

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization JUMPSTART INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6701 CARNEGIE AVENUE 100 City or town, state or province, country, and ZIP or foreign postal code CLEVELAND, OH 44103 F Name and address of principal officer: RAY T LEACH SAME AS C ABOVE | D Employer identification number 34-1398522 E Telephone number (216) 363-3400 G Gross receipts \$ 26,023,957. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.JUMPSTARTINC.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1983 M State of legal domicile: OH |

Part I Summary

| | | |
|------------------------------------|---|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO ACCELERATE THE PROGRESS OF HIGH POTENTIAL, EARLY-STAGE BUSINESSES, IMPROVE SUCCESS IN ACHIEVING 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 29 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 28 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 99 6 Total number of volunteers (estimate if necessary) 6 147 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 7b 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 17,802,637. Prior Year 22,957,506. Current Year 9 Program service revenue (Part VIII, line 2g) 1,491,944. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,867,999. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -324,834. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 22,837,746. 26,023,957. | |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,566,021. 3,065,500. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,892,136. 11,146,289. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 932,825. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,924,485. 10,642,929. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21,382,642. 24,854,718. 19 Revenue less expenses. Subtract line 18 from line 12 1,455,104. 1,169,239. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) 76,688,561. Beginning of Current Year 78,465,079. End of Year 21 Total liabilities (Part X, line 26) 9,323,975. 11,931,175. 22 Net assets or fund balances. Subtract line 21 from line 20 67,364,586. 66,533,904. | |

Part II Signature Block

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

| | | | | |
|-------------------------------|---|--|-------------------------|---|
| Sign Here | Signature of officer RAY T LEACH, CHIEF EXECUTIVE OFFICER Type or print name and title | Date | | |
| Paid Preparer Use Only | Print/Type preparer's name KAREN B. COONEY | Preparer's signature KAREN B. COONEY | Date 02/17/21 | Check <input type="checkbox"/> if self-employed PTIN P00285983 |
| | Firm's name ▶ MEADEN & MOORE, LTD. | Firm's EIN ▶ 34-1818258 | | |
| | Firm's address ▶ 1375 EAST NINTH STREET, SUITE 1800 CLEVELAND, OH 44114-1790 | | | Phone no. 216-241-3272 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: JUMPSTART INC. UNLOCKS THE FULL POTENTIAL OF DIVERSE AND AMBITIOUS ENTREPRENEURS TO ECONOMICALLY TRANSFORM ENTIRE COMMUNITIES. JUMPSTART INC. COMBATS COMMUNITY DETERIORATION AND LESSENS THE BURDENS OF GOVERNMENT BY CONDUCTING INVESTMENT AND OTHER PROGRAMS TO ENHANCE THE

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

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

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

4a (Code:) (Expenses \$ 2,648,034. including grants of \$) (Revenue \$ 1,870,233.) ENTREPRENEURIAL SERVICES AND INVESTING: JUMPSTART INC. CONDUCTS ITS ECONOMIC REVITALIZATION PROGRAMS BY FUNCTIONING AS A REGIONAL NONPROFIT VENTURE DEVELOPMENT ENTITY WHICH SUPPORTS STARTUPS AND HIGH POTENTIAL SMALL BUSINESSES WHO HAVE THE POTENTIAL TO ECONOMICALLY TRANSFORM COMMUNITIES.

AS THE PRIMARY ENTREPRENEURIAL ECONOMIC REVITALIZATION PROGRAM JUMPSTART INC. ENCOURAGES THE CREATION OF NEW EMPLOYMENT OPPORTUNITIES IN NORTHEAST OHIO THROUGH ACTIVITIES SUPPORTING THE LAUNCH AND GROWTH OF COMPANIES WITH HIGH POTENTIAL FOR PROVIDING EMPLOYMENT OPPORTUNITIES AND THEREBY CONTRIBUTING TO THE ALLEVIATION OF ECONOMIC DISTRESS IN NORTHEAST OHIO, WHICH HAS EXPERIENCED ECONOMIC DECLINE AND COMMUNITY

4b (Code:) (Expenses \$ 1,078,809. including grants of \$) (Revenue \$) OUTREACH AND EDUCATION IS IS A SIGNIFICANT AND CRITICAL SEGMENT OF JUMPSTART'S OVERALL ECONOMIC REVITALIZATION PROGRAMS. THE JUMPSTART OUTREACH AND EDUCATION PROGRAM'S CONTINUOUS PRESENTATION OF NETWORKING EVENTS, SEMINARS AND PUBLISHED ARTICLES BOTH IN TRADITIONAL AND ELECTRONIC MEDIA, COMBINE TO BUILD A GREATER APPRECIATION OF THE IMPORTANCE OF ENTREPRENEURSHIP TO THE NORTHEAST OHIO REGIONAL ECONOMY.

THE ACTIVITIES OF OUTREACH AND EDUCATION ARE DIRECTED TO SUPPORTING NETWORKS OF INVESTORS, ADVISORS AND PROFESSIONAL SERVICE FIRMS IN ORDER TO ENCOURAGE AN INCREASE IN THE NUMBER OF SUCCESSFUL HIGH-POTENTIAL ENTREPRENEURIAL VENTURES IN NORTHEAST OHIO

4c (Code:) (Expenses \$ 16,490,485. including grants of \$ 3,065,500.) (Revenue \$) NETWORK ADVISORS & ECONOMIC INCLUSION IS AN ESSENTIAL COMPONENT OF THE ECONOMIC REVITALIZATION PROGRAMS THAT PROVIDES THE INITIAL CONTACT AND IMPETUS TO THE DEVELOPMENT OF SEED IDEAS. THESE INDIVIDUALS PROVIDE EDUCATION AND INFORMATION TO INDIVIDUALS CONCERNING THE DEVELOPMENT AND OPERATION OF SMALL BUSINESSES IN NORTHEAST OHIO FOR THE PURPOSE OF ENCOURAGING THE INITIATION, EXPANSION, GROWTH, AND MATURATION OF BOTH NEW AND EXISTING SMALL BUSINESS WHICH CAN PROVIDE EMPLOYMENT OPPORTUNITIES AND THEREBY AID IN ALLEVIATING UNEMPLOYMENT, COMMUNITY DETERIORATION AND ECONOMIC DISTRESS IN NORTHEAST OHIO AND ENHANCING THE ECONOMIC REVITALIZATION OF THE AREA. NETWORK ADVISORS COMPRISE THE PROGRAM THAT CONCENTRATES ON ASSISTING TECHNOLOGY BASED NASCENT COMPANIES AND SMALL BUSINESSES WITH GROWTH INTEREST AND POTENTIAL.

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

4e Total program service expenses 20,217,328.

Part IV 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)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | X | |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|---------------|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 109 | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 29; 1b Enter the number of voting members included on line 1a... 28; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH, NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records KAREN ADAME - (216) 363-3400 6701 CARNEGIE AVENUE, CLEVELAND, OH 44103

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. See instructions for the order in which to list the persons above.

