Parti	Contributors (see instructions). Ose duplicate copies of Pa	art i il additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$120,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization JOBSOHIO Employer identification number 45-2798687

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

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

Schedule B	(Form 990, 990-EZ, or 990-PF) (2014)		Page 4
Name of or	rganization JOBSOHIO		Employer identification number
			45-2798687
Part III	that total more than \$1,000 for the y	year from any one contributor. s completing Part III, enter the to e year. (Enter this information or	s described in section 501(c)(7), (8), or (10) Complete columns (a) through (e) and the tal of exclusively religious, charitable, etc., nce. See instructions.) ▶ \$
(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, a	nd 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, at	nd 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

	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
•	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held

(e) Transfer of gift

	(e) Transf	er of gift	
Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee

JSA 4E1255 1.000

(a) No. from Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► 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.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number **JOBSOHIO** 45-2798687 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. 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:

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

▶ \$ Schedule D (Form 990) 2014

\$____

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenue included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2014

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 schibition b Scholarly research c Preservation for future generations 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's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization sociotic 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? Yes No Part XIII. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI. Inc. 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII. 1b If Yes, Explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning of year balance D Beginning of year balance O Beginning of year balance C Contributions C Net investment earnings, gains, and consequent than the properties of the current year end balance (line 1g, column (a)) held as: B Beginning of year balance D Contributions C Net investment earnings, gains, and consequent than the estimated percentage of the current year end balance (line 1g, column (a)) held as: B Beginning of year balance C Themporarity restricted endowment M Administrative expenses G End of year balance C Themporarity restricted endowment M Administrative expenses G Provide the estim	Sched	lule D (Form 990) 2014											Page 2
collection items (check all that apply): a	Par	t III Organizations Maintaining	Collec	ctions of	Art, Hist	orical T	reasure	es, c	or Oth	er Simila	ar Asse	ts (conti	nued)
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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 sollection?	a	collection items (check all that apply) Public exhibition		sion, and o	d _	Loan	or excha	nge	program	ıs			
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? Yes No 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? In It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In It is the organization and the part XIII and complete the following table: C Beginning balance In It Is Is It Is I	С		ations			_							
assets to be sold to raise funds arther than to be maintained as part of the organization's collection? Yes No	4	Provide a description of the organization		collections	s and expla	ain how	they furt	ther	the org	anization's	s exempt	purpose	in Part
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: c Beginning balance d Additions during the year 1 te 1 dileading balance, 1 trustee amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. 2a Beginning of year balance b Contributions 1a Beginning of year balance b Contributions 1b Contributions 1c Amount 1c Amount 1c Amount 1c Amount 1c Amount 1d Beginning of the year 1 te 9 Inding balance (9) Prov secret or current year back (9) If year shack (9) If year years back (9) If years balance (10) If years years back (1	5											Yes	No
included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance. Id Amount Id Amount Id Amount Id Beginning balance. Id Distributions during the year Ending balance 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 "Yees' to Form 990, Part IV, line 10. Ia Beginning of year balance Ia	Par					ne organ	ization	ansv	vered "	Yes" to F	orm 990), Part IV	, line 9,
c Beginning balance . 1c		included on Form 990, Part X?									_	Yes	☐ No
c Beginning balance d Additions during the year 1 Id	D	ii res, explain the arrangement in	Part Alli	and comp	piete trie io	lowing tai	oie.			Α	 mount		
d Additions during the year E Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 2b Contributions c Net investment earnings, gains, and losses, d Grants or scholarships c 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 6 Permanent endowment 6 Temporarily restricted endowment 7 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 5 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. Describe in Part XIII the intended uses of the organization's endowment funds. 2 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. 2 Poscribe in Part XIII the intended uses of the organization's endowment funds. 2 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. 2 Part	С	Beginning balance						1c					
e Distributions during the year fe ft. Ending balance	d												
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves "kys," 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. Beginning of year balance 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 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-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 (iii) related organizations (iii) related organizations (iii) related organizations Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (d) Book value (d) Each of the organization (d) Each of the organization (d) Each of the passion of the Open (d) Each of the	е							1e					
Board France F	f							1f					
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back years (e) Four years (e) Four years (e) Four years (e) Four years b	2a	Did the organization include an amo	unt on F	orm 990,	Part X, line	21, for e	scrow o	r cus	stodial a	account lia	bility?	Yes	No
Calcument year Calc	-												
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 (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. Description of property (a) Cost or other basis (cherr) (b) Cost or other basis (cherr) (cherr) 1a Land b Buildings c Leasehold improvements 871,060 197,242 673,818. d Equipment 629,187. 241,136 388,051. e Other 1,367,828 618,955 748,873.	Par	t V Endowment Funds. Comp					1						
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 ▶ % 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 (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. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements (b) Cost or other basis (other) 4 Equipment (c) Accumulated (d) Book value (d) Book value (d) Buildings c Leasehold improvements (d) Equipment (e) Accumulated (f) Equipment (g) Accumulated			(a) Curi	rent year	(b) Pric	r year	(c) Two	years	s back	(d) Three y	ears back	(e) Four ye	ears back
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 ▶ % 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 (ii) related organizations (iii) 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. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 629,187, 241,136, 388,051. e Other 1,367,828, 618,955, 748,873.	1a												
and losses d Grants or scholarships	b												
d Grants or scholarships	С												
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	ч	Crants or scholarships											
and programs f Administrative expenses g End of year balance 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 ▶ % 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. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation b Buildings c Leasehold improvements													
g End of year balance	·	-											
g End of year balance.	f	Administrative expenses											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment													
a Board designated or quasi-endowment ▶			f the curr	ent vear e	nd balance	(line 1a	column	(a)) l	neld as:				
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 3a(ii) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation (investment) (other) (other) (d) Book value (d) Book value (investment) (other) (a) Equipment (a) Equipment (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value (d) Buildings (c) Leasehold improvements (d) Equipment (d) Book value (d) Equipment (d) Book value (d	а					((4),	.0.0 00.				
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. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation (other) 1a Land b Buildings c Leasehold improvements A 871,060. 197,242. 673,818. d Equipment 629,187. 241,136. 388,051. e Other	b				_								
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. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements	С	Temporarily restricted endowment	 ►	%									
organization by: (i) unrelated organizations (ii) related 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. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment 629,187. 241,136. 388,051. e Other		The percentages in lines 2a, 2b, and	d 2c sho	uld equal 1	00%.								
(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. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements	3a	Are there endowment funds not in the	ne posse	ssion of th	he organiza	ition that	are held	d and	admini	stered for	the		
(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. Description of property (a) Cost or other basis (b) Cost or other basis (other) (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (a) Equipment (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Accumulated depreciation (g) Book value (g) Book value (g) Book value (g) Cost or other basis (g) Accumulated depreciation (g) Accumulated depreciation (g) Book value (g) Book val		organization by:										Y	es No
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. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (other) (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other 1,367,828. 618,955. 748,873.												3a(i)	
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. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 1,367,828. 618,955. 748,873.		(ii) related organizations										3a(ii)	
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. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (other)	b	` , , ·			•							3b	
Calcase Calc				•									
Calcase Calc	Par	t VI Land, Buildings, and Equip Complete if the organization	ment. on ansv	vered "Ye	es" to Forn	n 990. P	art IV. li	ne 1	1a. Se	e Form 9	90. Part	X. line 1	0.
1a Land b Buildings c Leasehold improvements 871,060. 197,242. 673,818. d Equipment 629,187. 241,136. 388,051. e Other 1,367,828. 618,955. 748,873.		Description of property		(a) Cost or	other basis	(b) Cost	or other bas		(c) Accu	ımulated			
b Buildings 871,060. 197,242. 673,818. c Leasehold improvements 871,060. 197,242. 673,818. d Equipment 629,187. 241,136. 388,051. e Other 1,367,828. 618,955. 748,873.	12	Land		(inves	stment)	(C	ther)		depre	ciation			
c Leasehold improvements 871,060. 197,242. 673,818. d Equipment 629,187. 241,136. 388,051. e Other 1,367,828. 618,955. 748,873.	_	5 " "											
d Equipment 629,187. 241,136. 388,051. e Other 1,367,828. 618,955. 748,873.							271 06	+	1.0	7 2/2		67	2 212
e Other 1,367,828. 618,955. 748,873.								_					
		- · ·											
				egual Forr	n 990 Part					.			