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 line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ANTHONY CAMPANA DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |
| (2) BARBARA PAYNTER DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |
| (3) BRIAN HALL DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |
| (4) CAROL CARUSO DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |
| (5) DARRELL MCNAIR DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |
| (6) DON GRAVES DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |
| (7) GARY S SHAMIS CHAIRMAN | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (8) JAY GOYAL DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |
| (9) JEANNE COUGHLIN VICE CHAIR | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (10) JJ DIGERONIMO DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |
| (11) JOSE VASQUEZ DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |
| (12) JOSEPH JANKOWSKI DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |
| (13) KARIM BOTROS DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |
| (14) KATE ASBECK DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (15) LARRY GOODMAN DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |
| (16) LEE NEILSEN DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |
| (17) LEONARD D YOUNG DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) MARK J SAMOLCZYK DIRECTOR | 0.30 | X | | | | | 0. | 0. | 0. | |
| (19) MARLEINA DAVIS DIRECTOR | 0.30 | X | | | | | 0. | 0. | 0. | |
| (20) PATRICK PASTORE VICE CHAIR | 0.50 | X | | X | | | 0. | 0. | 0. | |
| (21) RAY T LEACH CHIEF EXECUTIVE OFFICER | 63.00 2.00 | X | | X | | | 483,342. | 0. | 19,839. | |
| (22) SHARON TOERЕК DIRECTOR | 0.30 | X | | | | | 0. | 0. | 0. | |
| (23) STEPHEN FRY DIRECTOR | 0.30 | X | | | | | 0. | 0. | 0. | |
| (24) STEVE MCHALE DIRECTOR | 0.30 | X | | | | | 0. | 0. | 0. | |
| (25) THOMAS HOPKINS DIRECTOR | 0.30 | X | | | | | 0. | 0. | 0. | |
| (26) WILLIAM L HARTMANN DIRECTOR | 0.30 | X | | | | | 0. | 0. | 0. | |
| 1b Subtotal | | | | | | | 483,342. | 0. | 19,839. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 2,797,503. | 0. | 159,526. | |
| d Total (add lines 1b and 1c) | | | | | | | 3,280,845. | 0. | 179,365. | |

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

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---------------------|
| ELSA WENTLING 183 CROWN STREET, BROOKLYN, NY 11225 | CONSULTING SERVICES - HUMAN RESOURCES | 150,000. |
| ARK GROUP, LLC 13840 LAKE AVE., LAKEWOOD, OH 44107 | CONSULTING SERVICES - FUNDRAISING | 132,000. |
| K MENDELSON CONSULTING LLC PO BOX 23647, CHAGRIN FALLS, OH 44023 | CONSULTING SERVICES - BIOSCIENCE/BIOME | 107,250. |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) WILLIAM R SEELBACH CHAIR EMERITUS | 0.50 | X | | X | | | | 0. | 0. | 0. |
| (28) STEPHEN DULL DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |
| (29) MICHAEL REGELSKI DIRECTOR | 0.30 | X | | | | | | 0. | 0. | 0. |
| (30) CATHERINE N BELK PRESIDENT | 47.00 | | | X | | | | 275,809. | 0. | 11,164. |
| (31) KAREN C ADAME CHIEF FINANCIAL OFFICER | 47.00 | | | X | | | | 238,165. | 0. | 16,559. |
| (32) A LAMONT MACKLEY CHIEF INCLUSION & OUTREACH OFFICER | 47.00 | | | | X | | | 156,468. | 0. | 9,113. |
| (33) JEROLD J FRANTZ CHIEF INVESTMENT AND SERVI | 47.00 | | | | X | | | 258,349. | 0. | 16,131. |
| (34) JONATHON L GRIMM CFO IN RESIDENCE | 47.00 | | | | X | | | 186,513. | 0. | 12,883. |
| (35) KENDRA MARIANNE GARDINER CHIEF PERFORMANCE OFFICER | 47.00 | | | | X | | | 206,475. | 0. | 6,177. |
| (36) REMSEN D HARRIS SR PARTNER, PORTFOLIO MGMT | 47.00 | | | | X | | | 201,820. | 0. | 19,346. |
| (37) PATRICIA GROSPIRON SR PARTNER, NETWORK MANAGEMENT | 47.00 | | | | X | | | 163,795. | 0. | 14,005. |
| (38) LORNE J NOVICK SR PARTNER, SERVICES & DEAL FLOW MAN | 47.00 | | | | X | | | 167,594. | 0. | 8,784. |
| (39) GAYLE JOHNTSON PEKKOLA SR PARTNER, MARKETING AND COMMUNICAT | 47.00 | | | | | X | | 192,383. | 0. | 6,988. |
| (40) LAURA O'BRIEN DESMOND SR PARTNER, ADVANCEMENT | 47.00 | | | | | X | | 166,929. | 0. | 13,631. |
| (41) RICHARD E JANKURA JR. SENIOR PARTNER, FINANCE | 47.00 | | | | | X | | 206,422. | 0. | 6,158. |
| (42) KARA L CARTER SR PARTNER, ADVANCEMENT AND WORKFORC | 47.00 | | | | | X | | 172,780. | 0. | 8,019. |
| (43) MATTHEW WILLIAM MILLER SR VENTURE PARTNER | 47.00 | | | | | X | | 204,001. | 0. | 10,568. |
| Total to Part VII, Section A, line 1c | | | | | | | | 2,797,503. | | 159,526. |

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 10,292,767. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 12,664,739. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | | | 22,957,506. | | | |
| Program Service Revenue | 2 a SUPPORT SERVICE | Business Code | | | | | |
| | | 541519 | 1,049,865. | 1,049,865. | | | |
| | b OTHER INCOME | 561000 | 820,368. | 820,368. | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 1,870,233. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 441,179. | | | 441,179. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | 755,039. | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 0. | | | | |
| c Gain or (loss) | 7c | 755,039. | | | | | |
| d Net gain or (loss) | | | 755,039. | | 755,039. | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a | Business Code | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 26,023,957. | 1,870,233. | 0. | 1,196,218. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 3,044,000. | 3,044,000. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 21,500. | 21,500. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,542,333. | 1,827,968. | 552,236. | 162,129. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 5,974,300. | 4,295,595. | 1,297,715. | 380,990. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 257,036. | 231,332. | 20,563. | 5,141. |
| 9 Other employee benefits | 1,833,939. | 999,397. | 652,721. | 181,821. |
| 10 Payroll taxes | 538,681. | 484,813. | 43,094. | 10,774. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 152,641. | 52,701. | 99,905. | 35. |
| c Accounting | 63,514. | 21,928. | 41,571. | 15. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 156,459. | 99,749. | 55,535. | 1,175. |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 1,657,216. | 1,116,908. | 450,535. | 89,773. |
| 12 Advertising and promotion | 608,509. | 492,106. | 74,383. | 42,020. |
| 13 Office expenses | 403,973. | 252,278. | 148,588. | 3,107. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 552,077. | 402,621. | 116,519. | 32,937. |
| 17 Travel | 296,542. | 239,817. | 36,249. | 20,476. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 183,043. | 116,697. | 64,971. | 1,375. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 51,562. | 32,873. | 18,302. | 387. |
| 23 Insurance | 44,622. | 28,448. | 15,839. | 335. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SUPPORT TO COLLABORATOR | 6,267,463. | 6,267,463. | | |
| b PROGRAM EXPENSE | 151,371. | 151,371. | | |
| c BAD DEBT | 53,937. | 37,763. | 15,839. | 335. |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 24,854,718. | 20,217,328. | 3,704,565. | 932,825. |
| 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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 250. | 1 | 250. |
| | 2 Savings and temporary cash investments | 1,859,384. | 2 | 962,410. |
| | 3 Pledges and grants receivable, net | 7,432,667. | 3 | 9,707,996. |
| | 4 Accounts receivable, net | 2,315,543. | 4 | 1,613,726. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 500,000. | 7 | 500,000. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 261,899. | 9 | 268,744. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 644,648. | | |
| | b Less: accumulated depreciation | 10b 540,892. | | |
| | 11 Investments - publicly traded securities | 48,121. | 11 | 105,845. |
| | 12 Investments - other securities. See Part IV, line 11 | 33,957,318. | 12 | 33,012,552. |
| | 13 Investments - program-related. See Part IV, line 11 | 30,158,062. | 13 | 32,189,800. |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 76,688,561. | 16 | 78,465,079. | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,544,606. | 17 | 3,664,319. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 6,279,369. | 23 | 7,766,856. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 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 | 500,000. | 25 | 500,000. |
| | 26 Total liabilities. Add lines 17 through 25 | 9,323,975. | 26 | 11,931,175. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 59,883,933. | 27 | 55,337,817. |
| | 28 Net assets with donor restrictions | 7,480,653. | 28 | 11,196,087. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 67,364,586. | 32 | 66,533,904. |
| | 33 Total liabilities and net assets/fund balances | 76,688,561. | 33 | 78,465,079. |