Page 3 Schedule D (Form 990) 2014

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) Financia	al derivatives		
(2) Closely	-held equity interests		
(3) Other			
(<u>A</u>)			
(<u>B)</u>			
<u>(C)</u>			
<u>(D)</u>			
<u>(E)</u>			
(F)			
(G)			
(H)	The most areal Form 200 Part V and (P) line 10		
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. Complete if the organization answered	l "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:
	(a) Decemples of infocution	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
raitix		"Yes" to Form 990	Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De:	scription	(b) Book value
(1)			
_(2)			
_(3)			
(4)			
_(5)			
(6)			
(7)			
(8)			
(9) Tabal (0 a)	ones (b) south and Farm 200 Bart V and (B) (: 4F \	
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>	
2. Liability for	or 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

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4E1270 1.000

8398GJ 1802

V 14-7.16

2959579

PA Schedule D (Form 990) 2014

JOBSOHIO 45-2798687 Schedule D (Form 990) 2014 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 121,720,829. Amounts included on line 1 but not on Form 990. Part VIII. line 12: 2 a Net unrealized gains (losses) on investments **b** Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 121,720,829. 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 121,720,829. Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 72,399,840. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments Other losses 2c d Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 72,399,840. Amounts included on Form 990. Part IX. line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 72,399,840. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2014

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Schedule D (Form 990) 2014 JOBSOHIO 45-2798687 Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2014

JSA

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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

JOE	SOHIO				45-2798687	7
Par	General Information of Form 990, Part IV, line 14		Outside the I	United States. Complete	if the organization answe	red "Yes" on
1	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the grant	s or assistance	e, and the selection criteri		Yes No
2	For grantmakers. Describe in assistance outside the United Sta		ganization's p	rocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace 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			3.			456,336.
b	Total from continuation sheets to Part I					
_	Totals (add lines 3a and 3h)		2			456 336

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

Schedule F (Form 990) 2014

45-2798687

JOBSOHIO Schedule F (Form 990) 2014

	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if	cipient who receive	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	Part II can be	Juplicated if addit	additional space is needed.	needed.	J Tes Off Fo	JIII 990,
_	(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)
_									
2									
3									
j)									
5)									
3)									
3									
3)									
									
0)									
1)									
2)									
3)									
<u>4</u>									
5)									
6)									
2 Ente	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. ▶	anizations listed above or counsel has provice	e that are recognized as ded a section 501(c)(3) e	charities by the quivalency lette	foreign country, red	ognized as tax	-exempt • • ▼		
,	(į

Enter total number of other organizations or entities.

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Schedule F (Form 990) 2014

Part III Schedule F (Form 990) 2014 **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.

(17) (16) (18) (15) (14) (13) (12) (11) (10) (9) (8) (6) (1) (5) (3) (2) 3 (4) (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)

Schedule F (Form 990) 2014

JSA 4E1276 1.000

Schedule F (Form 990) 2014 Page 4

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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? 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	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

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

JOBSOHIO 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.

JSA Schedule F (Form 990) 2014

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

JOBSOHIO

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

Employer identification number 45-2798687

(12) FCX PERFORMANCE, INC. (11) CONTACTUS, LLC (10) CONSOLIDATED METCO, INC. (1) ACE HARDWARE CORPORATION (9) COMMUNITY IMPROVEMENT CORP. OF FAIRBORN, OH (5) BELLEVUE ECONOMIC DEVELOPMENT CORPORATION (4) BASF CORPORATION (3) APPVION, INC. (7) BRAUN INDUSTRIES, INC. (2) ADALET/SCOTT FETZER COMPANY (8) CITY OF DAYTON, DEPARTMENT OF AVIATION (6) BELLISIO FOODS INC. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 44 W. HEBBLE AVENUE FAIRBORN, OH 45324 525 LAKE AVE DULUTH, MN 55802 100 PARK AVENUE FLORHAM PARK, NJ 07932-1049 PO BOX 1872 APPLETON, WI 54912-1872 3000 E 14TH AVENUE COLUMBUS, OH 43219-2355 31-1644350 3700 FISHINGER BLVD., COLUMBUS OH 43026 5701 SE COLUMBIA WAY, VANCOUVER, WA 98661 101 WEST THIRD STREET DAYTON, OH 45402 1170 PRODUCTION DRIVE, VAN WERT, OH 45891 110 W MAIN STREET BELLEVUE, OH 44811-1328 4801 W 150TH STREET CLEVELAND, OH 44135 2200 KENSINGTON COURT, OAK BROOK, IL 60523 Enter total number of other organizations listed in the line 1 table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (a) Name and address of organization or government General Information on Grants and Assistance **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. 45-4001073 93-0518680 31-1628973 31-0792103 34-1397769 501(C)(3) 16-1090809 47-0691259 36-0700810 31-6000175 59-3015985 36-2556469 (b) EIN 501(C)(3) (c) IRC section if applicable (d) Amount of cash grant 100,000. 100,000. 135,000 25,000. 38,647. 50,000. 30,000. 82,931. 50,000. 10,000. 75,000. 8,550. (e) Amount of non-cash assistance COST (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance ECONOMIC DEVELOPMENT (h) Purpose of grant or assistance Yes 8 0

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

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V 14-7.16

PAGE 27

(Form 990) **SCHEDULE I**

Department of the Treasury Internal Revenue Service

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

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

1	Employer
	identification
	number

Name of the organization						Employer identification number	n number
JOBSOHIO						45-2798687	
Part General Information on Grants and Assistance	d Assistance	Ф					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' the selection criteria used to award the grants or assistance?	ubstantiate th	e amount of the	e grants or assista	nce, the grantees'	eligibility for the grants or assistance, and	or assistance, and	X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for mor	nitoring the use	of grant funds in the	United States.			[
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Core Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if	omestic Org	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can t	ernments. Com be duplicated if a	nplete if the organization answered "Yes" to Form 990, additional space is needed.	ation answered "Ye eeded.	s" to Form 990,
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.	1						
4321 STRAUSSER ST., NORTH CANTON, OH 44720	34-1697384		24,382.		COST		ECONOMIC DEVELOPMENT
(3) HONDA OF AMERICA MFG., INC.							
24000 HONDA PARKWAY, MARYSVILLE, OH 43040	31-0925242		1,000,000.		COST		ECONOMIC DEVELOPMENT
3760 OAKMOOD AVENIIE AIISTINTOMN OH 44515	34_0971763		150.000		TROC		ECONOMIC DEVELOPMENT
8611 BECKETT ROAD WEST CHESTER, OH 45069	90-0928520		350,000.		COST		ECONOMIC DEVELOPMENT
(6) LAKEVIEW FARMS, LLC	1						
229 E. 2ND STREET DELPHOS, OH 45833	90-0751535		200,000.		COST		ECONOMIC DEVELOPMENT
(7) LEGACY MEASUREMENT SOLUTIONS, INC.	1						
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
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) MATALCO 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	d governmen	t organizations	the line 1	table		· ·	
3 Enter total number of other organizations listed in the line 1 table	isted in the lir	າe 1 table					

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

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(Form 990) **SCHEDULE I**

Department of the Treasury Internal Revenue Service

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

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

1	Employer
	identification nu
	ımber

Name of the organization						Employer identification number	on number
JOBSOHIO						45-2798687	
Part I General Information on Grants and Assistance	d Assistance	O					
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?	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	deligibility for the grants	s or assistance, and	X Yes No
esc	dures for mon	itoring the use	of grant funds in the				
Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Cor Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if	omestic Org	yanizations a more than \$5	nd Domestic Gov 5,000. Part II can t		mplete if the organization answered "Yes" to Form 990, additional space is needed.	ation answered "Yeeded.	es" to Form 990,
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) MEDINVENT, LLC	I						
1841 BUERKLE ROAD WHITE BEAR LAKE, MI 55110	26-2489108		40,000.		COST		ECONOMIC DEVELOPMENT
(2) MEIJER STORES LIMITED PARTNERSHIP							
PO BOX 2281 GRAND RAPIDS, MI 49501-2281	38-3496076		150,000.		COST		ECONOMIC DEVELOPMENT
(3) NEXT GENERATION FILMS, INC.	1						
230 INDUSTRIAL DR., LEXINGTON, OH 44904	20-8333491		100,000.		COST		ECONOMIC DEVELOPMENT
PO BOX 128 POWHATAN POINT, OH 43942	34-1421920		222,600.		COST		ECONOMIC DEVELOPMENT
(5) OPRONA, INC.							
14120 INTERDRIVE EAST HOUSTON, TX 77032	20-8040748		26,287.		COST		ECONOMIC DEVELOPMENT
(6) PERHAM EGG OHIO LLC	1						
60 SOUTH SIXTH STREET MINNEAPOLIS, MN 55402	38-3914676		40,000.		COST		ECONOMIC DEVELOPMENT
(7) RIDGE CORPORATION	1						
1201 ETNA PARKWAY ETNA, OH 43062-8041	31-1399268		50,000.		COST		ECONOMIC DEVELOPMENT
(8) SANDUSKY COUNTY ECONOMIC DEVELOPMENT CORPOR							
2511 COUNTRYSIDE DR., FREMONT, OH 43420	34-1424666	501(C)(3)	90,000.		COST		ECONOMIC DEVELOPMENT
(9) SAUDER WOODWORKING CO.	-						
502 MIDDLE STREET ARCHBOLD, OH 43502-1559	34-4346145		100,000.		COST		ECONOMIC DEVELOPMENT
(10) SCRANTON DEVELOPMENT COMPANY	1						
3301 TERMINAL TOWER CLEVELAND, OH 44113	34-1616556		200,000.		COST		ECONOMIC DEVELOPMENT
(11) STOLLE MACHINERY COMPANY, LLC							
6948 S. POTOMAC ST., CENTENNIAL, CO 80112	77-0616243		350,000.		COST		ECONOMIC DEVELOPMENT
(12) DIAMOND MANUFACTURING OF BLUFFTON, LTD	1						
505 E. JEFFERSON STREET BLUFFTON, OH 45817	27-2450190		80,000.		COST		ECONOMIC DEVELOPMENT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government	t organizations	listed in the line 1 t	able		•	
3 Enter total number of other organizations listed in the line 1 table	isted in the lin	ne 1 table				•	