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 | 26,023,957. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 24,854,718. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,169,239. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 67,364,586. |
| 5 | Net unrealized gains (losses) on investments | 5 | -1,999,921. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 66,533,904. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: **JUMPSTART INC.** Employer identification number: **34-1398522**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 9292447. | 15319741. | 15302351. | 17802637. | 22957506. | 80674682. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 9292447. | 15319741. | 15302351. | 17802637. | 22957506. | 80674682. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 24666622. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 56008060. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 9292447. | 15319741. | 15302351. | 17802637. | 22957506. | 80674682. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 7,670. | 83,445. | 482,576. | 601,215. | 441,179. | 1616085. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1912318. | 1015408. | 1003787. | 1491944. | 1870233. | 7293690. |
| 11 Total support. Add lines 7 through 10 | | | | | | 89584457. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 7,323,690. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 62.52 % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | 65.74 % |
| 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10

IN GENERAL "OTHER INCOME" IS COMPOSED OF PROGRAM FEES AND SPONSORSHIP FEES FOR EVENTS HELD TO SUPPORT AND PROMOTE THE MISSION OF JUMPSTART. ADDITIONALLY, THIS CATEGORY INCLUDES SUB-RENTAL INCOME AND SERVICE REVENUE FROM OTHER NON-PROFIT ORGANIZATIONS, AS JUMPSTART INC. PROVIDES INFORMATION TECHNOLOGY SERVICE TO THESE ORGANIZATIONS FOR SHARED COMPONENTS OF HARDWARE, SOFTWARE, MAINTENANCE AND LICENSING AGREEMENTS.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **JUMPSTART INC.** Employer identification number **34-1398522**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ► \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 69,500. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 69,500. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 20,147,828. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 20,217,328. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|------------|----------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | 903,147. | 1,000,000. | 989,895. | 1,000,000. | 3,893,042. |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 5,839,563. |
| c Total lobbying expenditures | 17,750. | 7,750. | 67,000. | 69,500. | 162,000. |
| d Grassroots nontaxable amount | 225,787. | 250,000. | 247,474. | 250,000. | 973,261. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,459,892. |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | |
|---|-----------|
| 1 Dues, assessments and similar amounts from members | 1 |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | |
| a Current year | 2a |
| b Carryover from last year | 2b |
| c Total | 2c |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCH C, PART II-A, LINE 1B TOTAL LOBBYING EXPENSES

TOTAL LOBBYING EXPENSES INCLUDE \$62,500 PAID TO GREATER CLEVELAND

PARTNERSHIP IN SUPPORT OF ADVOCACY EFFORTS FOR ENTREPRENEURSHIP AND \$7,000

PAID TO STATE SCIENCE AND TECHNOLOGY INSTITUTE TO STRENGTHEN INITIATIVES

THAT CREATE A BETTER FUTURE THROUGH SCIENCE, TECHNOLOGY, INNOVATION, AND

ENTREPRENEURSHIP.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization JUMPSTART INC. **Employer identification number** 34-1398522

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 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 Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 644,648. | 540,892. | 103,756. |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 103,756.

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|--------------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) BENEFICIAL INTEREST IN | | |
| (B) THE CLEVELAND FOUNDATION | 33,012,552. | END-OF-YEAR MARKET VALUE |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 33,012,552. | |

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|--------------------|---|
| (1) PREFERRED STOCK | 26,937,694. | END-OF-YEAR MARKET VALUE |
| (2) NOTES RECEIVABLE | 4,554,979. | END-OF-YEAR MARKET VALUE |
| (3) LESS RESERVE | -374,925. | END-OF-YEAR MARKET VALUE |
| (4) NCAF MANAGEMENT | 100. | COST |
| (5) NR - CURRENT PORTION | 1,071,952. | END-OF-YEAR MARKET VALUE |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 32,189,800. | |

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|-----------------|
| (1) Federal income taxes | |
| (2) PROGRAM RELATED INVESTMENT | |
| (3) LIABILITY | 500,000. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 500,000. |

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

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

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

| | | | |
|----------|--|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 |

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

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

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

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE PROVISIONS OF "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" PRESCRIBE A RECOGNITION THRESHOLD AND A MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE AMOUNT RECOGNIZED IS MEASURED AS THE AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. JUMPSTART RECOGNIZES INTEREST AND PENALTIES ACCRUED, IF ANY, RELATED TO UNRECOGNIZED TAX UNCERTAINTIES IN INCOME TAX EXPENSE. JUMPSTART DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **JUMPSTART INC.** Employer identification number **34-1398522**

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| 24/7 MEDICAL TRANSPORT CO 4322 CRANWOOD PKWY WARRENSVILLE HEIGHTS, OH 44128 | 82-2592413 | | 5,000. | 0. | | | BUSINESS SUPPORT |
| A TASTE OF HONEY CATERERS 3465 VICTORY BLVD STATEN ISLAND, NY 10314 | 83-3259274 | | 5,000. | 0. | | | BUSINESS SUPPORT |
| AKRON URBAN LEAGUE 440 VERNON ODOM AKRON, OH 44307 | 34-0714520 | 501C3 | 54,000. | 0. | | | ECONOMIC DEVELOPMENT |
| ASSETS TOLEDO 2200 JEFFERSON AVE TOLEDO, OH 43604 | 31-1656341 | 501C3 | 20,000. | 0. | | | ECONOMIC DEVELOPMENT |
| CENTER FOR ECONOMIC GROWTH 39 N PEARL ST ALBANY, NY 12207 | 22-2880333 | 501C3 | 210,000. | 0. | | | ECONOMIC DEVELOPMENT |
| CENTER OF HOPE FAMILY SRV. 5461 SOUTHWYCK BLVD 1E TOLEDO, OH 43614 | 20-0955193 | 501C3 | 5,000. | 0. | | | ECONOMIC DEVELOPMENT |