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

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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	Employer identification number
JORSOHIO	45-2798687

JOBSOHIO Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance 45-2798687 × Yes S O

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	NI3 (q)	(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.							
	22-3286312		40,000.		COST		ECONOMIC DEVELOPMEN
(2) THE BON-TON DEPARTMENT STORES, INC.							
2801 E MARKET STREET YORK, PA 17402-2406	23-1269309		100,000.		COST		ECONOMIC DEVELOPMEN
(3) THE MEDINA PLATING CORP.							
940 LAFAYETTE ROAD MEDINA, OH 44256-2415	34-0903894		50,000.		COST		ECONOMIC DEVELOPMEN
(4) THE NEW CARLISLE, LLC							
9639 KINSMAN ROAD MATERIALS PARK, OH 44073	45-5425231		175,470.		COST		ECONOMIC DEVELOPMEN
(5) THE PROCTER & GAMBLE DISTRIBUTING LLC							
1 P&G PLAZA, CINCINNATI, OH 45202	31-0411981		1,000,000.		COST		ECONOMIC DEVELOPMEN
(6) TRANS-FOAM, INC.							
281 SOUTHWEST AVE., TALLMADGE, OH 44278	34-1918788		100,000.		COST		ECONOMIC DEVELOPMEN
(7) TRI-COUNTY RURAL WATER AND SEWER DISTRICT							
20 ANDERSON LANE WATERFORD, OH 45786-5327	31-1269601		169,000.		COST		ECONOMIC DEVELOPMEN
(8) UNVERFERTH MANUFACTURING COMPANY INC							
PO BOX 357 KALIDA, OH 45853	34-0936989		50,000.		COST		ECONOMIC DEVELOPMEN
(9) WHIRLPOOL CORPORATION							
2000 NORTH M63 BENTON HARBOR, MI 49022	38-1490038		600,000.		COST		ECONOMIC DEVELOPMEN
10) XPERION E & E USA LLC							
1475 JAMES PARKWAY HEATH, OH 43056	46-3761164		100,000.		COST		ECONOMIC DEVELOPMEN
11) ZULILY, INC.							
2601 ELLIOT SEATTLE, WA 98121	27-1202150		250,000.		COST		ECONOMIC DEVELOPMEN
12) GWYNNIE BEE, INC.							
4301 22ND STREET LONG ISLAND CITY, NY 11105	45-3507457		100,000.		COST		ECONOMIC DEVELOPMEN
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government	organizations I	isted in the line 1 to	able		•	
3 Enter total number of other organizations listed in the line 1 table	sted in the line	e 1 table					

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

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Name of the organization						Employer identification number	n number
JOBSOHIO						45-2798687	
Part General Information on Grants and Assistance	1 Assistance	Ф					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee the selection criteria used to award the grants or assistance?	ມbstantiate th s or assistanc	e amount of the e?	e grants or assistar	ice, the grantees'	eligibility for the grants or assistance, and	\neg	× Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	lures for mon	itoring the use	of grant funds in the	United States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Core Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if	omestic Org	yanizations ar more than \$5	nd Domestic Gov ,000. Part II can b	ernments. Come duplicated if a	nplete if the organization answered "Yes" to Form 990, additional space is needed.	ation answered "Ye eeded.	s" to Form 990,
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	•						EQUIPMENT
585 EAST LIVINGSTON STREET CELINA, OH 45822	34-6400269		250,000.		COST		IMPROVEMENT
(3) DOWNTOWN CLEVELAND ALLIANCE	•						CONFERENCE EXPENSE
1010 EUCLID AVENUE CLEVELAND, OH 44115	34-1775903	501(C)(3)	50,000.		COST		SUPPORT
(4) COLUMBUS 2020	•						CONFERENCE EXPENSE
SOUTH FRONT STREET COLUMBUS, OH 43215	27-1509190	501(C)(6)	150,000.		COST		SUPPORT
(5)							
(6)							
(7)							
(8)	<u>'</u>						
(9)							
(10)							
(11)	,						
(12)	,						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government	t organizations	listed in the line 1 to	able			5.
3 Enter total number of other organizations listed in the line 1 table	sted in the lir	າe 1 table				•	47.

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

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0	
Schedule I (le 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.

PART	Part IV	7	6	O1	4	ω	2	_	
PART I, LINE 2	Part IV Supplemental Information. Complete this part to provide the information required in Part I information.								(a) Type of grant or assistance
	is part to prov								(b) Number of recipients
	vide the informat								(c) Amount of cash grant
	tion required in								(d) Amount of non-cash assistance
	Part I, line 2, Part III,								(e) Method of valuation (book, FMV, appraisal, other)
	, line 2, Part III, column (b), and any other additional								(f) Description of non-cash assistance

JOBSOHIO GRANTEES RECEIVE GRANT FUNDS ONLY ON A REIMBURSEMENT BASIS.

GRANTEES MUST SUBMIT A REQUEST FOR REIMBURSEMENT AND SUPPORTING

DOCUMENTATION FOR REVIEW AND APPROVAL BY JOBSOHIO.

GRANTEES 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

Schedule I (Form 990) (2014)

JSA

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.

Part IV	7	6	បា	4	ω	2	<u> </u>	
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.								(a) Type of grant or assistance
is part to prov								(b) Number of recipients
vide the informat								(c) Amount of cash grant
tion required in								(d) Amount of non-cash assistance
Part I, line 2, Part III,								(e) Method of valuation (book, FMV, appraisal, other)
column (b), and any other additional								(f) Description of non-cash assistance

AGREEMENTS, PAID INVOICES, VOUCHERS, PAID RECEIPTS, AND OTHER

DOCUMENTATION AS NEEDED. PROGRAM DISBURSEMENTS ARE REVIEWED AT MULTIPLE

LEVELS WITHIN JOBSOHIO.

GRANTEES ARE REQUIRED TO SUBMIT AN ANNUAL REPORT TO THE JOBSOHIO 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 JOBSOHIO COMPLIANCE TEAM, AND FINAL

DETERMINATION BY THE JOBSOHIO PRESIDENT/CIO.

Schedule I (Form 990) (2014)

JSA 4E1504 1.000

Schedule I (Form 990) (2014) **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.

PART II	Part IV s	7	6	5 1	4	ယ	2	-	
	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.								(a) Type of grant or assistance
	s part to prov								(b) Number of recipients
	vide the informat								(c) Amount of cash grant
	tion required in								(d) Amount of non-cash assistance
	Part I, line 2, Part III,								(e) Method of valuation (book, FMV, appraisal, other)
	column (b), and any other additional								(f) Description of non-cash assistance

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

Compensation InformationFor 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

Open to Public Inspection

Name of the organization Employer identification number **JOBSOHIO** 45-2798687 **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
2	explain	10		
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
		2		
	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.			
	X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study			
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:	4-		v
_	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	40		^
	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			
3	compensation contingent on the revenues of:			
•	The organization?	5a		Х
a	Any related organization?	5a 5b		X
b	If "Yes" to line 5a or 5b, describe in Part III.	อม		
6				
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:			
•	The organization?	60		Х
	Any related organization?	6a 6b		X
D	If "Yes" to line 6a or 6b, describe in Part III.	UD		Λ
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	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	•		
U	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	0		Λ
9	' ' ' '			
	Regulations section 53.4958-6(c)?	9		<u></u>

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Page 2

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

For each individual whose compensation must be reported 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.