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

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Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CENTERSTATE CEO FOUNDATION INC. 115 W FAYETTE S SYRACUSE, NY 13202 | 22-2305274 | 501C3 | 244,869. | 0. | | | ECONOMIC DEVELOPMENT |
| CIFT 5555 AIRPORT HIGHWAY TOLEDO, OH 43615 | 34-1565585 | 501C3 | 20,000. | 0. | | | ECONOMIC DEVELOPMENT |
| CINCINNATI USA REG CHAM FNDN 3 E 4 STE. 200 CINCINNATI, OH 45202 | 23-7089617 | 501C3 | 65,000. | 0. | | | ECONOMIC DEVELOPMENT |
| CITY OF WARREN 258 EAST MARKET ST WARREN, OH 44481 | 34-6002974 | | 5,000. | 0. | | | ECONOMIC DEVELOPMENT |
| CLEVELAND FLOWER WALLS LLC 3901 LAKESIDE AVE, SUITE 106 CLEVELAND, OH 44120 | 84-3743547 | | 6,000. | 0. | | | BUSINESS DEVELOPMENT |
| CLEVELAND NEIGHBORHOOD PROGRESS 11327 SHAKER BLVD, SUITE 500W CLEVELAND, OH 44104 | 34-1611055 | 501C3 | 17,500. | 0. | | | ECONOMIC DEVELOPMENT |
| COCREATIVE 1267 WEST 9TH ST, SUITE 375 CLEVELAND, OH 44113 | 83-1887534 | | 5,425. | 0. | | | BUSINESS SUPPORT |
| COMMUNITY DEVELOPMENT PROPERTIES BUFFALO - 24 WHITEHALL ST STE 710 - NEW YORK, NY 10004 | 82-2704533 | 501C3 | 15,000. | 0. | | | ECONOMIC DEVELOPMENT |
| COUNCIL OF SMALL ENTERPRISES 1240 HURON RD CLEVELAND, OH 44115 | 34-0149250 | 501C6 | 50,000. | 0. | | | ECONOMIC DEVELOPMENT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CURE M LLC 8387 DEER PATH WEST CHESTER, OH 45069 | 81-1107713 | | 10,000. | 0. | | | BUSINESS SUPPORT |
| DAYTON AREA CHAMBER EPI 22 EAST 5 STE. 200 DAYTON, OH 45402 | 31-1113395 | 501C3 | 65,000. | 0. | | | ECONOMIC DEVELOPMENT |
| DIVINE PRINTING 3433 MONROE ST TOLEDO, OH 43606 | 26-1749987 | | 5,000. | 0. | | | BUSINESS SUPPORT |
| DJ LO-KEY ENTERTAINMENT 5425 WARNER RD, SUITE 5 VALLEY VIEW, OH 44125 | 27-2482767 | | 11,250. | 0. | | | BUSINESS SUPPORT |
| ECON & COMM DEV INST ECDI 1655 LEONARD COLUMBUS, OH 43219 | 31-1145544 | 501C3 | 225,000. | 0. | | | ECONOMIC DEVELOPMENT |
| EDEN COUTOURE LLC 2035 WEST LASKEY RD TOLEDO, OH 43613 | 84-3545366 | | 5,000. | 0. | | | BUSINESS SUPPORT |
| ELITE EVENTS & WEDDINGS 2529 DETROIT AVE CLEVELAND, OH 44113 | 84-2319660 | | 6,000. | 0. | | | BUSINESS DEVELOPMENT |
| EXCELSIOR GROWTH FUND 50 BEAVER ST ALBANY, NY 12207 | 26-4032355 | 501C3 | 25,000. | 0. | | | ECONOMIC DEVELOPMENT |
| FETCH & CO 5270 WEST 228TH ST FAIRVIEW PARK, OH 44126 | 82-2999374 | | 6,000. | 0. | | | BUSINESS SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FIZZ LLC 3151 COLERIDGE RD CLEVELAND HEIGHTS, OH 44118 | 45-4467518 | | 6,000. | 0. | | | BUSINESS SUPPORT |
| FLOATME CORP 110 EAST HOUSTON ST SAN ANTONIO, TX 78205 | 82-5446368 | | 15,000. | 0. | | | BUSINESS SUPPORT |
| FOCUSING PHILANTHROPY 1637 16TH STREET SANTA MONICA, CA 90404 | 45-2405071 | 501C3 | 50,000. | 0. | | | ECONOMIC DEVELOPMENT |
| GREATER AKRON CHAMBER 388 SOUTH MAIN ST AKRON, OH 44311 | 34-1156576 | 501C3 | 100,000. | 0. | | | ECONOMIC DEVELOPMENT |
| GREATER STARK CITY URBAN LEAGUE 1400 SHERRICK RD SE CANTON, OH 44707 | 20-3863189 | 501C3 | 50,000. | 0. | | | ECONOMIC DEVELOPMENT |
| GROWTH OPPORTUNITY PARTNERS INC 6001 EUCLID AVE, SUITE 120 CLEVELAND, OH 44103 | 47-4257622 | 501C3 | 500,000. | 0. | | | ECONOMIC DEVELOPMENT |
| HEBREW FREE LOAN ASSOC. 23300 CHAGRIN BLVD BEACHWOOD, OH 44122 | 34-0281800 | 501C3 | 87,500. | 0. | | | ECONOMIC DEVELOPMENT |
| HISPANIC BUSINESS CENTER 2511 CLARK AVE CLEVELAND, OH 44109 | 34-1805510 | 501C3 | 50,000. | 0. | | | ECONOMIC DEVELOPMENT |
| IMMACULATE CLEANING CO 19630 EUCLID AVE, #309 EUCLID, OH 44117 | 45-2439722 | | 25,000. | 0. | | | BUSINESS SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| INCLUSIVE FOR WOMEN 425 JEFFERSON AVE, 3RD FLOOR TOLEDO, OH 43604 | 47-3035322 | 501C3 | 20,000. | 0. | | | ECONOMIC DEVELOPMENT |
| IRON KOI 3461 WARRENSVILLE ROAD, SUITE 102 SHAKER HEIGHTS, OH 44122 | 26-0392149 | | 13,500. | 0. | | | BUSINESS SUPPORT |
| JERA'S HEAVENLY SWEET 550 N SUMMIT ST, PL 107 TOLEDO, OH 43604 | | | 10,000. | 0. | | | BUSINESS SUPPORT |
| LEGENDARY CARPET CARE 3615 BRENDA DRIVE TOLEDO, OH 43614 | 85-0694658 | | 5,000. | 0. | | | BUSINESS SUPPORT |
| LKG GREEN ENTERPRISES LLC 13940 CEDAR RD, SUITE 334 CLEVELAND, OH 44118 | 82-3214139 | | 15,000. | 0. | | | BUSINESS SUPPORT |
| LORAIN COUNTY CHAMBER 226 MIDDLE AVE. 5TH FLOOR ELYRIA, OH 44035 | 34-1557587 | 501C3 | 25,000. | 0. | | | ECONOMIC DEVELOPMENT |
| MAGNET 1768 E 25TH ST CLEVELAND, OH 44114 | 34-1455043 | 501C3 | 55,000. | 0. | | | ECONOMIC DEVELOPMENT |
| NORTHWEST OHIO HISPANIC CHAMBER OF COMMERCE - 10802 WATERVILLE ST - WHITEHOUSE, OH 43571 | 76-0838127 | | 20,000. | 0. | | | BUSINESS SUPPORT |
| OCEANNE LLC 1280 WEST 67TH ST CLEVELAND, OH 44102 | 83-3727315 | | 35,000. | 0. | | | BUSINESS SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| OHIO AEROSPACE INSTITUTE 22800 CEDAR RD BROOKPARK, OH 44142 | 34-1621676 | 501C3 | 50,000. | 0. | | | ECONOMIC DEVELOPMENT |
| OHIO MINORITY SUPPLIER DEVELOPMENT COUNCIL - 100 E BROAD ST, SUITE 2460 - COLUMBUS, OH 43215 | 31-1022688 | 501C3 | 59,100. | 0. | | | ECONOMIC DEVELOPMENT |
| OUR FAVORITE THINGS BOUTIQUE 12730 LARCHMERE BLVD CLEVELAND, OH 44120 | 46-2583880 | | 20,000. | 0. | | | BUSINESS SUPPORT |
| PEARL FLOWER CATERING 15436 LONGVALE RD MAPLE HEIGHTS, OH 44137 | 36-4781692 | | 10,000. | 0. | | | BUSINESS SUPPORT |
| ROAD WISE LLC 2528 QUEENSTON RD CLEVELAND HEIGHTS, OH 44118 | 47-3984229 | | 25,000. | 0. | | | BUSINESS SUPPORT |
| SID MANAGEMENT LLC 116 CLEVELAND AVE. NW CANTON, OH 44702 | 82-3527415 | | 10,000. | 0. | | | BUSINESS SUPPORT |
| SYRACUSE UNIVERSITY 900 SOUTH CROUSE AVE SYRACUSE, NY 13244 | 15-0532081 | 501C3 | 26,500. | 0. | | | ECONOMIC DEVELOPMENT |
| THE FAITH IN STARK FUND 400 MARKET AVE N, #200 CANTON, OH 44702 | 34-0943565 | 501C3 | 100,000. | 0. | | | ECONOMIC DEVELOPMENT |
| THE FOUNDATION4U LLC 2562 SCRANTON RD CLEVELAND, OH 44113 | 27-1468908 | | 6,000. | 0. | | | BUSINESS SUPPORT |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| THE PRESIDENTS COUNCIL 1701 E 12TH ST, SUITE 106 CLEVELAND, OH 44114 | 47-2195389 | 501C3 | 90,000. | 0. | | | ECONOMIC DEVELOPMENT |
| THE UNIV OF TOLEDO FDN 4510 DORR ST MS 820 TOLEDO, OH 43615 | 34-6555110 | 501C3 | 20,000. | 0. | | | ECONOMIC DEVELOPMENT |
| TOLEDO AFRICAN AMERICAN CHAMBER OF COMMERCE - PO BOX 140603 - TOLEDO, OH 43614 | 45-2667834 | 501C3 | 20,000. | 0. | | | ECONOMIC DEVELOPMENT |
| TOLEDO LUCAS COUNTY PUBLIC LIBRARY 325 MICHIGAN ST TOLEDO, OH 43604 | 34-1632308 | 501C3 | 10,000. | 0. | | | ECONOMIC DEVELOPMENT |
| TOLEDO REGIONAL CHAMBER 300 MADISON AVE, STE 200 TOLEDO, OH 43604 | 34-4374780 | 501C3 | 20,000. | 0. | | | ECONOMIC DEVELOPMENT |
| URBAN LEAGUE OF GREATER CLEV 2930 PROSPECT CLEVELAND, OH 44115 | 34-0720563 | 501C3 | 65,000. | 0. | | | ECONOMIC DEVELOPMENT |
| URBAN LEAGUE OF ROCHESTER 265 N CLINTON AVE ROCHESTER, NY 14604 | 16-0906150 | 501C3 | 149,815. | 0. | | | ECONOMIC DEVELOPMENT |
| VENTURE FOR AMERICA 40 W 29 STE. 301 MEW YORK, NY 10001 | 37-2987904 | 501C3 | 15,000. | 0. | | | ECONOMIC DEVELOPMENT |
| WESTMINSTER ECONOMIC DEVELOPMENT 436 GRANT ST BUFFALO, NY 14213 | 20-4230463 | 501C3 | 125,000. | 0. | | | ECONOMIC DEVELOPMENT |