Schedule 1 (Form 990) 2014	School						
							16 (ii)
							(9)
							15 (ii)
							(i)
							14 (ii)
							(9)
							13 (ii)
							(i)
0	0	0	0	0	0	0	12 ^{SENIOR RESEARCH MANAGER} (ii)
0	152,131.	19,583.	2,677.	0	0	129,871.	MATTHEW WALDO (i)
0	0	0	0	0	0	0	11 MANAGING DIRECTOR (ii)
0	162,298.	5,746.	4,033.	0	0	152,519.	DSON
0	0	0	0	0	0	0	10MANAGING DIRECTOR (ii)
0	258,982.	19,810.	7,875.	0	11,000.	220,297.	
0	0	0	0	0	0	0	9 EXECUTIVE DIR OF OPERATIONS (ii)
0	185,045.	19,626.	3,743.	0	18,000.	143,676.	
0	0	0	0	0	0	0	8 GENERAL COUNSEL (ii)
0	203,047.	19,661.	5,600.	0	22,500.	155,286.	BBS
0	0	0	0	0	0	0	7 DIRECTOR OF PROJECT MGMT (ii)
0	153,628.	6,971.	4,528.	0	14,500.	127,629.	ILSKI
0	0	0	0	0	0	0	6 DIRECTOR OF SALES (ii)
0	155,102.	2,613.	5,000.	0	0	147,489.	
0	0	0	0	0	0	0	5 MANAGING DIRECTOR (ii)
0	221,551.	1,281.	0	0	20,000.	200,270.	57
0	0	0	0	0	0	0	4 MANAGING DIRECTOR (ii)
0	279,816.	13,565.	8,225.	0	25,000.	233,026.	TINE
0	0	0	0	0	0	0	3 MANAGING DIRECTOR (ii)
0	240,721.	13,066.	7,385.	0	29,000.	191,270.	
0	0	0	0	0	0	0	2 CHIEF FINANCIAL OFFICER (II)
0	176,790.	7,024.	5,250.	0	16,000.	148,516.	A
0	0	0	0	0	0	0	1 BOARD MEMBER PRESIDENT AND CIO (ii)
0	346,259.	13,565.	10,292.	0	0	322,402.	JOHN MINOR (i)
as deferred in prior Form 990	:		compensation	reportable compensation	compensation	(I) base compensation	(A) Name and Tille
(F) Compensation in column (B) reported	(E) Total of columns (B)(i)-(D)	(D) Nontaxable benefits	(C) Retirement and other deferred	compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown of	
				:			

Schedule J (Form 990) 2014

JSA 4E1291 1.000

JOBSOHIO 45-2798687

Schedule J (Form 990) 2014 Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2014

JSA

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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Employer identification number 45-2798687

Name of the organization

JOBSOHIO

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

GUIDANCE IN IDENTIFYING ERRORS IN THE RETURN SUBMISSION AND FEEDBACK ON QUANTITATIVE AND QUALITATIVE RESPONSES.

FORM 990 PART VI LINE 12C

JOBSOHIO'S CONFLICTS OF INTEREST POLICY IS INTENDED TO PROTECT THE

CORPORATION'S INTEREST WHEN IT IS CONSIDERING A TRANSACTION OR

ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF A DIRECTOR OR

OFFICER OR EMPLOYEE OF THE CORPORATION OR MIGHT DIRECTLY BENEFIT THAT

INDIVIDUAL IN OTHER THAN A DE MINIMIS MANNER. THIS POLICY SUPPLEMENTS,

BUT DOES NOT REPLACE, OHIO LAWS GOVERNING CONFLICTS OF INTEREST

APPLICABLE TO THE CORPORATION.

UNDER JOBSOHIO'S CONFLICTS OF INTEREST POLICY, DIRECTORS, OFFICERS AND

EMPLOYEES OF THE CORPORATION ARE CONSIDERED TO BE INTERESTED INDIVIDUALS

WHERE THEY HAVE, DIRECTLY OR INDIRECTLY, THROUGH BUSINESS, INVESTMENT, OR

FAMILY:

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

"COMPENSATION" INCLUDES DIRECT OR INDIRECT REMUNERATION AS WELL AS

8398GJ 1802

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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

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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

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

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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

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,

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THE JOBSOHIO BOARD OF DIRECTORS (BOARD) IS TO APPROVE BY RESOLUTION THE COMPENSATION OF THE CHIEF INVESTMENT OFFICER. PURSUANT TO ARTICLE 5.1

(B) THEREOF, THE BOARD IS TO APPROVE A COMPENSATION PLAN FOR THE CORPORATION.

UNDER ARTICLE 6.4 OF THE JOBSOHIO ARTICLES OF INCORPORATION, A

COMPENSATION COMMITTEE (COMMITTEE) IS ELECTED BY THE BOARD. THE

COMMITTEE 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 JOBSOHIO WEBSITE: ARTICLES OF INCORPORATION, CODE OF REGULATIONS, CONFLICTS OF INTEREST POLICY, STANDARDS OF CONDUCT POLICY, EMPLOYEE GIFT POLICY, ETHICAL ANNUAL CONDUCT PLEDGE, ANNUAL ETHICS TRAINING, 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 JOBSOHIO REGIONAL

PARTNERS IN SUPPORT OF ACHIEVING THE MISSION TO PROMOTE ECONOMIC

DEVELOPMENT IN THE STATE. THE SIX REGIONAL PARTNERS WITHIN THIS JOBSOHIO

ATTACHMENT 1

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

NETWORK FOCUS THEIR EFFORTS ON ECONOMIC DEVELOPMENT WITHIN THEIR AREA.

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

SBC ADVERTISING
333 WEST NATIONWIDE BOULEVARD
COLUMBUS, OH 43215

2,994,262.

Schedule O (Form 990 or 990-EZ) 2014

CONSULTANT

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

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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.

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JOBSOHIO 45-2798687

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

20**14**

Open to Public Inspection

Employer identification number

ω Ξ 2 JOBSOHIO 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 45-2798687 (f)
Direct controlling
entity

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. 6

(5)

4

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity? Yes No) 12(b)(13 olled ty?
(1) JOBSOHIO BEVERAGE SYSTEM 20-1255734							
41 S HIGH STREET, SUITE 1500 COLUMBUS, OH 43215	ECON DEVELOP	ОН	501 (C) (3) 7		JOBSOHIO	×	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2014

4E1307 1.000

8398GJ 1802

V 14-7.16

 \Box 4 (ω 2 Part IV 3 (5) 4 (1) NONE Part III Schedule R (Form 990) 2014 (1) NONE 6 ω 2 6 5 (a) Name, address, and EIN of related organization **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. **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. Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) N/A (d) Direct controlling entity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign Direct controlling and entity N/A (f) Share of total income Type of entity
(C corp, S corp, or trust) (g) Share of end-ofyear assets (f) Share of total income Yes No Disproportionate allocations? Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets Yes partner? General or managing s ownership Section Section State St S Percentage ownership Ē Page 2

JSA 4E1308 1.000

Schedule R (Form 990) 2014

dule R (Form 990) 2014	COBSCILIC
Page 3	43-2130001

JSA 4E1309 1.000	(6)	(5)	(4) JOBSOHIO BEVERAGE SYSTEM	(3) JOBSOHIO BEVERAGE SYSTEM	(2) JOBSOHIO BEVERAGE SYSTEM	(1) JOBSOHIO BEVERAGE SYSTEM	(a) Name of related organization	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	s Other transfer of cash or property from related organization(s).		4 I velli pala pri te la le de la le la le de la le la la la le la	Reimbursement paid by related organization(s) for expenses		o Sharing of paid employees with related organization(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s).		k Lease of facilities, equipment, or other assets from related organization(s)	organization(s)			Sale of assets to related organization(s)		e Loans or loan guarantees by related organization(s)		Gift, grant, or capital contribution from related organization(s)	Gift, grant, or capital contribution to related organization(s)	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1 During the tax year, did the organization engage in any of the following transactions with one or more rela	Note Complete line 1 if any entity is listed in Darts II III or IV of this schedule	Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36
			iO	L,0	J,N	С	(b) Transaction type (a-s)	this line,																					related organizations listed in Parts II-IV?		es" on Form 990, Part
Sch			323,474.	372,606.	441,848.	120,000,000.	(c) Amount involved	including covered relationships and transa																					ted in Parts II-IV?		IV, line 34, 35b, or 36.
Schedule R (Form 990) 2014			COST	COST	COST	CASH	(d) Method of determining amount involved	transaction thresholds.	1s	1 r		1 - C	<u>.</u>	10 ×	1n ×	1m	11 ×	;	1 _j ×	=	1h	10	<u>.</u>	1e	1d	1c ×	1b	1 a		Yes	
2014							ning		×	×		\top	×			×	. ,	×		×	×	×	×	×	×		×	×		N N	

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V 14-7.16

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Schedule R (Form 990) 2014

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.

of gross reveiled) that was not a related of garilla action. See this haction is regarding exclusion for certain investment	dilization, see institu	refigure refiguran	ig exclusion for a	Serial lives	iment partnerships.	sillos.				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(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	(FOIII 1085)	Yes No	
(1)										
(2)										
(3)										
(4)										
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Schedule R (Form 990) 2014

JOBSOHIO 45-2798687

Schedule R (Form 990) 2014 Page **5**

Part VII Supplemental Information

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

Schedule R (Form 990) 2014

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