Schedule I (Form 990)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| BUSINESS SUPPORT GRANTS FOR INNER CITY BUSINESSES | 29 | 21,500. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

SCH I PART IV

GRANTS TO ORGANIZATIONS ARE MADE FOR JUMPSTART INCLUSION PROGRAMS, CONSISTING OF \$805,025 FOR THE CORE CITY PROGRAM AND \$710,084 FOR THE KEY BUSINESS BOOST & BUILD IN OHIO AND NEW YORK STATES. GRANTS TO INDIVIDUALS OF \$21,500 WERE FOR JUMPSTART INCLUSION ACTIVITIES FROM THE CORE CITY PROGRAM. THE CORE CITY PROGRAM HAS THREE PROCESSES TO DETERMINE AWARDEES AND AMOUNTS. ONE PROCESS IS FOR THE BUSINESS GROWTH COLLABORATIVE WHICH IS GOVERNED BY AN ADVISORY BOARD WHICH REVIEWS APPLICANT ORGANIZATION PROPOSALS FOR CLIENT SERVICES WITH THE

Part IV Supplemental Information

PARTICIPATION OF JUMPSTART STAFF, RECOMMENDING ORGANIZATIONS AND AWARD AMOUNTS WHICH TOTALLED \$674,100. THE VISIBLE VOICE PROGRAM IS A DONOR DRIVEN PROGRAM WHICH HAS IN CONJUCTION WITH JUMPSTART STAFF RECOMMENDED CORE CITY CLIENTS FOR FUNDING TALLING \$100,000. THE CORE CITY IMPACT PROGRAM IS MANAGED BY JUMPSTART STAFF WHO EVALUATE PROGRAM APPLICANTS TWICE A YEAR, CHOOSING COMPANIES TO PARTICPATE IN TWO COHORT CLASSES PER YEAR WHO RECEIVE AWARDS BASED UPON JUDGES DECISIONS IN DECEMBER AND JUNE WHICH TOTALLED \$148,925. THE KEY BUSINESS BOOST & BUILD PROGRAM EVALUATES ORGANIZATIONS USING JUMPSTART STAFF AND REGIONAL REPRESENTATIVES IN OHIO AND UPSTATE NEW YORK, DECIDING ON AWARD AMOUNTS BASED ON THE MERITS OF WRITTEN PROPOSALS. THE MORGENTHALER-PAVEY AWARDS OF \$50,000 WENT TO TECHNOLOGY COMPANIES LED BY CASE WESTERN RESERVE ALUMNI. JUMPSTART COMMITTED \$885,000 OF ITS RESOURCES TO ORGANIZATIONAL PARTNERS FOR BUSINESS STABILITY GRANTS TO SMALL BUSINESSES NEGATIVELY IMPACTED BY THE PANDEMIC IN OHIO AND NEW YORK.

SCH I PART III

GRANTS TO INDIVIDUALS ARE MADE AS PART OF JUMPSTART INCLUSION PROGRAMS TO PROMOTE BUSINESS GROWTH AND ECONOMIC DEVELOPMENT THROUGH THE CORE CITY PROGRAM. DECISIONS ARE MADE AS DESCRIBED IN SCH I PART IV FOR THE VISIBLE VOICE PROGRAM AND CORE CITY IMPACT PROGRAM. PLEASE REFER TO THE DESCRIPTIONS IN THIS SECTION.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **JUMPSTART INC.**
 Employer identification number: **34-1398522**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

| | Yes | No |
|-----------|-------------------------------------|-------------------------------------|
| 1b | | <input checked="" type="checkbox"/> |
| 2 | <input checked="" type="checkbox"/> | |
| 4a | | <input checked="" type="checkbox"/> |
| 4b | | <input checked="" type="checkbox"/> |
| 4c | | <input checked="" type="checkbox"/> |
| 5a | | <input checked="" type="checkbox"/> |
| 5b | | <input checked="" type="checkbox"/> |
| 6a | | <input checked="" type="checkbox"/> |
| 6b | | <input checked="" type="checkbox"/> |
| 7 | | <input checked="" type="checkbox"/> |
| 8 | | <input checked="" type="checkbox"/> |
| 9 | | |

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

Schedule J (Form 990) 2019

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) RAY T LEACH CHIEF EXECUTIVE OFFICER | (i) | 319,431. | 163,525. | 386. | 8,400. | 11,439. | 503,181. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) CATHERINE N BELK PRESIDENT | (i) | 205,980. | 69,443. | 386. | 8,331. | 2,833. | 286,973. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) KAREN C ADAME CHIEF FINANCIAL OFFICER | (i) | 177,143. | 60,300. | 722. | 7,386. | 9,173. | 254,724. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) A LAMONT MACKLEY CHIEF INCLUSION & OUTREACH OFFICER | (i) | 147,355. | 7,379. | 1,734. | 4,772. | 4,341. | 165,581. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) JEROLD J FRANTZ CHIEF INVESTMENT AND SERVI | (i) | 191,839. | 65,788. | 722. | 7,958. | 8,173. | 274,480. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) JONATHON L GRIMM CFO IN RESIDENCE | (i) | 154,118. | 31,722. | 673. | 5,776. | 7,107. | 199,396. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) KENDRA MARIANNE GARDINER CHIEF PERFORMANCE OFFICER | (i) | 169,788. | 36,541. | 146. | 6,177. | 0. | 212,652. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) REMSEN D HARRIS SR PARTNER, PORTFOLIO MGMT | (i) | 166,354. | 34,744. | 722. | 6,407. | 12,939. | 221,166. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) PATRICIA GROSPIRON SR PARTNER, NETWORK MANAGEMENT | (i) | 142,479. | 21,104. | 212. | 5,172. | 8,833. | 177,800. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) LORNE J NOVICK SR PARTNER, SERVICES & DEAL FLOW MAN | (i) | 147,661. | 19,783. | 150. | 5,133. | 3,651. | 176,378. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) GAYLE JOHNTSON PEKKOLA SR PARTNER, MARKETING AND COMMUNICAT | (i) | 158,182. | 33,537. | 664. | 5,788. | 1,200. | 199,371. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) LAURA O'BRIEN DESMOND SR PARTNER, ADVANCEMENT | (i) | 136,035. | 30,311. | 583. | 5,231. | 8,400. | 180,560. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) RICHARD E JANKURA JR. SENIOR PARTNER, FINANCE | (i) | 169,981. | 35,723. | 718. | 6,158. | 0. | 212,580. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (14) KARA L CARTER SR PARTNER, ADVANCEMENT AND WORKFORC | (i) | 142,294. | 30,171. | 315. | 5,257. | 2,762. | 180,799. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (15) MATTHEW WILLIAM MILLER SR VENTURE PARTNER | (i) | 167,146. | 36,084. | 771. | 6,227. | 4,341. | 214,569. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 1A:

THE ORGANIZATION IS A MEMBER OF THE UNION CLUB OF CLEVELAND, AS A
 CONVENIENCE FOR USE OF MEETING EXECUTIVES, FOUNDATION HEADS AND OTHER
 INFLUENTIAL PERSONS. EXPENSES PAID TO THE UNION CLUB WERE GENERALLY LIMITED
 TO THE MONTHLY DUES OF THE CLUB. THE FACILITY WAS USED SPARINGLY FOR
 LUNCHEON MEETINGS. THE MEMBERSHIP MUST BE IN THE NAME OF A PERSON AND
 THEREFORE THE MEMBERSHIP HAS BEEN DESIGNATED TO THE CEO RAY LEACH.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

JUMPSTART INC.

Employer identification number

34-1398522

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GOALS & RAISING CAPITAL RESULTING IN JOB CREATION & GROWTH IN NORTHEAST
OHIO.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ECONOMIC REVITALIZATION OF NORTHEAST OHIO, AN AREA WHICH HAS
EXPERIENCED ECONOMIC DECLINE AND COMMUNITY DETERIORATION ("ECONOMIC
REVITALIZATION PROGRAMS").

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DETERIORATION, AND ENHANCING ITS ECONOMIC REVITALIZATION.

JUMPSTART CONDUCTS INVESTMENT ACTIVITIES TO SUPPLEMENT STATE AND LOCAL

GOVERNMENT ECONOMIC AND JOB DEVELOPMENT INVESTMENT AND OTHER PROGRAMS

DIRECTED AT ENCOURAGING THE INITIATION OF GROWTH, MATURATION AND

EXPANSION OF SMALL BUSINESSES WITH A POTENTIAL FOR PROVIDING ENHANCED

EMPLOYMENT OPPORTUNITIES AND THEREBY CONTRIBUTING TO AN ECONOMIC

REVITALIZATION OF NORTHEAST OHIO. JUMPSTART OFTEN BUNDLES GUIDANCE FROM

EXPERIENCED VENTURE PARTNERS WITH ITS SEED INVESTMENT CAPITAL.

EARLY-STAGE INVESTMENT FROM JUMPSTART ALLOWS THESE INNOVATIVE COMPANIES

TO COMPLETE PRODUCT PROTOTYPES, CONDUCT EARLY MARKETING CAMPAIGNS, AND

ADD KEY MEMBERS. SIMILARLY, THE STRATEGIC AND OPERATIONAL GUIDANCE FROM

VENTURE PARTNERS ENABLES INNOVATION-ORIENTED ENTREPRENEURS TO HIT KEY

GROWTH MILESTONES, ADVANCE THROUGH STAGES OF THE BUSINESS, AND ATTRACT

FOLLOW-ON FUNDING. THROUGH FISCAL YEAR 2020, JUMPSTART HAS INVESTED

\$61.6M IN 125 PORTFOLIO COMPANIES WHOSE BUSINESS ACTIVITIES WERE

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

| | |
|--|--|
| Name of the organization JUMPSTART INC. | Employer identification number 34-1398522 |
|--|--|

DETERMINED TO BE CONSISTENT WITH THE GOALS OF THE ECONOMIC
REVITALIZATION PROGRAM.

WITH REGARD TO ACCELERATING GROWTH, CLIENT AND PORTFOLIO COMPANIES
RECEIVE INTENSIVE TECHNICAL SUPPORT FROM THE JUMPSTART TEAM. VENTURE
PARTNERS AND MENTORS ASSIGNED TO A CLIENT COMPANY PROVIDE GUIDANCE TO
HELP ENSURE THAT KEY MILESTONES ARE MET. JUMPSTART ADVISORS HAVE:

1) CONNECTED JUMPSTART'S CLIENT AND PORTFOLIO COMPANIES WITH HUNDREDS
OF RESOURCES INCLUDING SUBJECT MATTER EXPERTS, BOARD MEMBERS,
MANAGEMENT TEAM MEMBERS, AND POTENTIAL CUSTOMERS;

2) ENABLED JUMPSTART CLIENT AND PORTFOLIO COMPANIES TO MEET INDIVIDUAL
MILESTONES, INCLUDING: FINALIZING INTELLECTUAL PROPERTY, SECURING
FOLLOW-ON CAPITAL, BUILDING INTERNAL SYSTEMS AND DEVELOPING STRATEGIC
PARTNER AND CLIENT RELATIONSHIPS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
AND THEREBY ENHANCE THE ECONOMIC REVITALIZATION OF THE REGION.

THE JUMPSTART OUTREACH AND EDUCATION PROGRAM'S MEDIA AND EVENT
PRESENTATIONS CONTINUALLY INFORM AND EDUCATE NORTHEAST OHIO'S
ENTREPRENEURS, GIVING VISIBILITY TO THE SUCCESS OF ENTREPRENEURIAL
VENTURES AND PROVIDING SUPPORT TO ENABLE A THRIVING ENTREPRENEURIAL
COMMUNITY. FROM 7/1/19 THROUGH 06/30/20, THE OUTREACH AND EDUCATION
PROGRAM:

1) COMMUNICATED WITH MORE THAN 40,500 EMAIL SUBSCRIBERS AND 26,455
SOCIAL MEDIA FOLLOWERS, HIGHLIGHTING ENTREPRENEURIAL SUCCESSES AS WELL

| | |
|--|--|
| Name of the organization JUMPSTART INC. | Employer identification number 34-1398522 |
|--|--|

AS EVENTS FOR NETWORKING AND LEARNING;

3) OFFERED MONTHLY EVENTS ALLOWING ENTREPRENEURS TO INCREASE THEIR KNOWLEDGE AND EXPERTISE IN TOPICS IMPORTANT FOR ACCELERATING THE GROWTH OF AN EARLY-STAGE VENTURE AND GROWING A SUCCESSFUL BUSINESS.

TO ENHANCE THE COVERAGE OF THIS SERIES MANY OF THESE EVENTS AND CONVERSATIONS ARE RECORDED AND MADE AVAILABLE AS PODCASTS, VIDEO SPOTLIGHTS AND OTHER CONTENT. THROUGH 06/30/20 THERE HAVE BEEN MORE THAN 17,050 PODCAST DOWNLOADS FROM THE JUMPSTART WEBSITE AND MORE THAN 80,500 VIDEO VIEWS ON JUMPSTARTS YOUTUBE CHANNEL. OVERALL, THERE WERE MORE THAN 122,960 UNIQUE VISITORS TO THE JUMPSTART WEBSITE IN FISCAL YEAR 2020.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

JUMPSTART'S STAFF, MENTORS AND NETWORK OF ADVISORS GUIDE NORTHEAST OHIO'S HIGH POTENTIAL ENTREPRENEURS, ASSISTING FOUNDERS IN CREATING AND ARTICULATING HIGH GROWTH STRATEGIC AND OPERATIONAL PLANS, ACCESSING INVESTMENT FUNDS AND MOVING THEIR BUSINESSES TOWARD KEY MILESTONES. NETWORK ADVISORS, MENTORS AND ENTREPRENEURS-IN-RESIDENCE ARE SUCCESSFUL SERIAL ENTREPRENEURS, SEASONED INVESTORS, INDUSTRY EXPERTS AND/OR FORMER CEOS, WITH SIGNIFICANT EXPERIENCE. JUMPSTART'S ADVISORS HAVE A SPECIAL FOCUS ON SUPPORTING WOMEN AND MINORITY ENTREPRENEURS WORKING IN THE HIGHEST GROWTH INDUSTRIES.

THE OVERALL ADVISORY PROGRAM IS A VITAL ASPECT IN THE GOAL HELPING TO REVITALIZE THE ECONOMIC ENVIRONMENT OF NORTHEAST OHIO. JUMPSTART BELIEVES THAT THE AVAILABILITY OF EXPERIENCED ENTREPRENEURS, INVESTORS,

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INDUSTRY LEADERS AND EXECUTIVES TO STARTUP COMPANIES IS CRITICAL TO SUCCESS. GUIDANCE OF EARLY STAGE ENTREPRENEURIAL ENDEAVORS PROVIDES INSIGHT, KNOWLEDGE AND GENERALLY BROADENS THE VISION OF THE ENTREPRENEUR.

ECONOMIC INCLUSION IS AT THE FOUNDATION AND CORE OF HOW JUMPSTART CONDUCTS BUSINESS, AS THIS GENUINE COMMITMENT ALLOWS JUMPSTART TO REALIZE THE RICH DIVERSITY OF TALENT AND PROMISE THAT EXTENDS THROUGHOUT NORTHEAST OHIO.

27 PERCENT OF JUMPSTART'S BOARD OF DIRECTORS ARE WOMEN, AND NEARLY 25 PERCENT ARE PEOPLE OF COLOR. MEANWHILE, 51 PERCENT OF JUMPSTART'S STAFF ARE WOMEN, WHILE NEARLY 35 PERCENT ARE PEOPLE OF COLOR.

ADDITIONALLY, FROM 7/1/19 6/30/20, 43 PERCENT OF THE COMPANIES SERVED BY JUMPSTART WERE OWNED/LED BY PEOPLE OF COLOR (AFRICAN AMERICAN OR LATINX) AND 49 PERCENT WERE WOMAN OWNED/LED.

WE BELIEVE IN ACCELERATING THE GROWTH OF THESE MINORITY AND WOMEN-OWNED BUSINESSES BECAUSE IT IS A CRITICAL COMPONENT OF BUILDING AND SUSTAINING A HEALTHY ECONOMY. THESE FIRMS HOLD GREAT PROMISE FOR THE REGION, AS STATISTICALLY, MINORITY BUSINESSES TEND TO HIRE MINORITY WORKERS AT MORE THAN TWICE THE RATE OF NON-MINORITY FIRMS. THE CHALLENGE, HOWEVER, IS TO GROW THE TYPES OF BUSINESSES THAT CAN EMPLOY MUCH LARGER NUMBERS. THERE IS A CRITICAL GAP IN FUNDING AND SUPPORT FOR EARLY STAGE, MINORITY-OWNED, HIGH POTENTIAL BUSINESSES THAT COULD BECOME LARGE COMPANIES WHICH CREATE JOBS, WEALTH AND PROSPERITY.

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THROUGH THE ECONOMIC INCLUSION PROGRAM, JUMPSTART PROVIDES ASSISTANCE TAILORED TO THE SPECIFIC NEEDS OF THESE HISTORICALLY UNDERSERVED COMMUNITIES TO GUIDE HIGH IMPACT MINORITY AND WOMEN OWNED BUSINESSES SEEKING TO RAISE CAPITAL FROM PRIVATE INVESTORS IN ORDER TO BECOME LARGER SCALE NATIONAL AND INTERNATIONAL FIRMS. ADVISORS ALSO ASSIST TARGETED BUSINESSES SITUATED IN THE URBAN CENTERS OF NORTHEAST OHIO, WHOSE BUSINESSES DIRECTLY AFFECT MINORITY POPULATIONS. BY PROVIDING INTENSIVE HANDS-ON GUIDANCE AND STRATEGIC PLANNING, THESE ADVISORS ENABLE THESE KEY ENTREPRENEURS TO ARTICULATE HIGH GROWTH PLANS, ACCESS INVESTMENT FUNDS, AND MOVE THEIR BUSINESSES TOWARD CRITICAL MILESTONES. JUMPSTART EMBEDS ITS ECONOMIC INCLUSION PROGRAMMING ACROSS ALL OF ITS ACTIVITIES. SPECIFIC EXAMPLES INCLUDE:

1) THE JUMPSTART FOCUS FUND, A \$10 MILLION VENTURE CAPITAL FUND SPECIFICALLY DEDICATED TO SUPPORTING FEMALE AND/OR MINORITY LED STARTUPS ACROSS OHIO.

2) THE CORE CITY: CLEVELAND PROGRAM, WHICH PROVIDES A DIVERSE GROUP OF TRADITIONALLY UNDERREPRESENTED ENTREPRENEURS AND SMALL BUSINESS OWNERS WHO LIVE OR OWN A BUSINESS IN THE CITY OF CLEVELAND AND ITS CORE NEIGHBORHOODS WITH ONE-ON-ONE BUSINESS ASSISTANCE, AS WELL AS CONNECTIONS TO VALUABLE COMMUNITY RESOURCES.

FORM 990, PART VI, SECTION A, LINE 6:

JUMPSTART'S SOLE MEMBERS ARE TEAMNEO AND CASE WESTERN RESERVE UNIVERSITY WHO MAY APPOINT ONE TRUSTEE PER EACH MEMBER TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

REFER TO RESPONSE REGARDING TEAM MEMBERS.

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FORM 990, PART VI, SECTION B, LINE 11B:

PROCESS USED TO REVIEW THE FORM 990: COPIES OF THE COMPLETED FORMS ARE PROVIDED TO THE MEMBERS OF THE FINANCE AND AUDIT COMMITTEE AND A MEETING IS HELD PRIOR TO THE FILING OF THE RETURNS. THE CHIEF FINANCIAL OFFICER AND SENIOR PARTNER, FINANCE PRESENT THE RETURNS FOR REVIEW AND COMMENT BY THE COMMITTEE. THE AUDITORS PREPARE THE RETURN AND ARE INVITED TO THE MEETING WITH ATTENDANCE AT THEIR DISCRETION. ALL PERTINENT FORM RESPONSES AND FINANCIAL SCHEDULES ARE PRESENTED FOR COMMENT AND EXPLANATION. UPON FULL REVIEW AND APPROVAL BY THE COMMITTEE THE RETURNS ARE SHARED WITH THE FULL BOARD OF DIRECTORS AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

JUMPSTART STAFF AND BOARD OF DIRECTORS FOLLOW ITS CONFLICT OF INTEREST PROCEDURE THROUGHOUT THE YEAR. AFTER AN INITIAL REVIEW BY THE CHIEF FINANCIAL OFFICER, THE FINANCE/AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL STAFF AND BOARD CONFLICT OF INTEREST DISCLOSURE FORMS TO DETERMINE ANY THAT MAY WARRANT FURTHER INVESTIGATION OR INTERNAL CONTROL STEPS. IN THE EVENT THERE ARE ANY, THESE STEPS ARE COMMUNICATED TO THE BOARD AND STAFF SO THAT ALL ARE AWARE OF ANY POTENTIAL CONFLICTS THAT COULD ARISE DURING THE NORMAL COURSE OF BUSINESS. IF THE CONFLICT IS SUCH THAT AN INDIVIDUAL IS DEEMED TO BE TERMINALLY CONFLICTED, THEN THAT PERSON MUST RESOLVE THE CONFLICT WHICH COULD MEAN STEPS UP TO AND INCLUDING RESIGNATION FROM THE BOARD OF DIRECTORS OR EMPLOYMENT WITH JUMPSTART INC. THE MOST LIKELY SITUATION FOR AN INDIVIDUAL IS A PERCEIVED CONFLICT OF INTEREST WHICH RESULTS IN THAT INDIVIDUAL DISCLOSING THIS SITUATION DURING THE NORMAL COURSE OF BUSINESS, AND SUBSEQUENTLY RECUSING THEMSELVES FROM A VOTE

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OR DECISION OF THE ORGANIZATION. THE ORGANIZATION AND ITS STAFF HAS A HISTORY OF ACTIVE MONITORING OF SUCH SITUATIONS.

IN THE CASE OF THE BOARD OF DIRECTORS AND ITS COMMITTEES, THE MINUTES FROM MEETINGS AND VOTING RECORDS IDENTIFY WHEN A MEMBER RECUSES THEMSELVES DUE TO PERCEIVED CONFLICTS OF INTEREST. IN THE CASE OF STAFF, IT IS COMMON FOR AN EMPLOYEE TO CONTACT THEIR SUPERVISOR AND THE CHIEF FINANCIAL OFFICER WHEN A QUESTION ARISES. THE ISSUE IS DISCUSSED AND IN MOST CASES THE CHIEF FINANCIAL OFFICER PROVIDES THE EMPLOYEE WITH AN INTERPRETATION AND INSTRUCTIONS ON HOW TO PROCEED BASED UPON THE DESCRIPTION OF THE SITUATION. THESE ACTIVITIES TAKE PLACE VIA CONVERSATIONS AS WELL AS DIGITALLY AT TIMES USING E-MAIL. IF A SITUATION IS COMPLEX OR UNCLEAR, IT IS ELEVATED TO THE FINANCE/AUDIT COMMITTEE FOR A DECISION WITH E-MAIL BEING THE USUAL VEHICLE TO DO SO. THE ORGANIZATION ALSO CONDUCTS ANNUAL TRAINING ON COMPLIANCE WITH OUR CONFLICT OF INTEREST POLICES AND EDUCATES NEW EMPLOYEES DURING ORIENTATION ON ALL INTERNAL CONTROLS RELATED TO CONFLICT OF INTEREST, ETHICS, WHISTLEBLOWERS, FRAUD PREVENTION AND ACCOUNTING POLICIES.

FORM 990, PART VI, SECTION B, LINE 15:

DETERMINING COMPENSATION OF CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL:

THE COMPENSATION COMMITTEE OF JUMPSTART'S BOARD OF DIRECTORS IS RESPONSIBLE FOR APPROVING THE ENTIRE ORGANIZATION'S COMPENSATION EACH YEAR. THE COMPENSATION COMMITTEE IS MADE UP OF INDEPENDENT BOARD DIRECTORS AND NO ORGANIZATION STAFF. FOR THE SENIOR STAFF OF THE ORGANIZATION, THE COMMITTEE GATHERS COMPARABLE SALARY DATA FROM SIMILAR ORGANIZATIONS AS WELL AS BUDGET INFORMATION FOR THESE. ANNUAL SALARY AND PERFORMANCE COMPENSATION SURVEY RESULTS PUBLISHED BY PROFESSIONAL STAFFING ORGANIZATIONS IS USED BY THE

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COMMITTEE. ADDITIONALLY, THE COMMITTEE HAS ENGAGED WITH OUTSIDE COMPENSATION CONSULTANTS PERIODICALLY TO PERFORM A COMPENSATION ANALYSIS. THE SALARY AND PERFORMANCE COMPENSATION HISTORY FOR ANY POSITION BEING EVALUATED IS ALSO SHARED WITH THE COMMITTEE SO THAT THE HISTORICAL TOTAL COMPENSATION PROGRESSION CAN BE TAKEN INTO ACCOUNT WHEN CONSIDERING ANY CHANGES GOING FORWARD. THE COMMITTEE ANALYZES ALL DATA AND MEETS WITH THE JUMPSTART CEO TO GAIN AN UNDERSTANDING OF THE ORGANIZATION'S RECOMMENDED SALARY FOR THE NEXT BUDGET YEAR BASED ON ALL FACTORS INCLUDING ACHIEVEMENT OF INDIVIDUAL AND ORGANIZATIONAL OBJECTIVES, SUPERVISORY REVIEWS AND RECOMMENDATIONS, AND ANY OTHER CIRCUMSTANCES PRESENTED.

ONCE THIS IS DONE, THE COMMITTEE RETREATS AND INDEPENDENTLY RENDERS ITS RECOMMENDATION FOR COMPENSATION FOR ALL STAFF AND COMMUNICATES THAT RECOMMENDATION TO THE CEO AND INDEPENDENTLY TO THE PAYROLL DEPARTMENT OF THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION SHARES INFORMATION THAT FALLS WITHIN PARAMETERS AGREED UPON BY OUR FUNDERS, CLIENTS AND PORTFOLIO COMPANIES. THE MOST RECENTLY FILED FORM 990 IS POSTED ON JUMPSTART'S WEBSITE. GOVERNING DOCUMENTS AND POLICIES ARE NOT GENERALLY AVAILABLE TO THE GENERAL PUBLIC, ALTHOUGH THE OHIO SECRETARY OF STATE WEBSITE PROVIDES PUBLIC ACCESS TO JUMPSTART'S GOVERNING DOCUMENTS.

FORM 990, PART VIII, LINE 7C

STATEMENT OF REVENUE INVESTMENT VALUATION:

INVESTMENT VALUATION IS INCLUDED AS SERVICE REVENUE FOR JUMPSTART

Name of the organization

JUMPSTART INC.

Employer identification number

34-1398522

REPRESENTS THE NET REALIZED AND UNREALIZED GAINS (LOSSES) ON PREFERRED
 STOCK AND NOTES RECEIVABLE. JUMPSTART AS PART OF ITS NORMAL
 OPERATIONS, RECEIVES FUNDING WHICH IN TURN IS INVESTED IN HIGH GROWTH
 POTENTIAL BUSINESSES.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

JUMPSTART INC.

Employer identification number

34-1398522

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|--------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| NCAF MANAGEMENT, LLC - 20-5287463, 1 ST CLAIR AVE NE, CLEVELAND, OH 44114 | INVESTMENT MANAGEMENT | OH | | | -2,002. | 98,486. | | X | N/A | X | | 100% |
| NCAF MANAGEMENT II, LLC - 27-3132457, 1 ST CLAIR AVE NE, CLEVELAND, OH 44114 | INVESTMENT MANAGEMENT | OH | | | -171,469. | 410,705. | | X | N/A | X | | 100% |
| JNF MANAGEMENT, LLC - 46-4347322, 6701 CARNEGIE STE 100, CLEVELAND, OH 44103 | INVESTMENT MANAGEMENT | OH | | | 0. | 0. | | X | N/A | X | | 100% |
| NCAF MANAGEMENT III, LLC - 47-5328652, 1 ST CLAIR AVE NE, CLEVELAND, OH 44114 | INVESTMENT MANAGEMENT | OH | | | -203,484. | -32,727. | | X | N/A | X | | 100% |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | X | |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) NCAF MANAGEMENT II, LLC | R | 100,000. | CASH BASIS |
| (2) NCAF MANAGEMENT III, LLC | R | 242,500. | CASH BASIS |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

